



Cummulative Evaluation of Impact: Volume I

Center for Mental Health in Schools
at UCLA

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Evaluation of Centers' Impact – Executive Summary*

About the Federal Mental Health in Schools Program

In 1995, a direct effort to advance mental health in schools was initiated by the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). The purpose of the program is to enhance the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, MH specialists, agency staff, consumers, and other stakeholders so they can enhance how schools and their communities address psychosocial and MH concerns.** Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems.

The core of the work has been embedded in two national centers. The two initially funded in 1995, with a primary emphasis on technical assistance and training, successfully reapplied during the 2000 and 2005 open competition. The 2005 competition, with a 5 year funding cycle increased the emphasis on policy and program analyses to inform policy, practice, research, and training. In 2005, HRSA again became the sole underwriter of the initiative. The two Centers are the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Analysis and Action* (formerly the *Center for School Mental Health Assistance*) at the Univ. of Maryland, Baltimore.***

The guiding principles and frameworks for the current work of the Centers emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, the work is designed not just to improve stakeholders' competence, but to foster changes in policies and systems. Such activity addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served. To these ends, the Centers enhance availability of and access to resources to improve and advance MH in schools and the capacity of systems/personnel, as well as advancing the role of schools in addressing MH, psychosocial, and related health concerns.

All this is accomplished through activities organized around five major tasks: (1) needs assessment (systems and individuals), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering & developing materials – including development of guidebooks and training resources, (4) designing and initiating effective strategies and delivery systems, and (5) quality improvement strategies.

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

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

***Other federal initiatives promoting MH in schools include those supported by (1) the U.S. Department of Education's Office of Safe and Drug Free Schools (including a recently added grants program for "Integration of Schools and Mental Health Systems"), its Office of Special Education and Rehabilitative Services, and some school improvement initiatives under the No Child Left Behind Act, (2) the "Safe Schools/Healthy Students" initiative, jointly sponsored by SAMHSA, USDOE, and the U.S. Department of Justice, (3) components of the Center for Disease Control and Prevention's "Coordinated School Health Program" and (4) SAMHSA through its "Elimination of Barriers Initiative" and various other programs and projects, as well as its focus on schools in the *Mental Health Transformation State Incentive Grant Program*. A smattering of projects that relate to agenda for MH in schools also are supported by several other federal agencies. (The future of all federal programs related to MH in schools is at risk because of budget cuts in 2006.)

Highlights of Achievements

Process data indicate the Centers have continuously

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

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

As summarized in each Center's evaluation report, findings show extremely positive ratings for all facets of Center activity. Consumers consistently indicate high degrees of satisfaction with the amount and quality of the work and with accessibility to resources and staff. Data over the last few years show that about 90% of respondents rate access to resources as extremely or very easy, and percentages are even higher among strategic and frequent users. A similar pattern is found for ratings of timeliness and appropriateness of response, with 90% of all respondents rating these matters highly.

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

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

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

Impact

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

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

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

User Satisfaction

- *Ease of access* – 90% of respondents indicate access to resources is extremely or very easy. Highest ratings are from strategic (98%) and frequent users (94%).
- *Timeliness & appropriateness of response* – 90% of all respondents rate these matters highly. Again, the highest ratings are from strategic (98%) and frequent users (94%).
- *How well Center met needs* – 84% of all respondents rate this highly. High ratings are given by strategic (99%) and frequent users (93%), while 80% of casual users give the highest ratings. At the same time, only 1.8% of casual users indicate their needs weren't met to some degree.
- *Consumers plans for future and/or recommended use* – 99% indicate they would use the Centers again and recommend them to others.

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

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

Two Examples of the Unique Contribution of Each Center

National Conference for Advancing School-Based Mental Health Programs

To provide a national focus on mental health in schools, the *Center for School Mental Health Analysis and Action* established a ground-breaking yearly conference. Attendance has increased each year; typical registration is 800. The last few conferences were offered in partnership with The IDEA Partnership of the National Association of State Directors of Special Education with a focus on developing a national community of practice on school mental health.

The conferences brings together school and community professionals from across the country and abroad to learn and to share. The emphasis is on:

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

Opportunities are provided to acquire and improve skills for:

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

Enhancing No-Cost Access to Major Resources

Data tallied regularly on the exponential growth of visits to the UCLA Center's website provide one indication of how useful the Center has become. From Oct., 2000-Sept., 2001, there were 71,360 unique visitors; over the next 12 months the number grew to 131,889; and for the period from Oct. 2006-Sept. 2007, the number was 736,124.

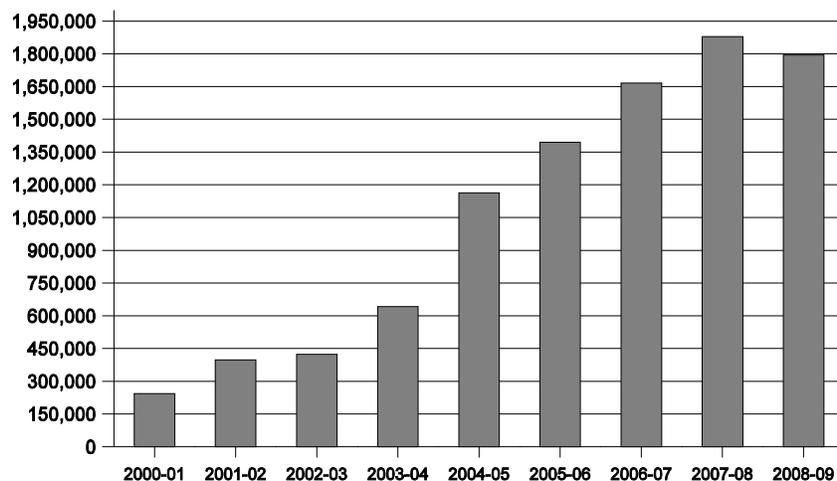
In 2001-02, visitors accessed 398,097 documents. For the 2008-2009 funding period, over 1.8 million documents were downloaded.

In October 2009, the site had 41,708 unique visitors, averaging over 1,345 per day.

In addition to those accessed on the website, we typically average about 400,000 reports and other documents directly distributed electronically over year. In turn, others widely circulate what they receive.

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

Number of downloads of documents



Addendum to Executive Summary
from the *Center for Mental Health in Schools at UCLA*
December 2009

The Center's overall mission and aims are to improve outcomes for young people by enhancing school and community policies and practices. The core of the work focuses on addressing barriers to learning and development; such barriers encompass neighborhood, family, school, peer, and personal factors that interfere with emotional, physical, social, and economic well being. And because so many barriers arise from a lack of equity of opportunity, the Center's analyses and recommendations stress systemic and institutional changes that can improve interventions in ways that enhance equity and social justice. In this way, the work broadens the focus on mental health concerns and ensures that societal contributing factors (currently designated as social determinants) are appropriately attended to in discussions of mental health in schools.

Specific examples of the UCLA Center's impact over the years are offered throughout the Cumulative Evaluation Impact Report. Of particular importance to accelerating systemic change is the *National Initiative: New Directions for Student Support* and the collaboration with Scholastic Inc.'s Community Affairs Unit. This initiative is not only an example of the unique role the Center is playing across the nation, it also points to the Center's potential for producing a major impact in every school.

Looking ahead, with a view to further advancing the field, personalized attention will be given to advancing the work of all those with whom the Center has developed a strategic relationship and to use regular center mechanisms to inform, assist, network, and facilitate interchanges at national, state, and local levels, and internationally. On a day by day basis, this means the Center will continue to (a) develop policy reports, issue briefs, and policy-related quick finds, (b) strategically disseminate various special guides to stimulate action, (c) publish (e.g., book chapters, journal articles, etc.), (d) develop and diffuse special resources, (e) inform, assist, network, and facilitate interchanges, and (f) pursue strategic work across the country.

Of special note, now that the collaboration with Scholastic, Inc. has stimulated action by the American Association of School Administrators (AASA) and is facilitating interest on the part of the Council for Chief State School Officers (CCSSO), the Center will be able to reach and collaborate with many more high level policy and planning decision makers (e.g., at state departments of education, regional education agencies, and school districts, mental health agencies). The outreach will be followed-up with a range of capacity building activity (e.g., Leadership Institutes, webinars, a new online professional development course developed by Scholastic and the Center, expanded Toolkit, etc.)

Also of special note, we will continue to compensate for the dearth of attention the field has devoted in the past to those in late adolescence and entering young adulthood (e.g., transition age youth; those between 16-24 who have left school; college students). The Center will build on the work it has been doing to enhance relevant Center resources, outreach, and additional policy and program analyses related to this population.

In sum, the Center is widely acknowledged as leading the way in key efforts to end the marginalization of mental health and psychosocial concerns in school improvement policy and practice. It's impact is illustrated at state and local levels where its analyses and frameworks for moving forward have been and are being incorporated by state departments, districts, and schools. And all indications are that the rate of impact is accelerating.

Preface

[Note: In July, 2005, the national Center for Mental Health in Schools began a third five year cycle of operation. The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Department of Psychology at UCLA. It is one of two national centers focusing directly on mental health in schools.¹

From its inception, the Center has gathered evaluative data for purposes of enhancing its performance and impact. Such data have been reported regularly. The present report is designed to both share some current data and as a stimulus for discussion of how to enhance the study of a resource center's impact. Comprehensive and long-term impact studies of a national center are complex and expensive. Short-term impact data can be gathered with less investment and methodological rigor, but usually must focus on a delineated set of proximal outcomes and must be interpreted with these limitations in mind. At this stage in the Center's development, the intent is to develop an approach to evaluating impact that is appropriate to a Center that has a national scope and is involved in policy and program analysis.

The Center began working on designing its impact evaluation methodology in 2001 with an independent, external evaluator, Cliff Carr. At that juncture, the emphasis was on developing and piloting a special impact study. The findings from that study were included in our 2002 *Evaluation of Impact* report, along with a variety of other evaluative data.

As a next step, the Center circulated the report to the network of resource centers that met in 2001 to discuss matters of common concern – including the difficulties of formally evaluating the impact of their work. Each center was asked to offer suggestions for next steps in enhancing the methodology of the impact study reported here. In addition, the UCLA center and its sister center at the University of Maryland agreed on a set of common impact indicators for use in their respective evaluations with the intent of aggregating the indicators and reporting them for accountability purposes related to the combined impact of the Centers vis a vis the federal initiative to enhance MH in schools.

Our first impact report was generated in 2002; it was updated in 2004, 2006, 2007, 2008, and now in 2009, which will culminate this volume. Our intent in the future is to continue to amass data related to Center efforts and impact and this will be incorporated into a second volume. We forward this report with full recognition that it reflects the contributions of many. Special thanks are due to Cliff Carr for his early contributions to the evaluation process and to Perry Nelson, and the many Center staff members who make an important contribution to advancing the field everyday. We also want to express appreciation to all who agreed to provide evaluative feedback. Our hope is that the Center's ongoing efforts to meet the field's needs will compensate for the time and energy Center users expended in responding.

Howard Adelman & Linda Taylor, Co-directors

¹The other center, the *Center for School Mental Health Analysis and Action*, is at the University of Maryland at Baltimore and is directed by Mark Weist.

Introduction

The Center's impact evaluation is designed to convey (1) an overview picture of the various strategies used to enhance the likelihood of impact and (2) snapshots of how the activity is affecting the field. In addition, all data are used to improve the quality and impact of the many facets of the Center's work.

As indicated in the planning documents that clarify the Center's guiding principles and frameworks, addressing MH concerns of youngsters involves ensuring (1) mental *illness* is understood within the broader perspective of psychosocial and related health problems and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, the Center has consistently offered training and TA not only to improve the level of stakeholder competence, but to provide program and policy analyses and to help foster major systemic changes. In pursuing all this, the Center dedicated itself to addressing the varying needs of locales and the problems of accommodating diversity among those who come in contact with the Center and among populations served by schools.

All this is placed in context in various Center products. We highlight some points below:

The long-recognized need for schools to play a greater role in addressing the mental health (MH) of young people was reiterated in the report from the President's New Freedom Commission on Mental Health. The core issue is: *What should that role be?* It is clear that the field of MH in schools is in flux. (This is discussed in detail in various Center publications and updated the recent Center report entitled: "The Current Status of Mental Health in Schools: A Policy and Practice Analysis").

Practitioners most associated with MH in schools are realizing that changes are needed. Pressure for change stems from federal legislation and reports (e.g., the *No Child Left Behind Act*, the 2004 *IDEA* reauthorization, the President's New Freedom Commission report), and a range of other policy and program activity. All this has produced widespread agreement about need and considerable disagreement about how best to meet the need. Issues arise because of conflicting interests and needs among stakeholder groups and organizations that affect availability, access to, and use of resources, and/or the use of interventions in appropriate ways. Concerns about these matters grow as specific policies are enacted and new directions are developed (e.g., new directions for student support, new managed care arrangements for MH). And, issues arise because of data indicating under-served locales (e.g., rural and frontier areas) and populations and groups who are over-represented in child welfare, juvenile justice, and in some special ed programs (e.g., groups living in poverty and designated as ethnic and racial minorities, recent immigrants, and those discriminated against because of gender or sexual orientation, obesity, religion, health problems, disorders, disabilities, and differences).

At this juncture, efforts to advance MH in schools require systematic analyses of existing and emerging activity, trends, issues, and conflicting agenda related to programs and policies and associated research, theory, and training. These analyses must be disseminated through a variety of products and strategic actions. Dissemination must be designed to diffuse ideas and resources in order to enhance

understanding, commitment, capacity building, and action to promote and facilitate systemic changes that advance mental health in schools.

The Center for Mental Health in Schools at UCLA aims are to enhance understanding of and commitment to successful and innovative policies and programs for mental health in schools as a basis for advancing the field. Key to this is strengthening the dedication to and capability for addressing student mental health and psychosocial concerns. This requires addressing a wide range of stakeholders (e.g., local, state, regional, national, and international representatives from public and private sectors – including government bodies, NGOs, agencies, service providers, association, guilds, school administrators, teachers, and support staff, parents and other child caretakers, consumers, students, other community resources, institutions of higher education).

The work focuses on fundamental issues shaping formulation of MH and educational policy/programs. Analyses of these issues requires differentiating among the perspectives of stakeholders. Variations in their perspectives result in variations in breadth of focus of the policies and programs they advocate and develop. In particular, policies and programs are profoundly shaped by (1) which children and adolescents are being focused on when MH is discussed; (2) what decision makers mean when they use the term *mental health*, (3) what they mean when they say *mental health in schools*, and (4) how they think school and community resources should be linked to address these matters. (All this is detailed with supporting evidence in Center produced materials.)

Also, consistent with public health policy and practice, the Center stresses in all its work (a) achieving results, (b) involving and mobilizing consumers and enhancing partnerships with home, school, and community, (c) confronting equity and diversity considerations, (d) balancing efforts to address problems with health promotion and asset development, and (e) attending to evidence-based strategies.

Furthermore, the Center continues to focus on providing major updates and analyses related to the overall status of the field and address the policy and program implications of (a) school climate and student engagement in understanding student motivation and problems, (b) empirically-supported MH programs and practices and factors affecting large-scale implementation, and (c) data and info sources relevant to advancing MH in schools.

All the work is geared to enhancing in strategic ways an enhanced focus on MH in schools at all levels (local, state, regional, national, and even international). To have a significant impact across the country, the Center (a) packages relevant info and resources that have a national scope but are readily adaptable for local use, (b) uses a range of delivery systems that disseminate in ways that enhance communication and sharing, (c) outreaches to the widest spectrum of stakeholders who can affect policy and practice at all levels and in all states and territories, and (d) establishes infrastructures and mechanisms to facilitate communication, connection, collaboration, and special initiatives that promote diffusion. Related to all this is the extensive use of technological processes, including internet (e.g., website, listservs) and a special focus on distance consultation and learning, and other means to enhance equitable access and cost-efficient processes.

With all this in mind, the Center's goals for the first 10 years aimed at enhancing (1) availability of and access to resources to improve and advance MH in schools, (2) the capacity of systems/personnel, and (3) the role of schools in addressing MH, psychosocial, and related health concerns. The objectives for each year were:

- For goal 1: (a) enhance delivery systems, (b) identify related TA providers and develop strategies to enhance connected resource development and delivery, (c) enhance Center use of advanced technology for training/TA, (d) develop additional strategies for targeting and connecting with hard to reach constituencies.
- For goal 2: (a) develop and evolve content focus, (b) expand direct TA/training activity and evolve networks and coalitions among school and community stakeholders, (c) develop & package content to enable self-directed learning, (d) develop & promote models for enhancing preservice and inservice education.
- For goal 3: (a) clarify models/frameworks/blueprints to ensure advancement of comprehensive approaches to MH in schools that mesh with and advance school/community reforms, (b) evolve strategies for affecting policies, infrastructure, programs, preservice and inservice training, (c) foster coalitions to enhance cohesive policy and practice, (d) target key groups who shape policy/practice related to MH in schools to enhance their understanding.

While the Center always included a major focus on policy and program analysis, the formal shift in emphasis in the federal cooperative agreement for the current five year cycle resulted in a reformulation of Center goals and objectives. The current overlapping goals are to:

- (1) elevate commitment to enhancing the MH and general well-being of children, adolescents, families through advancing policy/programs for MH in schools
- (2) enrich policy formulation and program models for addressing MH and psychosocial concerns in schools
- (3) build the capacity of schools and communities for evolving comprehensive, multifaceted, and integrated approaches to MH in schools
- (4) build the capacity of schools and communities for strengthening school-wide approaches for fostering a climate to promote MH and well-being and prevent and ameliorate problems
- (5) build the capacity of schools to address a wide range of behavioral, emotional, motivational, and learning problems and to promote healthy social-emotional development, emphasizing empirically supported approaches

Overlapping objectives and related strategies arising from these goals include:

- (a) keeping abreast of key matters related to advancing MH in schools on national and state levels; identifying, gathering, and organizing relevant info and resources; and conducting analyses related to programs/policies
- (b) developing major reports, resources, and other documents relevant to advancing MH in schools (including updated syntheses, analyses, guidebooks, training aids, and social marketing resources) designed to 1) guide capacity building for strengthening positive school climate, 2) enhance understanding of how schools and communities can link to evolve effective approaches to MH in schools, and 3) improve school-based systems, programs, and practices designed to address students' behavioral, emotional, motivational, and learning problems and promote the healthy social-emotional development

- (c) distributing major reports and resources widely and to targeted groups through key dissemination and diffusion networks
- (d) promoting diffusion and increasing mechanisms for diffusion and action
- (e) mobilizing key leaders and expanding the infrastructure for advancing MH in schools
- (f) pursuing Center quality improvement and impact evaluation

All Center goals and objectives are pursued through activities organized around five tasks: (1) needs assessment (individuals and systems), (2) translating needs into a content focus, (3) gathering and developing materials – including development of guidebooks and training curricula, (4) designing and initiating strategic and effective delivery systems, and (5) quality improvement strategies. The value of this methodological framework and the activities was demonstrated in its first 10 years of operation and is being enhanced during the present cycle.

The evaluative focus is on outcomes related to the goals and objectives. Data are solicited from all accessible Center users. Given limited resources for evaluation, the Center relies on surveys, questionnaires, ratings, structured and semi-structured interviews, product analyses, and frequency counts. For purposes of quality improvement, efficacy related to accomplishing key operational tasks is evaluated with respect to needs and resource assessment; appropriate content, procedural, and operational focus; gathering and developing resources; and delivery. Towards enhancing impact evaluation, a follow-up questionnaire is sent to everyone who has requested resources, training, and technical assistance. An additional request is sent out once a year to everyone on the mailing list. An outside evaluator helped design the methodology for studying the Center's impact; these studies have used phone interviews and trained interviewers to elicit data from samples of Center users.

In sharing evaluation findings gathered over the past few years, this report is organized into four sections.

Part I provides data on Center strategies used to enhance the likelihood of impact.

Part II reports findings from the special impact studies designed by an outside evaluator and by Center staff. The procedures used in the early studies provided a template for more in-depth study of impact and could be used for aggregating data from both national Centers.

Part III offers a concluding summary.

Appendices contain (a) the Impact Study instruments, (b) highlights of specific achievements and center activity across the country related to its major goals during years 1-10, and (c) the catalogue of special resource materials developed by the Center.

Overview of Progress

From its inception, the Center at UCLA has gathered evaluative data to enhance performance and impact related to its goals. Data are solicited from all accessible Center users. The findings reported here are intended to convey (1) an overview picture of the various strategies used to enhance the likelihood of impact and (2) snapshots of how the activity is affecting the field. Reported are data on Center strategies used to enhance the likelihood of impact and findings from special impact studies designed by an outside evaluator.

Highlighting Specific Data on Achievements

Process data indicate the Center continuously

- expands its individual and institutional consumer base
- enhances capacity for training and TA (including helping consumers develop self-help strategies and local support networks)
- develops system and program models for MH in schools (including providing support for those interested in using new approaches)
- facilitates development of organization and center networks across the country to work for greater policy cohesion and shared use of resources
- develops comprehensive system and program models that approach mental health and psychosocial concerns in ways that integrally connect with school reform.

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

To move toward impact evaluation, an independent, outside evaluator was contracted in November, 2000 to help design and supervise a pilot study. This led to

development of the instruments in Appendix A (which have been modified in minor ways over the years). Data were gathered in 2002-03, 2003-04, and 2005-2006. In 2007, a briefer survey was used to update and supplement data.

All consumers on the Center's mailing list are sent a questionnaire. In-depth phone interviews also are conducted with samples of users. For the first study, four subgroups were contrasted: (1) *Ongoing Strategic Users*, (2) *Self-identified Strategic Users*, (3) *Frequent Users*, and (4) *Casual Users*. In the next studies, the focus was on strategic users. Table 1 highlights examples of major findings generated.

Overall, findings indicate extremely positive ratings for all facets of Center activity. Consumers consistently indicate they are highly satisfied with the amount and quality of the Center's activity and with the accessibility of its resources and staff. About 90% of respondents indicate access the Center's resources is extremely or very easy, and the percentages are even higher among strategic and frequent users. A similar pattern is found for ratings of timeliness and appropriateness of response, with 94% of all respondents rating this facet highly.

With respect to the analyses of contrasting groups done in 2003, all strategic and frequent clients rated impact as positive. Similar feedback came from three-quarters of casual users. More importantly, consumers reported the Center is meeting their needs. While 82.4% of the total responses indicated this was so, 98.7% of strategic users and 90% of frequent users said their needs were met. Even 76% of casual users said this was the case (only 1.7% of casual users indicated that their needs weren't met). Significantly, 99.4% of all respondents indicated that they would use the Center again and would recommend it to others. (Comparable results were reported by those who responded to the 2004 and 2006 surveys distributed through the quarterly newsletter and also online.)

Respondents have provided a wide variety of specific examples of policy and practice outcomes. These range from work directly enhancing MH activity in schools to systemic change initiatives for establishing comprehensive approaches addressing barriers to learning and promoting healthy development. Strategic users report impact that spans from helping to maintain existing initiatives to shaping policy for fundamental changes in approaches to MH in schools. With respect to

Table 1. Examples of Major Findings Generated

User Satisfaction

- *Ease of access* – 90.2% of all respondents indicated that it was extremely or very easy to access the resources. Highest ratings came from strategic (97.4%) and frequent users (93.6%).
- *Timeliness & appropriateness of response* – 94% of all respondents rated this item highly. Again, the highest ratings came from strategic (98.6%) and frequent users (97.5%).
- *How well Center met needs* – 82.4% of all respondents rated this item highly. High ratings were given by strategic (98.7%), self-identified strategic (90.5%), and frequent users (90%), while only 76% of casual users gave the highest ratings. At the same time, only 1.7% of casual users indicated their needs weren't met to some degree.
- *Consumers plans for future and/or recommended use* – 99.4% (all but 4) indicated they would use the Center again and recommend it to others.

Impact

As would be expected, degree of impact is strongly related to category of user.

- *Strategic users* report the strongest impact to date (with as many as 60-77% reporting quite a bit of impact in some arenas).
- *Self-identified strategic users* also report similarly strong impact in several arenas of their work.
- 50% of *frequent users* indicate that they are having quite a bit of impact in all arenas.
- Surprisingly, even *casual users* indicate an impact (e.g., their ratings in various arenas range from 10–33% indicating “quite a bit” and many more indicating “somewhat” of an impact).

Clearly, those using the Center find it readily accessible and timely and appropriate in its responsiveness. More importantly, they report the Center is meeting their needs and plan to continue using it and will recommend it to others. In terms of impact, available data indicate the Center is influencing policy and practice across the country. The work and resources are reaching into and are being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served. Those using the Center draw on its many resources and forms of assistance to increase their impact at national, state, and local levels. Their focus is on enhancing policy, program development, practice, technical assistance, training, research, and capacity, infrastructure, and network building. To these ends, they seek input (e.g., information, ideas, resources) to strengthen their performance and impact, and they involve Center staff directly in developmental and systemic change activities. Finally, it can be noted that the Center's staff are regularly included in a great many national, state, and local efforts to enhance MH for children and youth in general and related to MH in schools in particular.

programs, practices, training, and research, the Center's work is reported as providing direction and guidance for enhancing ongoing efforts, as well as generating new ways of understanding and addressing system, program, and person problems. Also attributed to the Center's work are changes in infrastructure and a variety of capacity and network building outcomes. These include developing Resource-oriented Teams at schools, preparing adaptable training materials, establishing national, regional, and local networks, and expanding resource libraries.

Data tallied regularly on the exponential growth of visits to the UCLA Center's website provide another indication of how useful the Center has become (see below).

From Oct., 2000-Sept., 2001, there were 71,360 unique visitors; over the next 12 months the number grew to 131,889; and for the period from Oct. 2006-Sept. 2007, the number was 736,124.

In 2001-02, visitors accessed 398,097 documents. For the 2008-2009 funding period, over 1.8 million documents were downloaded.

In October 2009, the site had 41,708 unique visitors, averaging over 1,345 per day.

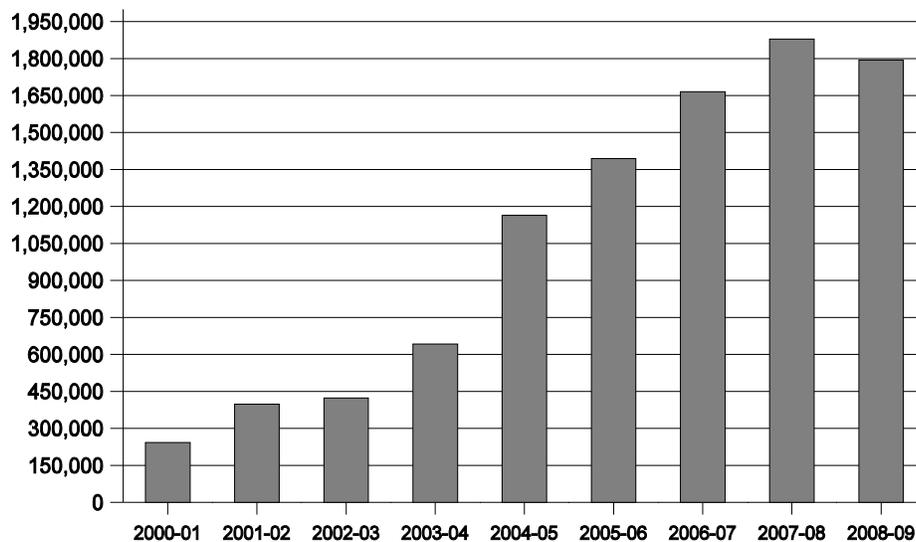
In addition to those accessed on the website, we typically average about 400,000 reports and other documents directly distributed electronically over year. In turn, others widely circulate what they receive.

Additional indicators of how useful the Center has become are evident in the descriptive data summarized in Tables 2 and 3.

Clearly, Center resources are being used, and given these data, it is reasonable to assume they are being found useful. It also is evident that most of these users are not on the Center mailing list, and thus, the vast majority of those who use Center resources directly and other indirect recipients of Center resources are not accessible for data gathering.

(Note: For accountability purposes pertaining to the combined impact of the federal initiative to enhance MH in schools, some of the major findings are aggregated with comparable data from our sister center in the Executive Summary.)

Number of downloads of documents



**Table 2
Center Strategic Outreach and Leadership Training (Updated 10/10)**

Center initiated activity	Current Project Year	Previous 12 Month Summaries							
	10/08-9/09	10/07-9/08	10/06-9/07	10/05-9/06	10/04-9/05	10/03-9/04	10/02-9/03	10/01-9/02	10/00-9/01
<i>Center Announcements & Surveys of Need</i> ¹	332,300	241,661	113,775	53,450	56,199	72,433	59,335	31,206	27,573
<i>Direct E-mail Outreach</i> ² >Direct to stakeholders (e.g., ENEWS, Practitioner listserv, updates and info, etc.) ³	444,300	419,500	443,371	461,118	186,830	128,258	115,021	63,430	41,280
<i>Quarterly Journal/Newsletter, Direct Distribution</i> ⁴	57,630	52,255	84,575	43,450	41,199	37,866	30,210	26,718	22,979
<i>Events</i> – National/Regional/State/local Summits, Leadership Institutes, Conferences, Conference calls, Workshops, Presentations, and webinars ⁵	124	31	30	29	33	32	28	40	38
<i>Materials Distributed for Outreach and for Outreach Follow-up</i> (no charge) ⁶	53,760	48,500	49,500	43,035	48,718	42,945	34,106	32,368	30,578

¹ Refers to mailing of center announcements, direct needs assessments and those sent out inserted in newsletters, follow-up feedback forms sent to center consumers, etc.

²As part of its strategy for diffusion, each year the Center has markedly increased its outreach with a strong emphasis on using email communications. Also, see Table 3 for web site numbers (the web, of course, enables major electronic outreach and provides access to TA, training, materials, networking, etc.).

³ENEWS is the Center’s monthly electronic news update developed and implemented in Sept. 1996. The listserv started with just over 200 and now is directly sent to over 9,000 individuals and organizations, and the list continues to grow. The latest issue is added to the website for others to access. Reports indicate that it is widely forwarded to organizational listservs. In addition, the Center sends out a weekly Practitioners’ listserv which responds to requests and facilitates sharing; other networking listservs are sent out periodically (e.g., to the National Initiative: New Directions for Student Support, the Policy Leadership Cadre). Given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. Special ENEWS communications are sent whenever special announcements and special needs arise (e.g., this was used extensively in the Center’s work in the aftermath of Hurricane Katrina and at other times of special need).

⁴These data represent the initial mailing of the Center’s quarterly journal/newsletter which currently is sent directly to over 10,500 individuals. Besides the initial mailing, copies also are sent out as part of inquiries to the Center, in response to specific technical assistance requests, and so forth. Some organizations ask for multiple copies to send on to their membership. Copies also are distributed at various conferences and workshops where Center materials are displayed. And, reports indicate that others are making copies and distributing them to colleagues. Here, too, given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. All editions are archived on the website for ready and ongoing access. Because of budget cuts, as of fall, 2007, hardcopies are no longer mailed.

⁵We receive a great many invitations to speak and participate (e.g., to do keynotes, conference sessions). Since 2002, the Center’s emphasis has been to minimize talking in generalities to random groups and to increasingly work strategically with others (e.g., on-site, conference calls) who have committed to specific design, planning, and implementation work.

⁶This reflects not only dissemination efforts, but also the increasing focus by the Center on developing effective diffusion strategies. The figures encompass distribution of resources such as policy reports, guidebooks, introductory and resource aid packets, continuing education units, information, fact and practice notes, etc. These go to various centers, clearinghouses, federal agencies, and other potential dissemination agents, as well as to members of the Center’s advisory group, our sister Center, the participant organizations in the National Initiative to Improve Adolescent Health (NIAH), other key consultants, as well as what the Center distributes at workshops, conferences, and special meetings.

Table 3
Resource Dissemination, Diffusion, and Technical Assistance (Updated 10/09)

	Current Project Year	Previous 12 Month Summaries							
Type of Specific Information	10/078-9/09	10/07-9/08	10/06-9/07	10/05-9/06	10/04-9/05	10/03-9/04	10/02-9/03	10/01-9/02	10/00-9/01
Web site access									
Downloads	1,793,905	1,879,035	1,665,604	1,394,766	1,163,601	642,291	423,551	398,097	242,960
Quick Find¹	318,564	301,225	189,553	181,203	146,831	112,996	--	--	18,332
Total direct TA Requests²	401	481	568	552	527	578	516	952	1,182
By Type³: 1) General	291	308	298	261	362	327	262	485	503
2) System	100	55	100	87	82	89	121	152	304
3) Program	175	228	181	218	191	215	173	218	287
4) Psychosocial	35	50	74	57	53	76	74	72	88

¹*Quick Find* is the Center Clearinghouse Online menu/resource locator. It groups material together by topic. Currently, there are over 130 topics on-line that include references to Center material and links to other internet based documents, publications, web sites, and agencies. Data for the 01/02 & 02/03 years were lost, but clearly, this delivery system has been increasingly used.

²In addition to the site-based practitioners who contact the Center for technical assistance, about half of the requests are from institutional representatives, including centers, organizations, agencies, school districts, and schools. While every contact has the potential to create a *ripple effect*, this is particularly so for the assistance provided organizations. The total number represents specific areas where assistance was provided; requests often ask for assistance and materials in more than one area. These figures do not include the unique form of TA provided through the Center's weekly Practitioners' Listserv. Note the drop and subsequent fluctuations in TA requests (which started in 1999). This reflects the impact of the Center's increased outreach (e.g., work around the country, the Practitioners' listserv, the enhancement of the website). In particular, as the website has expanded, those in need of technical assistance increasingly have been able to find what they need without calling directly. The Center receives constant inquiries about whether its documents can be copied and circulated. Moreover, feedback indicates that a significant amount of what the Center sends out is copied and shared – sometimes on a mass production scale. In addition, all documents are shared with other centers, organizations, and clearinghouses for distribution through their facilities. In addition, almost all Center documents are available for downloading in pdf format (readable by Adobe Acrobat, a free document browser) at no cost, and increasingly consumers are doing this rather than ordering hard copies. As a result of all this, as Center users increase, direct calls for TA increase at a slower rate.

³Types of info are categorized as follows:

- >General = info on center, MH in schools as a field, etc.
- > Systemic concerns = policy issues, restructuring, systemic changes, etc.
- >Program/process concerns = student/family assistance, violence prevention, etc.
- >Psychosocial problems = info about substance abuse, dropout prevention, emotional problems, disabilities, etc.

Brief Narrative Update Summary from Center Co-Directors on Accomplishments from July 1, 2005 through the End of March, 2006

The first year of this funding cycle has continued the accelerating rate of progress we have experienced in the last couple of years (see preceding Tables graphs). This has been the case for each of the five overlapping goals and their objectives. We have encountered no significant barriers. Indeed, the work has enabled us to refine our strategies.

As planned, we updated and expanded our Online Clearinghouse data bank for instant and free access by all. The added info and resources related to existing and emerging programs and policies for enhancing MH in schools were analyzed and have been highlighted in our monthly electronic newsletter and quarterly print newsletter (both of which also are archived for access through the Center's website).

Over the year, the co-directors have been refining the Center's approach to policy and program analyses. Staff have aggregated, analyzed, categorized, and produced documents and resources. Products have been shared widely. Guides and tools have been developed for and shared with leaders to adopt/adapt in developing strategic plans and pursuing action steps for diffusion. Five major reports and nine chapters and journal articles have been published or are in press. Eighteen other special documents (policy briefs, resource aids, quick finds, guidance notes, practice notes, info sheets, etc.) have been developed. And, every month a set of previously developed resources have been upgraded using what has been learned. Over 30 presentations have related the work, and it has been shared through the Center's regular delivery mechanisms (website, electronic newsletters, hardcopy newsletters). Networks have been used to enhance dissemination and promote diffusion.

New and updated info and resources were shared each month via direct mailings to over 20,000 key leaders/stakeholders (including other centers, associations, etc). This included resources developed as aids for social marketing and outreach campaigns. Over the year, the staff continued work related to the "National Initiative: New Directions for Student Support" and expansion of the Policy Leadership Cadre for MH in Schools – conducting two state summits and five leadership institutes, with follow-up support provided. Other strategic onsite work with state departments of education, school districts, and cities was conducted in nine venues across the country. And, featured presentations (e.g., keynotes) and workshop were made at six venues.

With respect to evaluation, quality improvement data were gathered every week. At midyear, the staff begin the 2006 impact evaluation study. In March through the first week in April, this report was prepared.

Available data indicate the Center continues to influence policy and practice across the country. The Center is reaching into and is being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served. (Consumers include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; university center administrators and faculty; administrators of national education reform organization; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations, and much more.)

Those using the Center have drawn on its many resources and forms of input (e.g., information, analyses, ideas, resources) and have sought assistance to increase their impact at national, state, and local levels. They report a range of focus that spans efforts to enhance policy, program development, practice, technical assistance, training, research; build capacity and infrastructure; and develop productive networks. To these ends, they have interacted with the Center to strengthen their performance and impact, and they have involved Center staff directly in developmental and systemic

change activities. With respect to promoting systemic changes, the Center has continued to work strategically at sites across the country to enhance school-community collaboration through reducing marginalization, fragmentation, and counter-productive competition in school districts, at school sites, and at health and social service agencies.

Also of note is the ways the Center was able to play useful roles in the aftermath of the hurricane related disasters (described below).

We are pleased to note that respondent feedback on all facets of Center activity is extremely positive. Consumers indicate they are highly satisfied with the amount and quality of what the Center does and with the accessibility of Center resources and staff. Findings over the years are consistent in showing that about 90% of all respondents report that it is extremely or very easy to access the Center's resources, with even higher percentages among strategic and frequent users. A similar pattern is found for ratings of timeliness and appropriateness of response (e.g., over 90% rate this facet highly). More importantly, almost all strategic users report the Center is meeting their needs and indicate they would use the Center again and recommend it to others. Specific examples are seen in Tables 15-17. We were especially appreciative of the following statement we received from the 20006 sample:

The work being done by the Center is nothing short of essential to any chance we have of ensuring the well being and success of our students, as well as of the practice of education in this nation. It's truly amazing how educational leaders respond to your one-page graphic depicting comprehensive school improvement. When they see that addressing barriers to learning and teaching must be an integral and fully integrated part of the process, it's as though a light bulb goes on over their heads.

Significant progress related to our updated, overlapping goals and objectives can be seen in what has been accomplished in the period from July 1, 2005 up to April 1, 2006. Below these accomplishments are grouped under the following categories of activity:

- Hurricane Aftermath Assistance
- Strategic Work Across the Country
- Development of Policy Reports, Issue Briefs, and Policy-related Quick Finds
- Strategic Dissemination of Two Published Guide Books to stimulate action
- Publication of Book Chapters and Journal Articles
- Development and Diffusion of Special Resources
- Use of Regular Center Mechanisms
- International work

Hurricane Aftermath Assistance

Immediately after Hurricane Katrina, as we always do when a crisis strikes, we set in motion ways to assist. Such work fits into all five of our goals. From the outset, all our previous work came into play as we mobilized to provide a quick response with relevant and accessible resources to address the emergency with specific attention to supporting schools and others concerned with the mental health of students in the aftermath of the disasters. We added relevant info to the section of our website that provides resources for "Responding to a Crisis." We included additional internet resources related to responding to and coping specifically with hurricane related events and we developed some practice guides for schools to use in the immediate aftermath and for planning for longer term effects. These were highlighted through our electronic newsletter (ENEWS) which goes directly to about 9,000 individuals and organizations and is widely circulated by them. Our initial messages provided a reminder about the many resources available through our website and our links

to other resources schools might need as they respond to the disaster. We placed special emphasis on "Resources to Mobilize School System Planning and Action." We also reminded everyone to (a) forward the information to anyone who might need it, (b) contact us about immediate specific needs we might be able to help address, and (c) use us as a conduit for sharing resources and strategies. For several months we also issued special electronic newsletters to provide information and circulate specific practice aids. About 500 a day used our website specifically to access our crisis-related resources and to link to others. And, there were several technical assistance requests each day for several months related to all this. We also facilitated communications to the National Association of State Directors of Special Education regarding the need for IDEA waivers. And, we were able to use two major Leadership Training Institutes we had previously scheduled for Texas in September to inform key education leaders in that state about resources.

Because of the wealth of resources we offer and the ready gateway we provide to many others, we have been a well-used resource in the aftermath. The visits to our website were exceptional and are a good indicator. The number of website "hits" over the week of 9/5 through 9/11 was 121,667 (there were 6,919 unique visitors in this period, with an average of 988 per day – note: this does not reflect multiple visits by the same person on different days.). For the period from 8/29-9/12, there were 14,741 unique visitors to the site. Of these, 1,290 directly visited "Responding to a Crisis: Hurricane Aftermath." From 9/13/05 to 10/27/05 (45 days), there were 37,496 unique visitors. Of these 1,223 visited the Crisis web page, and 25,080 downloaded the resource aid packet on " Responding to a Crisis at School." Other related material downloaded included: "School Interventions to Prevent Youth Suicide" (10,332), "Conduct and Behavior Problems in School Aged Youth" (7,874), "What Schools Can Do to Welcome and Meet the Needs of All Students and Families" (5,803), "Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth" (4,430), and "Transitions: Turning Risks into Opportunities for Student Support" (1,166). Center online resources and links, the special guidance notes we developed and circulated, and the daily special electronic newsletters were all well received and used. Many other listservs picked these newsletters and the attached materials and circulated them to their networks.

In addition to the direct contacts, we noted in passing that many other sites referenced our site (e.g., state departments of education, organizations such as the Education Commission of the States and NASP). We have heard back from many folks about the value of the resources and that they have shared them widely. For example, we heard the following from the Manager of the Federal Policy State Programs at the Texas Education Agency: "I have forwarded this to the twenty regional education services centers in the state.... it will be of use as we plan for the future of these displaced students. Thanks for your help"

Strategic Work Across the Country

In pursuing all five goals, we used direct interactions, including email, phone conferences, in-person conferences at the Center, and travel to sites across the country. The focal point for this strategic work has been Statewide Summits and Leadership Institutes related to the *National Initiative: New Directions for Student Support*, statewide Institutes to Enhance *Policy Leadership for MH in Schools*, and work with state departments of education, school districts, cities, legislatures, and boards. In addition, considerable email and phone conference activity was used to enhance major networking efforts. All the strategic work involved extensive outreach, planning, preparation, and follow-up (including development of special resources materials and website supports and technical assistance). And, the strategic nature of the work enabled us not only to disseminate products but to pursue diffusion of resources in ways designed to maximize understanding and use. The following are some specifics:

- (a) Statewide Summits for the national New Directions Initiative were conducted in Pennsylvania and New Jersey
- (b) Statewide Leadership Institute to Enhance Policy Leadership for Mental Health in Schools was conducted in Texas

(c) Statewide Leadership Institutes for the national New Directions Initiative were conducted in Minnesota, Texas, Iowa, and California (in L.A. & Sacramento)

(d) Onsite work with state departments of education, school districts, and cities involved the Iowa State Department of Education, the New York Department of Education, one of Iowa's Area Education Agencies, and school districts in St. Paul (MN), Harrisburg (PA), Sacramento (CA), Huntington Beach (CA), a school district and city initiative in Berkeley (CA), and the Mayor's Education Advisory Council in Los Angeles.

(e) Work with legislatures and legislative analysts included development of a proposed landmark bill for a Comprehensive Pupil Learning Support System (currently in the CA Assembly) and presentations for the California Research Bureau of the CA State Library

(f) Work with Boards included analyses for the CA Board of Psychology of continuing education for psychologists, advisory board participation for the Southwest Education Development Laboratory and for the UCLA Laboratory School

(g) Participation in formal networks included work with our sister Center in Maryland, the Policy Leadership Cadre for MH in Schools, the national network for New Directions for Student Support, the Coalition for Cohesive Policy in Addressing Barriers to Development & Learning, the National Initiative to Improve Adolescent Health (NIIAH), the National Resource Centers Consortium, the National Assn of State Directors of Special Education (with both the juvenile justice & MH project and the Community of Practice effort), and the AIR/EDC (related to Safe Schools/Healthy Students). We also host a mini-web on our website for the School Intervention Interest Group of the Society of Community Research and Action (SCRA, Division 27 of the American Psychological Association). And, we operate a listserv for the State Adolescent Health Coordinators network.

(h) Conference keynotes, workshops, and other diffusion-oriented presentations included South Carolina Regional Conference (attendees from SC, FL, NC, and GA), National Assoc. of Pupil Services Administrators, California Council on Youth Relations Policy Roundtable Panel, California School Boards Association Conference, California School Psychologists Assoc Conference, National Association of School Psychologists.

Development of Policy Reports, Issue Briefs, and Policy-related Quick Finds

The following policy related resources were developed, widely disseminated, and used in the above strategic diffusion activities, as well as widely disseminated through the Center's regular delivery mechanisms. All documents are online for free and ready access and can be ordered in hardcopy at cost. Each makes a significant contribution in supporting efforts to accomplish the overlapping goals and objectives cited above.

(a) Major Reports

- > *The Current Status of Mental Health in Schools: A Policy and Practice Analysis*
- > *School Improvement Planning: What's Missing?*
- > *Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component*
- > *Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development*
- > *Systemic Change for School Improvement: Designing, Implementing, and Sustaining Prototypes and Going to Scale*
- > *An Initial Look at Texas Policy Related to Mental Health in Schools*

As an example of how we have evolved our dissemination of major reports, we can describe the recent efforts to diffuse the report on *The Current Status of Mental Health in Schools: A Policy and Practice Analysis*. We began by sharing it as an email attachment sent to the approximately 9,000 on our email listserv. We put it online for ready access and free downloading and advertised it on the What's New page of the website. We also mailed bound hard copies to 175 key MH leaders who have an interest in schools (e.g., directors of state and county mental health agencies).

In addition to sharing it through the listservs and on our website, we developed and sent out a news release to multiple listservs (e.g., APA division 53, SAMHSA, EDC, Public Education Network, Institute for Educational Leadership, Edutopia, National Mental Health Association, American School Health Association, American School Counselor Association, School Social Work Association on America, CDC's Division of Adolescent School Health, National Association of State Directors of Education, CCSSO, and many more). The news release had a PDF version attached and also contained the URL for downloading from our website.

Within days, there were 3,547 downloads of the report from our website, and we received requests for and sent out over 450 hardcopies (many more requests subsequently). We also quickly had special requests from organizations for multiple copies. [A few examples of the first requests: the National Association of School Psychologists asked for 100 copies, Bridgeport Public Schools (50 copies), Philadelphia College of Osteopathic Medicine (50 copies), Michigan Association for Children's Mental Health (50 copies), West Ed Center for Prevention and Early Intervention (25 copies), New York Department of Health (25 copies), the State of Kansas School Boards Organization (15 copies), Spokane Public Schools (15 copies), Broward County Student Support Services (13 copies), New York State Student Support Services Center (10 copies), New Jersey Department of Education (5 copies), NEA Quality School Systems (5 copies), Oregon Department of Human Services, Adolescent Health (5 copies), Maryland State Department of Education (5 copies), School Psychology Program at Minnesota State University (6 copies), Chataqua County, NY School Psychologists (5 copies), State of Hawaii Department of Health (3 copies), Hamilton Fish Institute on School and Community Violence (3 copies), Center for Children with Special Needs Tufts-New England Medical Center (3 copies)]

As a next step, we featured the report in our Spring issue of our quarterly hardcopy newsletter (mailed in late March). Of course, we have no way of knowing how many times the electronic copies we sent out were passed on to others or how often hardcopies were replicated and circulated. From past experiences, we can say that the ripple effect probably was quite large. Thus, it is likely that the report not only already has been disseminated far and wide, but that it is reaching the audience for whom it was written.

(b) Policy Issue Briefs and Quick Finds

- > *Screening Mental Health Problems in Schools (brief)*
- > *Should Policy Specify a Formal Role for Schools Related to Mental Health (brief)*
- > *Cost-Benefit Analyses Related to Mental Health in Schools and Addressing Barriers to Learning and Teaching (Quick Find)*
- > *Legislation Related to Student Support & Mental Health in Schools (Quick Find)*

Strategic Dissemination of Two Published Guide Books to Stimulate Action

We wrote two extensive book-length guides and arranged for Corwin Press to publish them (hopefully as the first in a New Directions series). The books were published in July. Copies of these guides have been sent to influential leaders to enhance readiness and build capacity for systemic changes that can advance mental health in schools. The two books are:

- > *The implementation guide to student learning supports in the classroom and schoolwide: New directions for addressing barriers to learning*
- > *The school leader's guide to student learning supports: New directions for addressing barriers to learning*

Publication of Book Chapters and Journal Articles

As noted, one indication of our impact is the frequency with which we receive invitations to do chapters and articles related to mental health in schools. As each is published, it contributes to efforts to achieve the overlapping goals.

- > “Mapping a school’s resources to improve their use in preventing and ameliorating problems” Chapter by Adelman & Taylor (2006) in C. Franklin, M. B. Harris, & P. Allen-Mears (Eds.), *School social work and mental health workers training and resource manual*. Oxford University Press.
- > “Want to work with schools? What’s involved in successful linkages?” Chapter by Taylor & Adelman (2006) in C. Franklin, M. B. Harris, & P. Allen-Mears (Eds.), *School social work and mental health workers training and resource manual*. Oxford University Press.
- > “Reorganizing student supports to enhance equity. in E. Lopez, G. Esquivel, & S. Nahari (Eds.), *Handbook of multicultural school psychology*.
- > “Best practices in the use of resource teams to enhance learning supports. By Adelman & Taylor (in press) in A. Thomas & J. Grimes (Eds), *Best practices in school psychology – V*. National Association of School Psychologists.
- > “Enhancing schools as caring environments By Adelman & Taylor (in press) in R. Talley (Ed.).*Building community caregiving capacity*. Oxford University Press.
- > “School-wide approaches to addressing barriers to learning and teaching.” By Adelman & Taylor (in press) in J. Cummings & E. Doll (Eds), *Population-based services of school psychologists*. National Association of School Psychologists.
- > “School improvement: A systemic view of what’s missing and what to do about it.” By Adelman & Taylor (in press) in B. Despres (Ed.), *Systems thinkers in action: A field guide for effective change leadership in education*. Rowman & Littlefield Education.
- > “Mental health of children and youth and the role of public health professionals. Adelman & Taylor (in press). *Public Health Reports*, 121.
- > “School and community collaboration to promote a safe learning environment.” Adelman & Taylor (in press). *State Education Standard*. The journal of the National Association of State Boards of Education.

Development and Diffusion of Special Resources

Increasingly, we are focusing on developing resources that can be included in a tool kit for those who are working in schools to move in new directions for student support or that can be used to enhance our existing guides. We also have introduced a series of Guidance Notes and continue to add to our list of practice Notes and Fact and Info Sheets. These types of resources are essential in promoting and facilitating systemic changes to advance MH in schools. The following have been developed so far this year:

- > *Rethinking Student Support to Enable Students to Learn and Schools to Teach* (expanded tool kit)

- > *Example of a Formal Proposal for Moving in New Directions* (guide)
- > *Infrastructure for Learning Supports at District, Regional, and State Offices* (guide)
- > *Phasing-in an Enabling or Learning Supports Component – throughout a District or in One School* (guide)
- > *About Planning and Action for the Mental Health of Students and School Staff in the Aftermath of a Natural Disaster* (guidance notes)
- > *Schools Helping Students Deal with Loss* (guidance notes)
- > *School Adjustment Problems* (guidance notes)
- > *Dropout Prevention* (guidance notes)
- > *The School's Role in Addressing Psychological Reactions to Loss* (info sheet)
- > *Frequently Asked Questions About Mental Health in Schools* (info sheet)
- > *Why Address What's Missing in School Improvement Planning?* (info sheet)
- > *About Positive Psychology* (info sheet)
- > *Some Base Line Data on School Mental Health Services* (info sheet)
- > *Countering the Over-pathologizing of Students' Feelings & Behavior: A Growing Concern Related to MH in Schools* (practice notes)

As with the reports, we describe and (where appropriate) attach many of these documents to the monthly electronic newsletter sent to the approximately 9,000 on our email listserv and in the hardcopy quarterly newsletter sent directly to over 10,000. We also mail bound hard copies to a designated group of key leaders who have an interest in mental health in schools. We put all resources online for ready access and free downloading and advertise it on the What's New page of the website.

Of course, we have no way of knowing how many times the electronic and hardcopy newsletters are passed on to others or how often hardcopies are replicated and circulated. Again, from past experiences, we can say that the ripple effect is quite large, ensuring the products are disseminated far and wide and reach the right audience.

Use of Regular Center Mechanisms

The following include longstanding and new ways we have provided information, ideas, and assistance to elevate commitment (goal 1), enrich policy formulation and program models (goal 2), and build capacity (goals 3, 4, 5):

- > Center website – our site is widely acknowledged as an outstanding resource; the data for February 2006 indicated 360,558 successful hits 40,952 unique daily visitors (1,463 average unique visitors per day). The site lists and provides annotated information on all products and publications.
- > Quarterly Newsletters – every three months we sent out about 10,000 of our hardcopy newsletter and also archived it on our website for electronic access, free downloading, and sharing. Each issue had a featured lead article and policy and practice discussions and resources.
- > Monthly Electronic Newsletters – used for outreach, information sharing, communication, etc.

- > Weekly Practitioners' Listserv – designed to allow practitioners to share their ideas and experiences
- > Net Exchange – allows interaction with the Center and with other users on specific topics of interest
- > Monthly Themes for Schools – schools have a yearly rhythm (changing with the cycle and demands of the school calendar). In keeping with this, each month the Center uses the website and electronic newsletter to present some ideas and activities for enhancing support for students, their families, and the staff at schools. Also provided are links to other resources for more indepth follow up.
- > Periodic Hot Topics – online information and resources on a topic of current interest
- > Ongoing Hot Issues – online analysis briefs delineating ongoing issues relevant to MH in schools and addressing barriers to learning and teaching
- > Technical Assistance and Consultation Cadre – in addition to providing regular technical assistance on request, the Center has continued to promote development and use of our online resources (including the Quick Find Online Clearinghouse and the Gateway to a World of Resources) and a growing Consultation Cadre of colleagues across the country who have expertise they are willing to share at no cost.

International work

As the Center stature has grown, so have the requests for information and support from around the world. Besides those who are on our mailing list and those who make regular requests for resources and TA from around the world, a few examples that involve major interactions include:

- > Singapore – provided consultation at the Center for representatives of the Developmental Research, Psychological Assessment and Research Branch, Education Programmes Division, Ministry of Education, Singapore. Their visit was followed by an invitation to go to Singapore as part of a special advisory panel later this year.
- > Australia – a NGO working with the schools has incorporated our work into their ongoing efforts.
- > Canada – we have had several email interchanges with school districts and have been asked by the Ontario government to review a couple of research proposals related to MH in schools.
- > Spain – We hosted a visiting scholar from the University of Barcelona for six weeks while she worked on a school-based model for conflict resolution that will be culturally appropriate for schools in Spain and that can be adapted for U.S. schools in working with Spanish speaking students.
- > The Netherlands – the director of the National Center on Education and Youth Care has asked to establish a relationship to foster consultation and interchange. He spent a day at the Center in mid April.

With respect to current and future impact, two major Center-guided initiatives are especially notable.

One is the Center's continuing efforts related to the field-defining guidelines. The document entitled: *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations* provides the first ever set of guidelines for MH in schools.

[See – <http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf>]

These also have been adapted into the first ever set of *Guidelines for Student Support Component* as part of the National Initiative.

[See – <http://smhp.psych.ucla.edu/summit2002/guidelinesstudentsupport.htm>]

All indications are that these guidelines already are receiving wide attention, and the Center will continue to work to ensure they have a major impact in shaping the future of MH in schools.

And, building on the above, is the *National Initiative: New Directions for Student Support*. This effort was inaugurated in October, 2002 in response to widespread interest for mounting such a strategic initiative. Restructuring the student support facets of schools is a necessary step in reinvigorating efforts to connect school and community resources. Thus, the work is central to all efforts to enhance MH in schools and is one of the most promising routes to enhancing student and family access to prevention, early-after-onset interventions, and treatment. This initiative is not only an example of the unique role the Center is playing across the nation, it also demonstrates the Center's potential for producing a major impact in every school. The initiative is co-sponsored by a growing list including all the major associations representing school-owned student support staff.

[See – <http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>]

Part I:

Data on Center Strategies for Enhancing the Likelihood of Impact

Methodology

For purposes of evaluating Center strategies used to enhance the likelihood of impact, data are regularly gathered as outlined in Table 4.

As the Table indicates, we use frequency counts, surveys, questionnaires, ratings, and product analyses to generate quantitative and qualitative outcome measures.

As standards for judging productivity and quality, we use previous output indices and consumer feedback as baselines.

For all relevant objectives, we gather consumer ratings of quality.

Data are gathered on all our activities, and for purposes of using a broad net, feedback is solicited from all consumers.

Table 4
Overview of Part I Evaluation of Goals and Objectives

Goals/Objectives

Examples of Measures

Goal 1: Enhance availability of & access to resources to improve and advance MH in schools

Objectives:

- (1) Evolve delivery systems
- (2) Identify related training and TA providers and develop strategies to enhance connected resource development and delivery
- (3) Enhance Center’s use of advanced technology for training and technical assistance
- (4) Develop additional strategies for targeting and connecting with hard to reach constituencies

access data and actual delivery of resources, TA & training agreements among resource providers, a developed web map, number of sites that have put the map in place.

numbers using website, numbers receiving monthly electronic news, numbers connected by listservs, teleconferences held, distance learning courses completed and in preparation;

a report on access strategies based on stakeholder contacts, number of new names from the territories and rural and frontier locales added to various Center lists

Goal 2: Enhance the capacity of systems and personnel

Objectives:

- (1) Develop & evolve content focus
- (2) Expand direct TA and training activity and evolve networks and coalitions among school and community stakeholders who can enhance MH in schools
- (3) Develop and package content in ways that enable self-directed topical and skill learning
- (4) Develop and promote adoption of models for enhancing preservice and inservice education
- (5) Promote exemplary and promising practices

number of resource materials upgraded, number of new resource materials, number of gaps in content filled

numbers assisted & trained categorized by nature/scope of assistance, numbers added to existing networks/coalitions, new networks and coalitions developed, nature and scope of networking and coalition activity and outcomes

numbers using the website to access materials, pursue continuing education, and search for information

number of products developed, number of places products sent, feedback on adoptions & impact

number of updated & new products/resources designed to foster understanding and adoption of exemplary and promising practices; consumer feedback on adoption

Goal 3. Enhance the role of schools in addressing MH, psychosocial, and related health concerns

Objectives:

- (1) Clarify models/frameworks/blueprints to ensure advancement of comprehensive approaches for MH in schools that mesh with and advance school and community reforms
- (2) Evolve strategies for affecting policies, infrastructure, school/ community programs, preservice and inservice training, etc.;
- (3) Foster coalition of organizations to enhance cohesive policy and practice
- (4) Target key groups who shape policy and practice related to MH in schools to enhance their understanding of the need for and how to address MH in the context of school and community reforms and restructuring

number of relevant products developed, number of places products are sent, feedback on adoptions & impact

number of relevant products and strategies developed, number of places products and strategies are implemented, feedback on impact

number of tasks undertaken, products produced, strategies pursued, and feedback on impact

number of tasks undertaken, products produced, strategies pursued, and feedback on impact

Some Basic Descriptive Data

Major findings on Center strategies designed to enhance the likelihood of impact are summarized in Tables 2-3. These data reflect the nature and scope of the Center's strategic outreach and direct leadership training endeavors, resource dissemination and diffusion activity, geographic contacts, and response to TA requests for the time periods indicated.

As the data indicate, throughout the Center's existence, there has been a continuous emphasis on (a) expanding the consumer base (including developing working relationships with additional states and with local school districts and agencies), (b) enhancing capacity for assisting with leadership training and TA and helping stakeholders develop self-help strategies and local networks for support, (c) developing system and program models for MH in schools – including providing strategic support for those interested in using new approaches, (d) facilitating development of networks of major organizations and centers across the country in working toward greater policy cohesion and shared use of resources to reduce redundancy and use resources more efficiently, and (e) developing comprehensive system and program models that approach mental health and psychosocial concerns in ways that integrally connect with school reform. Over time, all of these efforts are meant to help counter marginalization, fragmentation, wasteful redundancy, and inappropriate competition within school districts, at school sites, and in health and social service agencies, as well as enhancing collaboration between school and community interventions.

Appendix B highlights some specific achievements and activity that underscore the nature of what the Center has been doing with respect to its goals and objectives.

Part II:

Special Impact Studies

To move beyond just gathering the overview data, an independent, outside evaluator was contracted in November, 2000 to help design and supervise a pilot impact study of three samples of direct Center users: ongoing strategic collaborators, frequent consumers, and occasional or casual users. The respondents to that pilot study were extremely positive in rating the Center's processes and impact. In brief, consumers indicated they were highly satisfied with the amount and quality of the Center's activity and with the accessibility of its resources and staff. All of the ongoing strategic and frequent users rated impact as positive. Similar feedback was given by three-quarters of the casual users. A wide variety of specific outcome examples were offered related to policy and practice. These ranged from work that directly enhanced approaches to mental health in school to initiatives that are producing major systemic changes aimed at establishing comprehensive approaches to address barriers to student learning and promote healthy development.

The pilot study provided the template for the more in-depth studies reported here. The 2002-03 study was initiated in November, 2002 and data were gathered through mid April, 2003. The processes included a mail questionnaire sent to all consumers on the Center's mailing lists and a subsequent indepth phone interview with four designated subgroups.

The 2003-04 study was initiated in January, 2004 with data gathered through mid-April 2004. A sample of strategic consumers was identified and an indepth phone interview was conducted. Some of the findings were aggregated with comparable data from our sister center (see Executive Summary at the beginning of this document). This was done for accountability purposes related to the combined impact of both centers vis a vis the federal initiative to enhance MH in schools (see Exhibit on the following pages).

The 2005-2006 study was initiated in January, 2006 with data gathered through March. Again, a sample of strategic consumers was identified and an indepth phone interview was conducted.

The samples are described in the next section of this report.

Exhibit: Evaluation Data Gathered in Common by Both Centers

Samples

- (1) Feedback questionnaires sought from *all* users.
- (2) In-depth phone interviews conducted with a *sample* of frequent users
- (3) In-depth phone interviews conducted with *all* those who use the Centers as part of strategic, collaborative/partnership contacts.

Key Identifiers on Center Users

- Job Title (role/function)
- Type of agency/work (public, private, non-profit; focus of work; clientele; populations served)
- Geographic location
- Frequency and nature of use (casual, frequent, strategic collaboration)

Outreach Activity & Visitor Contacts

<i>Who</i>	<i>Form of Contact</i>
<ul style="list-style-type: none"> • Policy makers (e.g., education, MH) • Administrative leaders (e.g., district Superintendents, agency heads, principals) • Practitioners (e.g., school MH providers, school support staff, teachers) • Institutions (e.g., agencies, schools, organizations, associations, centers) 	<ul style="list-style-type: none"> >>website >>direct mail & email >>at special meetings >>through re- distribution of special reports and materials >>visits to sites >>visitors to Center

Form of Use with Respect to Center Resources and Delivery Systems

<i>Type of Resources Provided</i>	<i>Delivery Systems</i>
<ul style="list-style-type: none"> • Technical Assistance & Consultation 	<ul style="list-style-type: none"> >>Provided directly by phone, email, fax, regular mail >>Accessed through the website (e.g., Quick Finds) >>Participation on expert panels & advisory boards
<ul style="list-style-type: none"> • Training 	<ul style="list-style-type: none"> >>Provided on site or at a special facility (e.g., overview presentations, indepth workshops, regional and national conferences, ongoing capacity building sessions) >>Distant accessed (e.g., phone, email, fax, website, distance learning technology, teleconferences) >>Special prepared and distributed materials (e.g., Continuing education modules, Quick Training Aids, Training Tutorials)
<ul style="list-style-type: none"> • Distributed Resource Materials 	<ul style="list-style-type: none"> >>Provided directly by mail or by online download >>Sent to other centers, clearinghouses, government agencies, etc. who circulate the materials and/or direct users to download them from our website >>Shared and copied and distributed by users
<ul style="list-style-type: none"> • Newsletter distribution 	<ul style="list-style-type: none"> >>monthly electronic news sent directly by email and redistributed by users >>hardcopy quarterly sent by regular mail and shared, copied, and distributed by users >>both newsletters accessed online

Exhibit (cont.)

Form of Use with Respect to Center Resources and Delivery Systems (cont.)

<i>Type of Resources Provided</i>	<i>Delivery Systems</i>
<ul style="list-style-type: none">• Network Facilitation	<ul style="list-style-type: none">>>Through hosting national & regional meetings>>At national meetings>>Through establishing coalitions and cadres and establishing listservs>>Through establishing task workgroups>>Through establishing collaborative connections
<ul style="list-style-type: none">• Development of new resources & new directions for research (e.g. resource packets and aids; fact sheets, practice notes, guidebooks, concept papers, statements of principles and guidelines, critical issue & policy reports, continuing education modules, special training aids, published articles, chapters, and books, R & D)	<ul style="list-style-type: none">>>disseminated and diffused through all Center delivery systems
<ul style="list-style-type: none">• Program and systemic change & capacity building	<ul style="list-style-type: none">>>Ongoing coaching at user locations, with follow-up supportive contacts (e.g., by phone email, fax, etc)

Amount of Resources Delivered

- Tabular compilations of all the above resources by categories and subcategories (This includes all special resources developed by the Center, all published articles, chapters, and books, etc.)

User Satisfaction

- Ease of access
- Center responsiveness (timeliness, appropriateness)
- Degree to which resources are reported by users as meeting their needs
- Interest in further contact

Short-Term Impact

- Intended and anticipated impact of contact
- Description of actual impact to date resulting from contact with Center

Longer-Term Impact

- Still intended and anticipated impact
- Description of actual impact to date resulting from contact with Center

Specifically, the data on impact gathered through questionnaires and interviews will be coded and analyzed with respect to frequency and nature of use and categorized areas for impact. The general categories for impact will be enhancements of:

- >policy
- >program development
- >practice
- >technical assistance capability
- >training capability
- >research
- >capacity building
- >infrastructure development
- >networking.

Examples of subcategories of interest include: enhanced access to information and resources, improvements in leadership and staff development, enhancements related to school-community connections (including school-linked services), improvements in specific practices (prevention, early-intervention, treatment), and so forth.

Samples

For the 2002-03 study, all those on the Center mailing list were sent an *Impact Evaluation Questionnaire*. Of the slightly over 7,000 sent the instrument, 1,016 had responded by the date set for data processing (April 11, 2003). From these, four subgroups of Center consumers were identified for comparison in this study (see Table 5).

- (1) *Ongoing Strategic Users* – Each year, the Center is contacted by and outreaches to influential representatives of national, regional, state, and local legislative bodies, agencies, associations, foundations, universities, research and training centers, policy institutes, and so forth. As a result of these contacts, strategic collaborations develop, some of which are episodic and some of which are ongoing; all have relevance for advancing MH in schools. In November, 98 strategic users were identified from Center records; 80 were available for a phone interview during the data gathering period.
- (2) *Self-identified Strategic Users* – An item on the mailed *Impact Evaluation Questionnaire* asks about the frequency and nature of contact with the Center. Three choices are given: casual use, frequent contact, and “I use the Center for strategic assistance (e.g., to help improve programs, systems, etc.)”. In addition to those identified as Strategic Users through Center records, 90 respondents self-identified as strategic users. It was decided to treat these as a separate subgroup and to include a sample from the subgroup in the phone interviews; 37 were reached and interviewed by phone during the data gathering period.
- (3) *Frequent Users* – Frequent Users identified themselves on the mailed *Impact Evaluation Questionnaire* by checking the item: “I have been in frequent contact (e.g., for TA, for resources, etc)”. Of the questionnaires returned by April 11, 2003, 115 respondents had checked this item; 41 were available for a phone interview during the data gathering period.
- (4) *Casual Users* – Casual Users identified themselves as such on the mailed *Impact Evaluation Questionnaire*. There were 713 in this group.

For the 2003-04 study, the focus was limited to a follow-up interview with Center-identified Strategic Users from the previous study and initial interviews with all new Strategic Users. Of the 44 identified, interviewers connected with 37 (see Table 6).

For the 2005-06 study, the focus again was limited to a follow-up interview with a sample of Center-identified Strategic Users from the previous study and initial interviews with all new Strategic Users. Of the 50 identified, interviewers connected with 39 by phone and email (see Table 7).

Table 5
Data on Samples from the 2002-03 Study*

	Strategic Users	Self-designated Strategic Users	Frequent Users	Casual Users	TOTALS
School Site Personnel					
>Administrators (i.e., principals, asst. principals, deans, coordinators)	16 (11)*	15 (7)	13 (4)	113	157
>Student Support Professionals (i.e., psychologist, nurse, social worker, counselor)	3 (3)	23 (8)	21 (14)	160	213
>Teachers	0	0	0	8	8
School District Administrators/ Policy Makers (i.e., superintendents, school board members)	1 (1)	0	1 (1)	10	12
Interagency Collaborative members/ TA & Training personnel/ Publication Editors	26 (20)	8 (4)	8 (5)	64	106
University Faculty/Researchers/ Evaluators	14 (13)	12 (6)	14 (5)	77	117
Local Community Agencies (i.e., MH, health, social welfare, library, Head Start)	6 (6)	16 (3)	11 (5)	131	164
Federal and State Agencies (i.e., MH, education, health, social welfare, probation)	21 (15)	8 (4)	8 (5)	79	116
County Agencies (i.e., MH, education, health, social welfare, probation)	3 (3)	3 (2)	4 (3)	25	35
Medical professionals (i.e., psychiatrists, pediatricians)	0	3	2	7	12
National Associations	8 (8)	1 (1)	1 (1)	13	23
Elected Officials and General Public	0	0	0	5	5
Insufficient descriptors	0	1	26	21	48
Totals	98 (80)	90 (37)	115 (41)	713	1,016

*Number in () represents those included in phone survey samples.

Table 6

Data on Samples from the 2003-04 Study

All 37 (of 44) interviewed were Center designated strategic users.

	N
School District Administrators/ Policy Makers (i.e., superintendents, school board members)	10
Interagency Collaborative members/ TA & Training personnel/ Publication Editors	9
University Faculty/ Researchers/ Evaluators	4
Local Community Agencies (i.e., MH, health, social welfare, library, Head Start)	2
Federal and State Agencies (i.e., MH, education, health, social welfare, probation)	9
National Associations	2
Elected Official	1
Total	37

Table 7

Data on Samples from the 2005-06 Study

All 39 (of 50) interviewed were Center designated strategic users.

	N
School District Administrators/ Policy Makers (i.e., superintendents, school board members)	17
Interagency Collaborative members/ TA & Training personnel/ Publication Editors	6
University Faculty/ Researchers/ Evaluators	5
Federal and State Agencies (i.e., MH, education, health, social welfare, probation)	7
National Associations	3
Elected Official	1
Total	39

Impact Studies' Instruments and Procedures

Two instruments have been developed for our impact studies (see Appendix A).

(1) *Impact Evaluation Mail Questionnaire*. The first version of this instrument was developed by Center staff in collaboration with the outside evaluator for purposes of the 2001 pilot Impact Study. Based on the pilot study and feedback from various sources as it has been used, the questionnaire was revised. Currently, it consists of four parts: (1) ratings of the usefulness of specific arenas of Center activity, (2) types of contact with the Center, (3) ratings of satisfaction with the Center, including an item on likelihood of continued use, and (4) ratings of short- and longer-term impact related to specific arenas of Center activity. All ratings are done on four or five point Likert-scales. Respondents also are asked to indicate their title, role/function, and employing agency.

Data gathering for the impact study began in November, 2002 with the mailing out of this questionnaire to all consumers on the Center mailing list. The mailing list at that time was slightly over 7,000. As a follow-up, the questionnaire was included as an insert in the Fall quarterly newsletter that is sent to all on our mailing list and that is circulated to others as well. The instrument was also put online on our website as both a reminder and an alternative way of responding. Reminders were included first in the December issue of our electronic news (ENEWS) and continued in subsequent months. By the date set for data processing (April 11, 2003), 1,016 had responded. A similar process is used for each subsequent impact study (2003-2004 and 2005-2006).

Impact Phone Survey. The phone interview instrument also was constructed by the Center staff in collaboration with the outside evaluator specifically for the Impact Study and has been slightly modified on the basis of experience. It was designed as both a stand alone interview and as a follow-up to the Impact Evaluation Questionnaire. As a stand alone, it incorporated three aspects of the Impact Evaluation Questionnaire: (1) ratings of usefulness of specific arenas of Center activity, (2) types of contact with the Center, and (3) ratings of satisfaction with the Center, including an item on likelihood of continued use. All ratings are done on four or five point Likert-scales. If the interviewee had responded previously to the Impact Evaluation Questionnaire, these items were not repeated, except for the item about how well the Center met their needs. This item was used to provide reliability data. (Analyses indicated 94% agreement for the 54 who responded to the item on both instruments.) The core of the interview focused on clarifying how Center information was used and what happened as a result of contact with the Center, with specific emphasis on impact. Impact was defined as “having an effect on enhancing the work you and others are doing.”

Using training guidelines developed by the outside evaluator, the survey is administered by specially trained staff – with particular emphasis on how to minimize biasing the results in favor of the Center. In 2003-2003, phone interviews were conducted with the samples of strategic users, self-identified strategic users, and frequent users. At the outset, respondents were asked to indicate their title, role/function, and employing agency. It was then determined whether the individual had previously responded to the Impact Evaluation Questionnaire. Interviews took between 10-20 minutes to complete. Calls were made between January 6 and April 11, 2003. For the 2003-2004 and 2005-2006 samples, again calls were made between January and April. In 2005-2006, several respondents preferred to respond by email.



Evaluation of Impact

Data are reported below on

- user satisfaction
- resources found most useful
- impact.

User Satisfaction

As can be seen in Table 8, data from the *Impact Evaluation Questionnaire* indicate that the samples rated the Center highly with respect to (a) ease of access, (b) timeliness and appropriateness of response, (c) how well it met their needs, and (d) plans for future and/or recommended use.

Ratings of ease of access – 90.2% of all respondents indicated that it was extremely or very easy to access the Center’s resources. The highest ratings came from the strategic user sample (97.4%) and frequent users (93.6%).

Ratings of timeliness and appropriateness of response – 94% of all respondents rated this item highly. Again, the highest ratings came from the strategic user sample (98.6%) and frequent users (97.5%).

Ratings of how well Center met needs – 82.4% of all respondents rated this item highly. High ratings were given by the strategic user sample (98.7%), self-identified strategic users (90.5%) and frequent users (90%), while only 76% of casual users gave the highest ratings. At the same time, only 1.7% of the casual users indicated that their needs weren’t met to some degree.

Ratings of consumers plans for future and/or recommended use – All but 4 who responded to this item (99.4%) indicated that they would use the Center again and recommend it to others.

This sample of data suggests that those who use the Center are finding it readily accessible and timely and appropriate in its responsiveness. More importantly, they report the Center is meeting their needs and plan to continue using it and will recommend it to others.

Table 8
User Satisfaction

Item	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent User</i>		<i>Casual User</i>		<i>All Users</i>	
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
How easy was it to access Center resources?	Extremely/Very	97.4	84	92	81	93.6	89	88.1	426	90.2	720
	Somewhat	2.6	2	8	7	6.4	6	11.8	57	9.7	72
	Not at all	–	–	–	–	–	–	.2	1	.1	1
How timely & approp. was the response?	Extremely/Very	98.6	74	94.8	72	97.5	80	91.7	275	94	501
	Somewhat	1.4	1	3.9	3	1.3	1	7.0	21	4.9	26
	Not at all	–	–	1.3	1	1.2	1	1.3	3	1.1	5
How well did the Center meet your needs?	Extremely/Very	98.7	75	90.5	76	90	81	76	310	82.4	542
	Somewhat	1.3	1	8.3	7	8.9	8	22.3	91	16.3	107
	Not at all	–	–	1.2	1	1.1	1	1.7	7	1.3	9
Would you use it again/ recom. to others?	Yes	100	76	100	87	98.9	94	99.4	511	99.4	767
	No	–	–	–	–	1.1	1	.6	3	.6	4

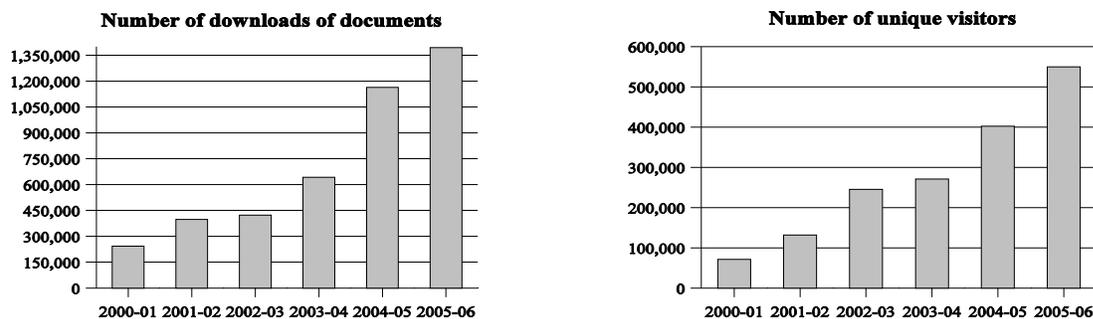
*N indicates number who responded to the item

Resources Found Most Useful

Table 9 summarizes the ratings from the samples of strategic and frequent users indicating the resources they found most useful. As can be seen, all the major resources are seen as useful.

Logical variations in valuing are found between and within each group. For example, strategic users place the highest value on personalized forms of contact with the Center and generally find all the resources of some use. Self-identified strategic users have made fewer direct contacts with Center staff for direct TA and training (and that is why Center records do not indicate them as strategic users), and this group appears to have found as most useful Center resource material packets, newsletters, and ENEWS as support for program and initiative enhancement and systemic changes. Frequent users clearly find the Center's many resource materials highly useful and tap into the other resources on a regular basis. As would be expected, casual users primarily had contact with the Center through the website and direct mail or email, and thus, the majority of them gave their high rating to resource materials, ENEWS, and newsletters.

Given the wide range of Center resources and activities, this study could only elicit feedback on a few major facets. Other evaluation data reported in Tables 2 and 3 provide a better idea of how useful the Center has become. Specifically, the usefulness of the Center's website clearly is manifested in the exponential growth of visits to the site. As indicated already, from Oct., 2000-Sept., 2001, there were 71,360 unique visitors; over the next 12 months the number grew to 131,889. (And, subsequent findings show, for the period from Oct. 2004-Sept. 2005, the number was 402,370.) In 2001-02, visitors accessed 398,097 documents. (For the 2004-2005 funding period, over 1 million documents were downloaded. In March 2006, the site had over 62,583 unique visitors, averaging over 2,000 per day.)



In addition to those accessed on the website, over 100,000 reports and other documents were distributed electronically last year.

In 2000, there were 21,975 visits; from October, 2000-Sept., 2001, there were 71,360; over the next 12 months the number grew to 131,889. And for the first half of the present funding year, there already have been 103,837 visits. The previous year visitors downloaded 398,097 documents. For the first half of this year, 213,876 already have been downloaded. For the month of March, 2003, the number of unique visitors was 28,791; in mid-April, the number of unique visitors per day was 929. Clearly, Center resources are being used, and given these data, it is reasonable to assume they are being found useful.

Update: March, 2007: Our site is widely acknowledged as an outstanding resource; the data each year indicates increasing use. We currently have over ½ million visits a year; data for February 2007 indicated 368,843 successful hits, 55,409 unique daily visitors (1,979 average unique visitors per day).

Table 9

Strategic and Frequent Users Ratings of Resources Found Most Useful

Type	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent Totals User</i>			
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
TA/Consult.	Quite a bit	88.3	53	69	29	71.8	33	76.3	115
	Somewhat	11.7	7	14.3	6	21.7	10	15.9	23
	A Little	–	–	11.9	5	–	–	3.9	5
	Not at all	–	–	4.8	2	6.5	3	3.9	5
Training	Quite a bit	86.3	44	52.8	19	70.3	26	69.8	89
	Somewhat	11.7	6	33.3	12	21.6	8	22.2	26
	A Little	2.0	1	8.3	3	2.7	1	4.3	5
	Not at all	–	–	5.6	2	5.4	2	3.7	4
Resource Materials	Quite a bit	85	62	87.7	71	95.7	89	89.5	222
	Somewhat	12.3	9	9.9	8	4.3	4	8.8	21
	A Little	2.7	2	2.4	2	–	–	1.7	4
	Not at all	–	–	–	–	–	–	–	–
Support for Systemic Changes	Quit a bit	82.7	43	74.5	38	53.5	23	70.3	104
	Somewhat	17.3	9	13.7	7	20.9	9	17.3	25
	A Little	–	–	9.8	5	23.3	10	11.0	15
	Not at all	–	–	2.0	1	2.3	1	1.4	2
Support for Programs/ Initiative Enhancement	Quite a bit	82.4	42	76.5	39	68.4	26	75.8	107
	Somewhat	15.6	8	13.7	7	18.4	7	15.9	22
	A Little	2.0	1	7.8	4	7.9	3	5.9	8
	Not at all	–	–	2.0	1	5.3	2	2.4	3
ENEWS	Quite a bit	77.3	51	78.4	58	63.2	48	73	157
	Somewhat	18.2	12	21.6	16	31.6	24	23.8	52
	A Little	4.5	3	–	–	3.9	3	2.8	6
	Not at all	–	–	–	–	1.3	1	.4	1
Newsletter	Quite a bit	76.6	49	80.9	55	65.3	49	74.2	153
	Somewhat	23.4	15	11.8	8	25.3	19	20.2	42
	A Little	–	–	4.4	3	4.0	3	2.8	6
	Not at all	–	–	2.9	2	5.3	3	2.8	5

*N indicates number who responded to the item

Impact

Tables 10-12 summarize ratings of short- and longer-term impact related to specific arenas of Center activity gathered from the samples of strategic and frequent users. Tables 13-15 summarize the impact feedback gathered through the impact phone survey.

As can be seen, the findings support the Center's impact at national, state, and local levels with respect to enhancing policy, program development, practice, technical assistance, training, research, as well as capacity, infrastructure, and network building. The respondents clearly used the Center in major ways designed to increase their impact and report many examples of how their contact with the Center has enhanced their impact.

Tables 10 and 11 summarize rating data related to the specific arena and degree of short- and longer-term impact. As would be expected, the degree of impact is strongly related to category of user. That is, the strategic user group reports the strongest impact to date. Self-identified strategic users also report arenas of strong impact. And, around 50% of frequent users indicate that they are having quite a bit of impact in all arenas. Surprisingly, even casual users indicate an impact (e.g., their ratings of impact in various arenas range from 10–33% indicating “quite a bit” and many more indicating “somewhat” of an impact).

Table 12 summarizes ratings on the significance of impact with respect to who or what was affected (e.g., people, institutions). This item is a bit complex and was difficult to convey well in a phone interview. Nevertheless, as can be seen from the N for each item, the focus of work is fairly evenly distributed. The importance of the Center's efforts to work strategically with users is illustrated by the greater proportion of higher impact ratings assigned by the strategic users. At the same time, the fact that so many of the respondents indicate the view that in their work they are having a significant impact across a wide range of their local efforts and statewide is encouraging and important.

Table 10

Arena and Degree of *Short-term* Impact

Arena	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent User</i>		<i>Casual User</i>	
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
TA/ Consult.	Quite a bit	77.2	44	50	23	53.7	29	15.3	24
	Somewhat	15.8	9	30.4	14	27.8	15	19.7	31
	A Little	3.5	2	10.9	5	9.3	5	17.8	28
Initiating New Approaches/ Ideas	Quite a bit	74.2	49	65.4	53	54.7	41	32.7	116
	Somewhat	22.7	15	29.6	24	34.7	26	43.4	154
	A Little	1.5	1	3.7	3	8.0	6	16.3	58
Program Develop.	Quite a bit	69.8	44	65.3	49	50	39	23.7	68
	Somewhat	25.4	16	28	21	37.2	29	38	109
	A Little	3.2	2	5.3	4	12.8	10	20.9	60
Policy	Quite a bit	66.1	39	56.9	37	49.3	35	25.1	69
	Somewhat	27.1	16	24.6	16	39.4	28	40.4	111
	A Little	3.4	2	15.4	10	7	5	16.4	45
Practice	Quite a bit	65	39	70	49	51.9	42	30.8	97
	Somewhat	28.3	17	22.9	16	34.6	28	46.7	147
	A Little	5	3	7.1	5	7.4	6	14.3	45
General Capacity Building	Quite a bit	63.6	42	52.9	36	43.1	25	22.7	58
	Somewhat	25.8	17	27.9	19	37.9	22	33.7	86
	A Little	4.5	3	13.2	9	10.3	6	20.4	52
Training	Quite a bit	61	36	56.1	37	50	32	27	66
	Somewhat	35.6	21	31.8	21	35.9	23	36.9	90
	A Little	1.7	1	12.1	8	6.3	4	16	39

*N indicates number who responded to the item

Table 10 (cont.)**Arena and Degree of *Short-term* Impact**

<u>Arena</u>	<u>Degree</u>	Strategic User		Strategic User Self-identified		Frequent User		Casual User	
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
Research	Quite a bit	61.5	32	68.2	45	64.7	44	33.7	100
	Somewhat	28.8	15	19.7	13	22.1	15	34.7	103
	A Little	5.8	3	7.6	5	10.3	7	13.1	39
Networking	Quite a bit	58.3	35	37.7	23	50	28	24.5	64
	Somewhat	35	21	41	25	28.6	16	31.8	83
	A Little	5	3	16.4	10	8.9	5	21.5	56
Infrastructure Develop.	Quite a bit	58.2	32	42.2	27	51.9	27	21.2	48
	Somewhat	29.1	16	28.1	18	23.1	12	29.2	66
	A Little	1.8	1	20.3	13	9.6	5	18.6	42

Table 11
Arena and Degree of *Longer-term* Impact

Arena	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent User</i>		<i>Casual User</i>	
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
TA/ Consult.	Quite a bit	77.6	38	53.7	22	47.4	18	10	13
	Somewhat	14.3	7	26.8	11	31.6	12	21.5	28
	A Little	6.1	3	9.8	4	13.2	5	14.6	19
Initiating New Approaches/ Ideas	Quite a bit	78.9	45	67.6	48	61	36	27.2	75
	Somewhat	21.1	12	28.2	20	23.7	14	42	116
	A Little	–	–	2.8	2	10.2	6	19.2	53
Program Develop.	Quite a bit	71.7	38	71.9	46	49.1	27	21.6	48
	Somewhat	22.6	12	18.8	12	41.8	23	33.8	75
	A Little	3.8	2	9.4	6	3.6	2	23	51
Policy	Quite a bit	68	34	59	36	55.2	32	22.9	52
	Somewhat	26	13	31.1	19	31	18	37	84
	A Little	4	2	6.6	4	8.6	5	20.7	47
Practice	Quite a bit	60.8	31	64.7	44	57.6	38	6.3	69
	Somewhat	35.3	18	30.9	21	33.3	22	42.4	111
	A Little	2	1	4.4	3	3	2	10.1	50
General Capacity Building	Quite a bit	66.1	37	62.1	36	47.7	21	18.3	38
	Somewhat	26.8	15	19	11	27.3	12	35.6	74
	A Little	1.8	1	13.8	8	18.2	8	22.1	46
Training	Quite a bit	64.7	33	53.7	29	56	28	23.2	45
	Somewhat	29.4	15	27.8	15	28	14	29.4	57
	A Little	3.9	2	18.5	10	8	4	19.6	38

*N indicates number who responded to the item

Table 11 (cont.)

Arena and Degree of *Longer-term* Impact

<u>Arena</u>	<u>Degree</u>	Strategic User		Strategic User Self-identified		Frequent User		Casual User	
		(%)	(N)*	(%)	(N)*	(%)	(N)*	(%)	(N)*
Research	Quite a bit	70.5	31	59.6	34	59.3	32	26	61
	Somewhat	27.3	12	22.8	13	22.2	12	32.8	77
	A Little	–	–	14	8	13	7	18.7	44
Networking	Quite a bit	71.5	35	37.3	19	46.8	22	18.8	39
	Somewhat	24.5	12	41.2	21	27.7	13	30.9	64
	A Little	4.1	2	19.6	10	12.8	6	21.7	45
Infrastructure Develop.	Quite a bit	61.7	29	45.6	26	52.3	23	16.5	31
	Somewhat	27.7	13	26.3	15	20.5	9	29.8	56
	A Little	2.1	1	22.8	13	13.6	6	19.7	37

Table 12
Interviewed Samples Report on Degree of Impact as Related to Focus of Work

Focus	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent User</i>	
		(%)	(N)*	(%)	(N)*	(%)	(N)*
<i>People</i>	Quite a bit	48.3	14	47.1	8	60.7	17
Children	Somewhat	37.9	11	41.2	7	39.3	11
	A Little	10.3	3	11.8	2	–	–
	Quite a bit	48.3	14	47.1	8	56.7	17
Adolescence	Somewhat	41.4	12	41.2	7	40	12
	A Little	6.9	2	11.8	2	3.3	1
	Quite a bit	40	12	44.4	8	55.2	16
Families	Somewhat	46.7	14	38.9	7	44.8	13
	A Little	10	3	16.7	3	–	–
	Quite a bit	45.7	16	33.3	6	34.6	9
Paraprofs.	Somewhat	40	14	38.9	7	46.2	12
	A Little	14.3	5	16.7	3	11.5	3
	Quite a bit	51.4	19	41.2	7	46.7	14
Professionals in Training	Somewhat	37.8	14	29.4	5	46.7	14
	A Little	10.8	4	23.5	4	6.7	2
	Quite a bit	52.2	24	47.6	10	43.8	14
Professionals	Somewhat	43.5	20	47.6	10	50	16
	A Little	4.3	2	4.8	1	6.3	2
	Quite a bit	62.2	28	30.4	7	29	9
Policy Makers/ Administrators	Somewhat	31.1	14	47.8	11	38.7	12
	A Little	6.7	3	17.4	4	27.6	7
	Quite a bit	33.3	10	16.7	3	5	1
General Public	Somewhat	46.7	14	22.2	4	30	6
	A Little	13.3	4	16.7	3	45	9

*N indicates number who responded to the item

Table 12 (cont.)
Interviewed Samples Report on Degree of Impact as Related to Focus of Work

Focus	Degree	<i>Strategic User</i>		<i>Strategic User Self-identified</i>		<i>Frequent User</i>	
		(%)	(N)*	(%)	(N)*	(%)	(N)*
<i><u>Institutions</u></i>							
Organiz.	Quite a bit	42.5	17	23.8	5	30.8	8
	Somewhat	37.5	15	42.9	9	34.6	9
	A Little	17.5	7	23.8	5	19.2	5
Clinics	Quite a bit	51.1	23	33.3	7	32.1	9
	Somewhat	35.6	16	33.3	7	35.7	10
	A Little	13.3	6	28.6	6	17.9	5
Agencies	Quite a bit	58.3	28	50	10	40	12
	Somewhat	29.2	14	45	9	60	18
	A Little	10.4	5	5	1	–	–
Schools	Quite a bit	55.3	26	35	7	33.3	9
	Somewhat	29.8	14	35	7	55.6	15
	A Little	12.8	6	30	6	11.1	3
Districts	Quite a bit	45.5	15	27.8	5	30.4	7
	Somewhat	24.2	8	38.9	7	30.4	7
	A Little	27.3	9	11.1	2	13	3
Higher Education	Quite a bit	61.8	21	23.5	4	28.6	6
	Somewhat	23.5	8	17.6	3	19	4
	A Little	8.8	3	35.3	6	24.3	3
<i><u>Statewide</u></i>							
	Quite a bit	41.4	12	7.1	1	–	–
	Somewhat	48.3	14	28.6	4	14.3	2
	A Little	3.4	1	28.6	4	21.4	3

Tables 13-15 summarize the interview responses from the samples of strategic users, self-identified strategic users, and frequent users (see Table 5 for data on the samples).. These are categorized with respect to four major arenas of impact: (1) policy, (2) training and technical assistance, (3) capacity, infrastructure, and network building, and (4) programs and practice.

Each table provides specific examples cited by the respondents related to each sphere of impact. As can be seen, the samples include administrators at national, state, regional, county, and local levels, including administrators at state departments of education and state and county departments of health and mental health, directors of state school health and mental health programs and initiatives, executives of child and family commissions, administrators of national and regional resource centers and associations, administrators of large urban school districts and regional education service areas, administrators for rural areas, administrators for special education, administrators of national education reform organizations, and administrators of research and training centers,. In addition, the samples included university center administrators and faculty, university graduate students, technical assistance providers for special initiatives, program planners, policy shapers and makers, representatives of foundations and major associations, line staff and other public and private practitioners (representing school-based health centers, special education and treatment programs, centers, associations), and more.

As the interview data show, these consumers draw on the Center for a wide-range of assistance, ranging from seeking input (e.g., information, ideas for strengthening their performance and impact, resources) to direct involvement in planning and design to make advances in the various arenas. Note the frequency with which respondents mention involving Center staff directly in developmental and systemic change initiatives.

For example, strategic users indicate that their work with the Center has resulted in a variety of policy-related outcomes. These span from helping to maintain existing initiatives to influencing and shaping policy for fundamental changes in approaches to mental health in schools. With respect to programs, practices, training, and research, the Center's work is reported as providing direction and guidance for enhancing ongoing efforts and generating new ways of understanding system, program, and person problems and addressing them. Also attributed to the Center's work are changes in infrastructure and a variety of capacity and network building outcomes. These include development of Resource Coordinating Teams at schools, preparation of training procedures that others adopt/adapt, enhancement of resource libraries, and establishment of national, regional, and local networks. For frequent users, the main impact is on a variety of outcomes in the arenas of programs and practice and capacity, infrastructure, and network building. However, a few also indicate having a policy impact with major outcomes. The same is the case for the outcomes they report related to training and research.

What is reported reflects the impact not only of the many resources available from the Center, but the conceptual work as encompassed in the resources and the strategic presentations made around the country by the co-directors, as well as the many published articles and chapters related to mental health in schools.

Table 13

Strategic Users Impact Interview Data²

The following are the interview responses to the survey questions/probes:

- *What happened as a result of your contact with the UCLA Center?*
- *What impact have you seen as a result of using Center information?* (By impact, we mean having an effect on enhancing the work you and others are doing.)

(Examples of probes – Did it have an impact on your work? The work of others? How did you use the information? Did you disseminate any of the information? To whom? If you disseminated the information and resources to others, what happened as a result? How or what was there an impact on and how significant has the impact been? Is there anything else you can tell us to help describe the impact of the Center’s work on your activities?)

General Arena of Impact	User’s Position & Sphere of Impact	Use & Impact
<i>Policy</i>	Director of Government Affairs, developmental research and programs	Helps us in staying on top of latest research which is then reported to others (i.e. members of Congress). Helps with work with state agencies. Huge impact: Educates me and others to many barriers to learning. Helps me and those I work with create positive education reform. Has helped connect local districts to determine needs of students. Would like to share impact evaluation with others to show effectiveness.
	Project Manager, Little Hoover Commission (CA. state agency)	We have direct contact with policy makers. Center participated in meetings and were influential in producing two reports focusing on mental health policy for children. Increased our understanding of providing for mental health vs. mental illness issues. Center is central to our understanding; refer others to them (i.e. staff of state Assembly members)
	Chief, School Health Connection, state department of health services	Center’s info helped in preparing our document <i>Blueprint for Action for Health in Schools</i> . Blueprint was sent to thousands of schools and feedback regarding the mental health portion always favorable. Blueprint used in School Districts and Community mental health and health agencies to improve programs and service delivery. Center helpful in Leadership Institute for School Health (district administrators and Public Health Departments) with very positive feedback. Increased our capacity to disseminate info at leadership conferences.
	President, national association of child advocates	Through direct local presentations in DC, the Center helped us to ready the community for expanded school based mental health and helped the mental health department leadership to incorporate the expanded services into their priorities. Through our grant and with assistance from the Center the city now puts \$3 million a year into school based mental health services.
	Assistant Superintendent, state office of public instruction	At the state level, the Center has shaped our initiative for supportive learning environment in schools. Statewide dissemination. Provided shape to the initiative on student learning and reducing barriers to learning. Most schools are aware of the initiative, but not yet fully implemented.

²“Strategic” users are defined as those who use the Center to help them move forward in a systematic manner with initiatives relevant to enhancing mental health in school and developing comprehensive approaches to address barriers to learning and promote healthy development. Eighty of ninety responded to phone interviews.

Policy (cont.)	Education Services for Children, Family & Community, state department of education consultant	Use Center materials to support the state's <i>Success 4 Project</i> . Used for staff development with Local and Area Education Agencies. Needed to have research based materials for comprehensive school improvement program. Used Center to compile research to support doing personal, social, and emotional development in schools. Developed a brochure using the Center frameworks for a more comprehensive mental health plan in schools. Every LEA and AEA has contact with someone at the State Department and ideas are being implemented/incorporated into programs at many school districts. When you work at the State level, national information is extremely valuable to support our ideas and work. Barriers to learning has been used to help people understand the need to address personal, social and emotional development. Center information is being used to build a child centered mental health plan.
	Clinical Administrator, Commission on Mental Health Services, state MH dept.	Receive Center info regularly. Disseminate to School MH Coalition, and advocacy group working on system wide impact. Resource mapping info from Center used to implement a city wide resource development group for child service agencies. Policy makers and administrators using the language of addressing barriers to learning. Center staff has done local training and follow through. Consultation has been helpful. Center research and involvement has legitimized local efforts; gives a nationwide point of view.
	Rural Prevention Coordinator, national association	Have used Center resources in community work, developing grants for prevention and intervention, sustainability/funding, implementation, etc. Policy oriented work with association. Have disseminated info to school psychologists to build systems within their schools, to Congress, etc. Has impacted <i>Safe Schools/Healthy Students</i> grant sites, sustained projects, infrastructure, made substantial changes to their programs.
	Executive Director, Youth and Family Center, school district	We are restructuring student support services based on the Center's resources. We have a bill in Congress that includes the Center as a reference. Ideas the Center expresses are a great influence (e.g., welcoming environment for families). Disseminate information to 100 people every month. Use Center resources in frequent speeches on mental health. Center has been a great resource to help tackle all the problems that arise. Our program wouldn't be what it is today without the Centers help/resources.
	Director, <i>Safe Schools/Healthy Students</i> Initiative that encompasses several school districts	Center helped us implement policy change and system reform. Disseminated the Center's outcome driven, action research based practice guidelines to three school districts and to city and county government. Have helped superintendents, city council members, with technical assistance, rethinking student support, holding conference/workshop to discuss direction student support will be taking. Over 20,000 students impacted; 23 staff members. Center has helped bring us into contact with regional and national models/ programs that are being implemented and made aware of leadership sites.
	Director, <i>Safe Schools/Healthy Students</i> , school district initiative	Used Center information to create our own Concept Paper (modeled on Center Concept Paper on the website). Tailored ours to the specific issues at our site. In process of resource mapping in the community and in the school district. Have had 3 community & district wide meetings where we talked about addressing barriers to learning. This has resulted in the new Superintendent of Schools getting on board and backing the work. He attended a presentation Center gave locally and liked the realistic approach. Have the support of the whole administration and board members. This is a process, we are changing the environment, it happens over time. We are in the stage where we impact policy makers; the beginning stage. We have involved community members, parents, and organizations to go to the schools to provide services. Center is helpful, down to earth, know schools. Point me in the direction of what I need and then I access it on the website. Center helped with program sustainability and policy changes. I rely immensely on their expertise.

Policy (cont.)	Initiatives Coordinator, <i>Leave No Child Behind</i> , school district	Center is a very powerful resource. Organized thoughts and concepts, very generous with time and expertise. Great to have such a place to find all the information needed to develop a plan. Used Center material in task force on addressing barriers to learning. Task force included community members, school administrators, district personnel. Recommendations were made to increase cooperation with mental health providers. Expanded services to impact school and community. Center provided materials and support. Attended Center conference in local area. Impacted the development of a 5 yr. plan to better address problems students are having in relation to NCLB Act – to be implemented in the school district (18,000 students). Expecting to use Center training materials to implement plan.
	Professor, University Department of Psychology & Executive Director of research and training collaborative	Use Center materials in all aspects of work (presentations, articles, planning). Consider the conceptual framework developed by the Center as one of the most important available. Disseminate information to my own organization's listserv and website. Ideas and concepts from the Center are incorporated in pending state legislation. Working on how to incorporate Center materials into my organization's strategic planning and in coordinating with other centers. Has had a major impact in terms of how people are thinking about these issues. Materials on content areas (e.g., intro packets) very useful. Sustainability material extremely useful.
Training/ Technical Assist./ Research	Project Director, Adolescence and School Health Project, national association	We use Center resources for training on school based mental health services. Have distributed the Guidebook: Mental Health and School Based Health Centers to over 100 colleagues and listed it on my website as a resource. Refer people to Center website for technical assistance. Center resources and access has impacted my program. I can quickly get resources to my constituents or they can access resources directly. When I follow up, my constituents' feedback is positive.
	Mental Wellness Programming Coordinator, health information network	We use Center as a trusted info source for training. Use ENEWS extensively. Concept of barriers to learning translates mental health into education terms. Use Center outcome measures. Greatest impact is in our ability to communicate these concepts in terms that educators understand. Work I do is significantly impacted by the Center. Provides material that are evidence based. Especially helpful are materials on staff burnout, resilience, suicide prevention, school safety and crisis response.
	National Training Director, K-12 learning and development curriculum	We use Center materials to develop workshops, and we share website with others around the country. (Work with safe and drug free school programs at state and local levels.) Biggest impact is that it helps people understand the importance of reaching high risk youth through networking of resources.
	Consult. Broker (1) <i>Safe Schools/ Healthy Students</i>	Center Directors have done special training on sustainability at grant sites. Pass information along on website. Seeds have been planted for growth and change.
	Prevention Consultant, state department of public instruction	We use Center material to train school based pupil support staff. Center Directors have come to train staff. We share website with school based mental health across the state. Link our website with Center's. Center has enhanced our ability to provide school districts with training and resources as we train school based pupil support staff across the state's 426 school districts. Use the Center's surveys to address barriers to learning extensively with various school districts. Extensive contact with other state agencies. Quality of resources are excellent and easily accessible.
	Deputy Director, research & training center for children's mental health	We use Center materials in virtually all reports, grant writing, presentations, etc. Incorporated Center material in state multiagency network for SED children. Share Center materials (especially website) with University students, colleagues, and participants of conferences and workshops. Center has had major impact in my view of addressing barriers to learning. One school district is developing a model based on these ideas. Center is the most helpful I have come across. My work on school reform is heavily laced with methods, models and ideas from the Center.
	Team Leader, Comprehensive Health and Pupil Services, state dept. of education	Center Directors have come to help with training and TA to assist in incorporating Barriers to Learning and Positive Youth Development concepts into the state's Education Reform Initiative. Helped revamp the regulations on School Pupil Personnel. Have disseminated this info at state, regional and local levels. From the state level to all districts in the state.

Training/ Technical Assist./ Research (cont.)	Consultant, Counseling and Student Support, state department of education	Using info from the Center website and materials in a study we are working on. Refer people to the website and handout copies of the Newsletters. Center is a unique resource. Share Center resources to schools, counselors, psychologists to help them plan for student services. Good services; made a request and received response the next day.
City Council member and member of county alliance for youth	As a result of local presentation by Center Directors, our initiative secured a grant to bring in a consultant who has trained the staff of seven local schools. Have invited other schools to training sessions. As a result new alliances between agencies and schools to address barriers to learning and close achievement gap. Goal is to see impact at a systemic level. Center has provided underpinnings necessary to engage the community and schools. Test scores have gone up, peer mentoring programs implemented. Center provided tools necessary to create principled and intentional interactions between community and schools.	
Executive Director, Community Services & Grants Management, school district	We used Center info in training <i>Safe Schools/Healthy Students</i> grantee which includes 10 community based agencies. We are using info to develop new ideas that are research based and are operationalizing what we are learning from the Center. Spreading the word and the work. Gives a common language to discuss issues and plan. Use the info to train and for model building.	
Director of Psychiatry, children's hospital and health care center	We have benefited from the work of the Center for many years. Use materials to design program for and evaluate impact of school based MH. Use listserv, newsletters, literature searches, and conference presentations. Share info with many school staff. Center enhances our practice in schools. Provides resources we do not have time to look for. Keeps us updated and able to share information with others. Enables us to create a community for school staff which has raised the quality of services provided. Center has helped shape a paradigm and reinforced the recognition that mental health of children cannot be separated from their education.	
Assistant Director, Guidance and Related Services, school district	We access Center info and disseminate it to school district as well as with a district and seven agency collaborative. Currently writing an initiative to take this from 5 schools to 13 schools. Use Center resources for training. They have made learning support more credible and raised awareness in looking at how the district provides student services. Has had an impact on building capacity. Has impacted discipline, building positive climate at schools, safer, sense of respect in both staff and students. Have seen referrals for discipline decrease significantly. Accessibility of meaningful info and responsiveness of Center staff is particularly useful.	
School Social Worker, school district	We use info from Center publications and web to guide practice in schools. Working to integrate MH with schools and helping to bridge the "cultures" of mental health and education. Directed a training institute for 3 years and with seminars and workshops on mental health in schools. Insights and material from the center were very helpful. Refer others to the Center. The Center has reinforced and broadened knowledge and perspective.	
Associate Director, University based center for learning excellence	Center information and local presentation helpful in launching <i>Partnership for Success Academy</i> . Includes 15 counties; broad membership includes policy makers as well as school based staff. Using Center resources and information to develop training materials.	
Professor, Disabilities Program, state university	Center instrument is helping us develop programs within schools. Developed a series of courses to teach/train school staff. (160 have take one or more). Students use Center to research topics/program elements for the courses. More schools have adequate programs (e.g., suicide prevention) as a result of the training and contact with the Center. Community outreach definitely facilitated by the Center. More networking between schools has improved communication and cooperation. A big shift in thinking from individual students to systems. This is a major change and important because it allows more children reached by programs.	

Training/ Technical Assist./ Research (cont.)	Executive Director, Institute for Human Development and Professor, state university	Work that the Center does is very important and unique. Center has been very helpful in keeping us current with what is going on in school mental health. Center is really good at providing the most up to date info. Use it as a resource for comprehensive info and data. Use Center when writing, doing proposals, or program evaluation. Center provides a good context within which we frame our work. Biggest impact is on our writing and conceptualization of research (e.g., community capacity building). How communities can use existing resources. Center provides a framework to examine ways to build community capacity and assess existing resources. Center has had a major impact on moving the field of school mental health forward and has helped establish school mental health as a viable, important, crucial aspect of the school setting.
	Assistant Director, Center for Healthier Children, Families & Communities, state university	We use Center resources for staff development, work with agencies, schools, and organizations. Adapt resources from the Center website to fit local sites. Information and support provided by the Center helps re-energize and refocus work at local site (e.g., school staff attended training at Center led to greater understanding of the importance of the work). Center materials on resource coordinating teams, survey, and tools for system change especially helpful. Center provides a platform for us to build on and is a great resource for effective collaboration with others.
	Professor, university school of education	I use the Center's website to aid in teaching, especially school counseling. Use website for research on student services reform, general info about school mental health. Pass along info to colleagues. Center Directors have done local presentations and statewide trainings which have been excellent. Participants at training include school personnel, agency staff, state department staff, community mental health professionals. Work with 24 schools where these professionals practice. Biggest impact is an overall change in philosophy about school change, how to use resources, view of the need and place for school mental health. Center info has helped me teach, changed and expanded my view of what is important in school mental health and school change/system level. Enhanced my knowledge base. Impact on my students who deliver services. Center has helped relay info through articles and newsletter pieces for Professional School Counseling. Center does a tremendous job at disseminating information and providing a framework for thinking about mental health in schools. Info is presented in an extremely well formatted, innovative manner.
	Professor, university school of education	I download info to share with graduate and undergraduate students; makes them aware of Center web. Use Center materials for teaching. Students use Center materials for class projects and assignments. Some grad students are practicing teachers and the material raises their consciousness about the interface between school mental health and general education. Center has enabled me to teach better (e.g., class for Head Start workers on Parent and Community Relations), introduced students to resources they can continue to use in their professional lives. Hear from students they refer colleagues and parents to Center website. Center helped in involvement with Med West School Mental Health Consortium. I download information from Center's website to bring to the consortium, and I refer members to the Center.
	Professor university dept. of psychology	I use Center materials in teaching sociology and education. Disseminate info and refer students to website. Use Center materials in research and in evaluating school based programs, such as parent involvement and suicide prevention. Often contact Center to obtain the most up to date info and acquire additional info on a topic. Put the findings of my own evaluations within a context of others doing similar research. Doctoral students use Center resources in dissertation. Disseminate information to the directors of local school based services as well as schools. Center's advocacy for mental health in schools and how this effects performance is vitally important.
Capacity/ Infra- structure/ Network Building	Executive Director, national training and technical assistance center	We use Center info and publications with schools, program directors, administrators, school and community leaders related to school reform and improvement. We work with 100 schools. Biggest impact has been attitudinal changes of school and state administrators in accepting accountability for student outcomes and an increase in administrative leadership skills as people learn the various ways they and their colleagues can make a difference within their schools. Also increased community and parental involvement in building coalitions and collaborations. Improvement in teaching because of the info available through the Center. Information on risk and protective factors particularly useful as is the ENEWS.

Capacity/ Infra- structure/ Network Building (cont.)	Health Education Specialist, federal agency	Center resources have expanded the way we think about mental health in schools. Center Directors helped us process new ideas and ways to incorporate them. Center provides a greater awareness of issues surrounding mental health in schools. Changed attitudes and awareness of staff and a new way of looking at services in schools through a wholistic model. Center has a global impact. Center staff available and responds quickly. Center materials are exceptional. Center is helping to push the envelope of what should be happening in this area.
	Senior Community Liaison, <i>Safe Schools/Healthy Students</i>	I manage a team of researchers, operate clearinghouse for info around youth violence prevention; we include the Center's website in responding to requests for info. At every site and conference where we have brought in the Center Directors to train grantees, the result has been changes in thinking and the development of new ideas (e.g., including resource mapping). We use the Center's website as a reference/model to build our own website. It is cutting edge and easy to navigate. This increased our productivity. We can get info out faster. That the Center material is free is especially helpful since we have many teachers/parents who have limited resources.
	Consult. Broker (2) <i>Safe Schools/Healthy Students</i>	We link the 77 sites I consult with to the Center's website and use Center info and conference presentations for indepth consultation and to influence stakeholders through dissemination of info and Center Directors coming in to do local training. Center provided knowledge on systemic change in schools. Concrete frameworks for school change and mapping resources to deploy/redeploy what they have. Attitude change in teaching schools to regard students and parents as customers. Worked closely with Center directors to develop sustainability tool kit. Center has been an important partner in building coalition and policy changes. Many of the 77 sites have been greatly enhanced thanks to the work of the Center.
	Assistant Executive Director, national association	We disseminate Center info to members of the association. The Center has broadened our networking with people of like mind. We have attended Center meetings to gain additional info and to share info. Center causes me to evaluate way I am doing business. We value the Center's capacity to convey info in a humanistic manner while giving practical how-to ways of working with students. Center is helpful in bringing new, creative ways of service delivery. I have embraced notion of collaboration and spread that idea. We put out a publication on this with Center.
	Executive Director, national association	We bring Center info to our Board of Directors. Use resource materials in our association newsletter. Use Center networks to develop contacts with others. Disseminate info at our state and regional meetings. Center broadened way of thinking about mental health for students.
	Executive Director, national association	We use Center info in presentations and disseminate it to others. Center materials very useful. Center's work with <i>Safe Schools/Healthy Students</i> on sustainability very helpful. Appreciate Center including information on our organization in Center publications.
	Program Director, Making Health Academic, nat. assistance center	We use Center's resources to better understand issues in policy work in school based mental health. Disseminate info to others. ENEWS and printed materials are helpful. Center perspective on the problem is helpful.
	Project Director, national center	We use Center information on mental health programs and pass new info on to project contacts. The Center reviewed our curriculum. Accessibility to Center staff, information, and website is great.
	Program Manager, regional educational development lab	We disseminate Center info to those we work with. Have incorporated Center concepts into interactions with agencies and policy makers. ENEWS and newsletters provide info on the latest research. Center staff on our steering committee increased our ability to synthesize information for school staff. Center Director helped shape our thinking in relation to family and community connections in schools.

Capacity/ Infra- structure/ Network Building (cont.)	Administrator, regional resource center	We use examples and info provided by Center as a frame of reference when working with other professionals. See great short and long term value in the resources provided. Rely on Center to bring a balanced perspective of what is taking place in system change and mental health services. Monthly newsletter read in depth. Center is a leader in systems approach and how to get services to schools. Recommend Center to others as a comprehensive resource. Center has impacted our work with clients, agencies, and at the state and national level. Rely on the Center as prime resource for information regarding systems change and mental health in schools.
	Administrator, Student Support, state department of education	We disseminate Center info to schools and others in the state department of ed. There is now a comprehensive student support system and family support component. Use Center info and support for moving from a practitioner's point of view to a school based mental health model. Center Directors have done local training and are our behavioral health special connections.
	Education Specialist, state department of education	Center Directions have traveled to the state many times to help us; presentations, ideas, and resources have been great. Center has given us resources. Our goal is to create systemic changes. Have identified grant sources, disseminated information and hosted listserves at state level. Have created teams and programs. Nine teams still operating after three years and continue to grow. Disseminate information through presentations to state boards and legislative bodies. Center has created phenomenal opportunities and has had a tremendous impact.
	Administrator, Coordinated School Health, state department of education	We forward information from the Center to others. Center Directors have been very helping in assisting us with collaborative efforts which has helped our work grow. Center has had a big impact on what we do. We need a lot of assistance with mental health resources in our office to create collaborative efforts between mental health professional and schools systems. Center has helped us become more informed and up to date, which has allowed us to help other professionals partner with schools for the enhanced mental health services for children. ENEWS and Newsletters are very helpful.
	Special Education Program Consultant, state department of children, families, and learning	We hosted Center led state summit on <i>New Directions for Student Support</i> . Several of the programs are using approaches from the Center. We disseminate info from the Center. At local level, systems have stronger school and community links for mental health. Developing an action plan for state and local system policies based on the state summit. Website and ENEWS very useful.
	Director, School, Family, and Community Partnerships, state education support district	Center has provided trainings for principals, school board members, county and state officials, State Superintendent of Schools. Also doing local training for the county's <i>Safe Schools/Healthy Students</i> grant. Center has a significant impact on state office of education. Five of the 15 school districts in this region have taken Center material and put into action with their students. Impact happening at different levels of the system.
	District Chief, Children and Youth Services Bureau, county MH dept.	We disseminate Center info through school mental health coordinators county wide. Best Practices info and federal and state policy info have been very useful. Have taken advantage of training opportunities. The Center is the most comprehensive resource, with info that is current and very thorough.
	Senior Planning Specialist, Office of Behavioral Health county department of health services	We disseminate Center info, especially newsletters, to school professionals and mental health providers. We also send them to the website. The Center policy work guides understanding of issues. The ENEWS is great, website is comprehensive. We download packets. Center's ability to communicate is wonderful; great issues on website; enormous amount of info. In addition to knowledge, Center helps emphasize the importance of the work. We point to the Center as an invaluable resource in working with youth, especially in school settings. Policy work is absolute cutting edge and will eventually change things for kids, families, and communities. Quality of materials is the best available.

Capacity/ Infra- structure/ Network Building (cont.)	Administrator, Child Welfare and Attendance, county office of education	We disseminate info about the Center as a resource to get barriers to learning into the mainstream of the 23 school districts servicing 350,000 in the county. Incorporated Center concepts in successful application for <i>Safe Schools/Healthy Students</i> grant serving seven districts. Center assisted in developing assessment tool used with parent and students as part of county achievement team that works with failing schools. Newsletter is particularly useful
	Director, Mental Health Services, regional school service agency	We work with six school districts and distribute Center info to colleagues, school administrators, district staff and professionals. Used Center info for a paper on resource coordinating teams, a concept we are developing in each district. Center has been useful in teaching how to start these teams and the teams have helped schools be more effective in coordination and access to resources. One school has had great success with EPSDT and has used Center info to use resources and develop support. Helped coordinate resources so that schools don't have to turn kids away who are really in need. Enjoy information and conferences; information is of a very high quality. A very useful and important support service.
	Division Director, School Based Programs, mental health agency	We disseminate Center info to staff and program people. Have presented Center materials to the school based mental health committee at county and state level. Have used Center info/materials to help get MH folks to speak education language. Useful in putting services into the education realm. Use Center materials in annual staff training. Use Center materials extensively with local Family Resource Centers. Website and links are useful; Newsletter is very helpful (pass it on to others).
	Director, Health/Mental Health, school district	Center has helped guide the alignment of the department. Using Center language to encourage district to address barriers children face. We disseminate info to school board and administrators. Impact on strategic plan and on school teams. Use resources to guide us in decision making.
	Change Consultant, school reform model	Center helped to see resources schools have, what are barriers to students learning, and where change needs to take place (e.g., assessing what support structure exists in a school that supports change). Center has been helping in showing what infrastructure is needed for change to occur so a learning support component can be created. Helps to get administrators, teachers, parents, and school staff on board. Center provides tools for presentation and implementation (e.g., resource mapping, staff training). I refer others to website and have noted change in the tone of the school and advisory council meetings. Used Center resource to assist in school governance and management related to shared decision making. Change in the philosophy of how these schools operate. Center has been invaluable in helping prepare these schools to change.
	President, Community Learning Collaborative /Families in School/Annenberg Project	We have been helped a great deal by the Center. We receive technical assistance and consultation which helped form a collaborative with other schools and community partners. Restructured entire collaborative so we are now more authentic and self-sustaining. Center Directors helped us form a steering committee. Able to disseminate info to variety of collaborative members so they are better able to develop and restructure their own programs. Contact with the Center enabled us to work more closely with critical partners. The quality and amount of assistance has been excellent. Center has raised our capacity to be effective as well as the capacity of the collaborative to be useful to the community. Center has been critical in developing our collaborative's identity and mission.
	Project Director, <i>Safe Schools/ Healthy Students</i> , school district	Center materials and training helped promote dialogue in the community. We disseminate newsletters, articles, and materials from the Center. Center impacted our grant and local staff capacity for leadership.
	Coordinator, <i>Safe Schools/Healthy Students</i> , school district	Center Directors have done several local trainings. Brought together administrators, key community agency staff to provide comprehensive perspective. This helped schools understand the impact of systems on student learning (more than individual direct services). There are now key staff positions to implement the system change work outlined by the Center. Working to influence institutions and policy throughout local area. Materials and website are useful.

Capacity/ Infra- structure/ Network Building (cont.)	Program Director, city United Way	Center did local training that was immensely helpful in initiating a change of thinking among staff and leaders in the school system and in agencies related to planning and putting together student support teams and hiring organizational facilitators. We disseminate Center information. Use website to find info on topics that is shared with team leaders. Center prepared us to talk with school leaders about change strategies. Center helped us understand building infrastructure so school mental health and health services can thrive and be effective. There has been a major change in how our leaders think. Center has had a huge impact on understanding of key staff roles. Helped school district to prepare to support changes in school mental health and student support services. Center training on school reform and capacity building were just what we needed.
	Assistant Prof., Counseling Program, university school of education	I use Center materials to develop models for student support systems and for capacity building for the local community. Disseminate info to schools. Use materials in university courses and in consulting. Center conferences helpful.
	Professor, Department of Mental Hygiene, university	Worked with Center to develop programs with local district and with the state department of education. I disseminate center info and resources widely. Center Directors involved in local training which helped facilitate the implementation of programs in schools. Received help with grants. Reports and materials are very useful. I forward ENEWS to others.
	Professor and Special Assistant to Provost, school of social welfare, state university	Disseminate information from the Center to students, professional development groups, and colleagues. Impacts others through publications which include resources/information from the Center. Gateway to resources on website is helpful.
	Researcher/Writer	Impacts my writing. I incorporate Center info in my writing and reference the Center in my book. I disseminate Center info to practitioners and educators. The Center introduced me to the concept of “enabling;” the methodology has had an impact on my work. Has broadened my thinking, factual data very helpful, networking is great.
Programs & Practice	Consult. Broker (3) <i>Safe Schools/ Healthy Students</i>	We worked with Center to develop a comprehensive approach to help communities and schools deal with complex issues. In 100 communities. Contact with Center enabled us to improve the philosophical and conceptual framework which helps disseminate big picture and break it down to option on where we go from here. Able to identify and explain overarching goals (student achievement, reduction of barriers to learning) and do so in a way individual schools can see how these ideas are applicable, what they need to do to achieve these goals in their own schools/communities. Center presents info in ways that cause other to be interested, involved, ready to listen to how they can improve their school/community. Because of understanding they provided, we are able to work with schools on how to begin the process. Community members and administrators have a conceptualization of what needs to change. Center has had a huge impact on the field of student learning/achievement. Communities are better prepared and oriented to our initiative. Center has made a big impact on the way people think about barriers to student learning, the responsibility of schools and communities to children, and this attitude change is the first step that needs to be taken before action can be seen.
	Consult Broker (4) <i>Safe Schools/ Healthy Students</i>	Our Center’s tool kit on sustainability used the UCLA Center’s framework. We use this at sites that partner with schools, law enforcement, and mental health. Work on sustainability increased interest in this focus. Info is well received and needed. Materials on resource mapping and facilitating change are helpful. One unique quality of the Center is that people always resonate with the work. Materials provide clarity about how they can reorganize their ideas and work. Center Directors speak exceptionally well to a wide variety of audiences representing all levels of the system. Feedback is consistently very positive.

Programs & Practice (cont.)	Consultant, mental health programs	Center provides us with a lot of useful written info promoting school based MH services. Helped develop a comprehensive approach. A number of states are interested in developing this kind of approach. A significant impact on how MH, education, and families work together at the state and local level to provide mental health services to kids in schools. We refer others to website. Reports, ENEWS, website are great. Appreciate quick and excellent feedback and views on systemic changes in service delivery.
	President, national organization for school based health	Contact with the Center gave us the concept of Barriers to Learning and what these barriers are. Center Directors provide guidance and direction. We disseminate info about the website and materials to others. Use the Barriers to Learning language to educate policy makers. Networking is helpful.
	Director, state school reform	Barriers to Learning model helpful. Center materials applicable. Gives insight to schools for looking at a broader picture in regard to children and families. Center Directors local training very helpful.
	School Collaboration Coordinator, county department of social services	Website/resources helped us prepare for school collaboration. Center Directors provided onsite training. Used resource mapping materials and disseminated information to collaborative members. Had impact on the collaboration through increased participation. Resource tools have helped a great deal. Significant impact on principals. Website and materials extremely useful.
	Chief of Staff, school district	Center Directors provided onsite training to put together a work team on community collaboration. Developed within the school district a framework for practice which includes the enabling component. We disseminate information to many others. Website and publications are very helpful.
	Director of Learning Support, foundation sponsored school reform program	Center materials had quite a bit of impact. Designed the format for our programs using Center info. Shared info with families, children, and the community. Center Directors did local training which informed teachers, others school staff, and administrators. Ordered a library of Center resources for the schools we worked with. Schools are doing better in terms of attendance, test scores, and overall functioning because of Center info and the programs it allowed us to develop. Center info is disseminated through school district to other area schools which is helping them develop programs and improve service delivery. Center has helped with major system change. Use the Center extensively and it had a good impact on our work.
	Director of Mental Health and Education Programs, foundation	In 5 local schools, we are using Center frameworks to introduce MH in schools. Center Directors have done local training to present overview to key community members as well as agencies to get them on board and increase exposure and makes it easier to do the work. Recent impact findings indicate dramatic results for change in school climate as well as change in individual students (e.g., reduced gangs, fighting, behavior problems, bullying, peer relationships, increase in parental involvement). Doing inservice training with superintendents. See increase in opportunities to impact policy makers. Staff uses website, newsletter. Reports from the Summit have been helpful to me as an administrator.
	District Coordinator for School Based Mental Health	Center Directors very helpful in providing local training. This impacted efforts of case managers working with children and their families. Training has had a positive effect on children in the program. We need ongoing support and program evaluation to see if we are on the right track.
	Project Director, <i>Safe Schools/Healthy Students</i> , school district	Center has helped us develop a formula for change. We are now better able to identify problems in school using Center info about frameworks of what makes a school successful. Working more closely with county behavioral health initiating suicide prevention and peer support. Better able to give evidence of what makes a healthy school through a holistic approach. Center Directors has been instrumental in affecting how we approach and work with policy makers. Center Directors local training gave a big picture perspective on why mental health in schools is a critical component of children's academic success.

Programs & Practice (cont.)	Manager, Psychological Services, school district	We share information with the Center as well as being a consumer of info. My superintendent uses the Center to keep himself up to date on school mental health, barriers to learning, and what other programs around the country are doing. I share Center newsletter with my staff of 94. Use Center information to involve community in schools. Center has helped with restructuring social work, psychological, and nursing services and how these relate to reducing barriers to learning and promoting academic outcomes. There needs to be more of a change in thinking and this is something the Center is really working hard at and has impacted to a great degree. We need a conceptualization of removing barriers to help in the planning of services; this is an idea that the Center has been very helpful in aiding to develop and providing evidence of why removing barriers is a key aspect of the planning process in schools. Through Center info, we are able to conceptualize changes that need to be made, then we are able to go to the Center to collect info for back up evidence when we present policy change.
	School Psychologist, Native American school district	Biggest impact is on our programs dealing with barriers to student learning and re-engaging youth. One of the superintendents is having a state level person come to discuss what else we can do to reduce barriers and risk factors. This would not have occurred without the local training done by the Center Directors and information from the Center. Development of a common language to discuss these issues has been a major factor in improving student programs, service delivery, and systemic changes. Center helped us with grant preparation for early education. Center information is comprehensive; presentations are informative and keep audience in mind.
	Director, After School Programs, community learning center	We use info from the local two day training with Center Directors. Helped us with planning and organizing resources. Have disseminated info to participants and others. Interested in sustainability of programs, recruiting and maintaining volunteers. Helped us with long range planning. Substantial impact on the local area.
	Dean, School of Education, state university	Center Directors provided local training to help coalition of agencies and groups to prioritize what actions they are going to take, thinking about how agencies and schools work together, and how lack of communication between systems affect the children and families. Developed an infrastructure based on the workshop. Held community wide meetings. Exploring mental health services for young children and their families. Center materials on how services and schools interact extremely helpful.

Table 14

Self-Identified Strategic Users Interview Data³

The following are the interview responses to the survey questions/probes:

- *What happened as a result of your contact with the UCLA Center?*
- *What impact have you seen as a result of using Center information? (By impact, we mean having an effect on enhancing the work you and others are doing.)*

(Examples of probes – Did it have an impact on your work? The work of others? How did you use the information? Did you disseminate any of the information? To whom? If you disseminated the information and resources to others, what happened as a result? How or what was there an impact on and how significant has the impact been? Is there anything else you can tell us to help describe the impact of the Center’s work on your activities?)

General Arena of Impact	User’s Position & Sphere of Impact	Use & Impact
<i>Policy</i>	Professor, department of psychology, state university & Executive Committee member, school social work committee	I co-chair the Children, Youth and Family committee of the County’s Mental Health Board. We are working on a policy on MH in schools. Availability of the Center is tremendously useful. Gives a place to go to get high quality specific info on mental health in schools. We share info from the Center to get more people involved. Significant impact on family resource centers in the area. Also developing a school social work program at the University. Disseminate Center info to students. Linking university with mental health in schools. Working on reframing pupil personnel services. Practitioners listserv is extremely helpful. Quarterly newsletter has a lot of pertinent info.
	Program Manager, school based mental health, child and family center	We use the Policy manual as a model for new staff so they see objectives we are trying to achieve in student mental health and prevention. Used Center Policy manual to develop a manual as a reference in developing our own. Center information especially valuable with regard to outcome measures. Used the Center to fine tune our own program.
<i>Training/ Technical Assist./ Research</i>	Program Development Specialist, state special education training and resource center	We use Center resources in research and restructuring of support staff. Working with nine school districts to education staff. Working on partnerships based on resources from the Center. Working on classroom engagement. Bring together support staff to plan prevention and least intervention options. Use Center materials for professional development.
	Coordinator, School Based Services, county children’s behavioral health	Coordinate the <i>Safe Schools/Healthy Student</i> grant. Center Directors have provided assistance and local training. Staff use Center materials and policy recommendations. Use quick training packets with graduate students and interns as well as community seminars. Center has been helpful in designing mental health component and working with school system issues.
	School Social Worker, social services, K-8 school	Use Center info in professional development with teachers. Disseminate info to others on state wide committee. Use Center to keep up to date on information. Help in finding a curriculum I am implementing. Include Center info in statewide newsletter. ENEWS and articles on web are very helpful.

³Self-identified strategic users are those not previously designated as such by Center staff but who chose the item on the Impact Questionnaire that stated: “I use the Center as a Strategic Collaborator (e.g., to help improve programs, systems, etc.” Ninety respondents fell into this group, and a sample of 37 of these were included in the phone interviews.

Training/ Technical Assist./ Research (cont.)	Professor, department of social work, state university	University students use the Center info to compare school mental health models. Your info about after school programs is used to guide a major local initiative. Use Center info in teaching school social work classes, especially research. Include Center info in local newsletter. Interested in surveys. Center Co-Director presented to the local community and school partners. Use Center info to get parents involved. Student appreciate quick response when requesting assistance.
	Professor, university	Center has had a great impact on work. I share newsletter articles with teachers. Received specific info on a technical assistance request. Share Center resources with University students. Use Center materials in writing grants. Graduate students work in classroom and share newsletters with parents. Center info helps fight against pending budget cuts.
	Professor, university	Use the enabling component and school reform model with school psychologists and other school mental health staff and they use it in their schools. Use packets to share info and monthly newsletters to keep up with new info. Have used info from the Center to write grants and obtain funding. Use website materials related to practice and research.
	University Field Education/ Intern Coordinator, department of social welfare	Center has been extremely relevant to my teaching, work with students, and in consultation with colleagues in the community. Disseminate info from the Center in teaching school social work class. Use info from website and materials in lectures. Newsletter and ENEWS keep us informed on current issues/topics in mental health in schools. Referred an agency to website for help with program evaluation. Center has had an impact on my work and the work of my students and colleagues. Website is comprehensive and impressive. Promote the Center to students, colleagues, faculty on a local, statewide, and national level.
	University Instructor, social work	Center alerts us to important info. We have learned a tremendous amount from presentations by Center Directors. Contact with the Center improves our awareness of important issues; wonderful source of knowledge. Website and newsletter helpful. We disseminate Center info to school counselors.
Capacity/ Infra- structure /Network Building	School Psychologist, state special education service agency	We consult with teachers state wide. Center website is a wealth of useful information and resources. Monthly emails are good prompt to stay connected on changes/issues in the field. (Use ENEWS to delve deeper into topics.) When asking for special assistance, Center help is quick and helpful. Better able to work with the particular problems as a result.
	Director of Guidance and Counseling, state department of education	We use articles from the ENEWS and other Center materials in presentations at monthly meetings with school psychologists and counselors. Copy and reprint articles to include in mailing to school counselors and use in training conferences. Contact with the Center has given us a wider view and impacted work by connecting us to experts in the field, which enables us to give better information to those in the state.
	Complex School Psychologist, state education department	We use Center info to keep up with current trends. Used Center materials to develop a quality support plan for court system under state consent decree. Used Center materials to design early intervention and prevention and are now working on sustainability. Newsletter and other online publications have been most helpful.
	Prevention Programs, state department of public instruction	We used Center materials to develop a collaborative model for pupil service teams. We work with 426 school districts which have these teams, so dissemination of information is extensive. Teams access Center when developing modules for collaborative services within schools and districts.
	Clinical Director, state office of mental health	Center consultation and leadership cadre are good ways to bring people across the country together regarding mental health in schools. Center Directors involved in local mental health task force. Appreciate discussion of policy and programs in mental health in schools.

Capacity/ Infra- structure /Network Building (cont.)	Director of Program Services & Grants Manager, foundation	We refer to Center and use info from the Center in meetings with professional regarding mental health in schools. Work with 10 schools who are training to form a comprehensive mental health program in their schools; direct them to the Center to see how others are doing this. Citizens Committee for Children has used Center information to write grants. Center has been very helpful in showing different types of approaches.
	Alcohol, Tobacco, Other Drugs Network Facilitator, regional ed. Center	All information from the Center is shared on a regular basis with staff in the 39 public school districts in our 8 county region. Find the resource, links to information and research very supportive. Info has enhanced efforts in prevention. Has increased collaboration with mental health, special education, head start to identify strategies to address mental health issues.
	Program Manager, county program	Local trainings with Center Directors, info from the newsletter and ENEWS are helpful. Info used for staff training. Impact has been in professional growth and development. Center helped to develop strategies and with policy writing. Expertise and resources from the Center are invaluable to the program.
	Collaborative Coordinator, mental health collaboration	We disseminate info from the ENEWS in our own newsletter. Used Center info on bullying in presentations. Has attended local training done by Center Directors. Program has expanded role of mental health professionals in schools. Involving the superintendent in the work. Good to see University people who are into research are also aware of what is really happening in schools and know the direction in which they need to go.
	Director of Student Services, school district	We use Center publications in presentations to teachers, parents, and support staff. Use in handouts to community organizations. Can count on the Center to provide up to date valid info that we can confidently use in our work. Informs administrative decision making. Use Center strategies and info for intervention, program evaluation ideas, and expanded programs. Center represents a major contributor and leader in the multiple fields that address barriers to learning – invaluable.
	Special Programs/ Behavior Support, school district	We disseminate Center articles on accountability and data collection to other staff in the district. Use the Center info as a starting point in understanding the need to establish processes to substantiate effectiveness and develop tools and to build teams that work with students. Newsletter is helpful. Center increases our awareness of what is happening at the national level. More aware of best practices and use that in building teams.
	Health Education Leader, school district	We disseminate articles from the newsletter and website to principals, counselors, district administrators. Use Center ideas to make proposals for change; in the process of reorganizing learning support services. Able to get Center ideas out to people who need to hear them. Change from a comprehensive health framework to a school based mental health framework. We see movement with policy makers and administrators. Website and ENEWS are terrific. Received technical assistance from Center Directors.
	Coordinator, Bridges for Education and Medicine, university health system	We download info from website on prevention of violence and substance abuse. Use Center info to inform us of what is going on with school mental health. Use Center materials in psychoeducation interventions. Use website to link to other resources regarding exemplary programs. Getting good ideas for programs, collaboration, reducing fragmentation of services. Center has provided good info on treatment programs, especially depression.
	School Social Worker, school district	We share Center materials to address needs of families, community development, and school district reorganization. Share with the assistant superintendent to use as she reorganizes student support services. Info from the Center has been very useful in redefining the district's approach to non-academic barriers to student learning.

Capacity/ Infra- structure /Network Building (cont.)	School Nurse, school district	We share info on barriers to learning with teachers, psychologists, and principals. Post materials in teachers lounge. Use Center materials as school nurse to increase awareness and ability to assess students and conference with parents regarding referrals. Share information with graduate students I supervise. Attended Center Directors training at National Association of School Nurses meeting.
	Clinical Art Therapist, school district	Use the Center in two ways: first for my own understanding of ideas, policy, professional growth, second to provide research info for staff and parents. Made presentation to National PTA and used Center for preparation. Tell others about the Center and see increasing interest and connection to a larger community. Barriers to learning info and newsletter are very helpful. Center goes above and beyond to provide information and help; a superb resource.
Programs/ Practices	Federal Advocate, children's services	Center resources have helped with grants and reports. Clients use website to aid in gathering info. Get helpful info from the Center for advocacy. Disseminate info, especially from the newsletter, to teachers. A colleague used Center materials to publish a book on violence in schools. Center resources help show the cost effectiveness of services in schools. Center support has helped to maintain services.
	Project Manager, special education regional support	We use Center website frequently and attend presentations of Center Directors at national conferences. Center was one of the resources used to restructure school based mental health programs. We disseminate info from the Center to school staff. Send ENEWS to school support staff. Center has helped in remodeling of programs and in looking at best practices. Resource guides and papers on the website are very useful.
	School Behavioral Health Administrator, county school district	We used the Center concepts for <i>Safe Schools/Healthy Students</i> grant. We disseminate articles and publication to steering committee. Evidence based research is very helpful. Center resources create different practices in schools. Guiding the design of the program with help from the Center. Info from the Center has helped in collaboration with the community and in bringing policy makers on board to support the work. Have attended trainings with Center Directors that were very helpful. Material on resource team also useful. Center is very valuable; the new ideas are always great. Center provides extremely valuable and time information and resources that are professionally prepared.
	Community Resource Representative, county department of public health	Center provides updated info on new concepts and clinical approaches. We refer to info from the Center in presentations. Concepts dealing with decision making and communication skills are extremely helpful. Center has helped in planning group intervention programs. The evaluation resources from the Center has helped develop surveys. Receive useful feedback. Workshops with Center Directors has made us aware of what works effectively. Able to apply and modify info to local population. Center is always on top of the current trends and ideas which helps a great deal. Broadened our way of looking at and developing programs for the population we work with. Newsletter is very useful. Like the website; it is full of current and helpful info.
	Director of Planning, family services	We use Center resources for program improvement and best practices. Use the resources to get funding for grants and for training staff. (Recent and complete info from Center on best practices is very helpful in writing grants and reports.) Charts and outlines very helpful in planning. Center has introduced new initiatives and new ideas. We disseminate info to others. Assessment instruments have helped know what data to collect and how to collect it. Website and ENEWS are useful.
	Facilitator, Social Skills Training, family & community services	We use Center info in training. Share with others counselors in the agency and in the schools. Use Center assessment tools extensively to support as well as acquire funding. Share info with classmates at the University. Always looking for new info and the Center has become my first choice.

Programs/ Practices (cont.)	Director, school based mental health project	Center Directors have provided local training; their contributions with system change and the need for school based mental health has been very helpful. We provide Center information to coalition of mental health providers, school personnel, community agencies, and parent groups. Contact with the Center has strengthened the work. We use Center materials for presentations. Center training on system change has impacted the work. Center has helped make the case for school based mental health; a strong and positive impact. Local coalition has shown new interest in the initiative. Department of mental health and school district now have mental health programs in 25 schools and are committed to establishing such programs in all school in five years.
	Counselor, school district	We use Center forms quite a bit which has helped in adapting the program. Website helped with accountability and evaluation measure. Use daily log of services rendered and outline percentages of services students are receiving. Supervisor was very impressed with breakdown of the data. Use Center in research on school mental health. Share info and website with colleagues. Center will be valuable in upcoming consolidating of school and restructuring. Unusual to find such a comprehensive collection of information which is so up to date. Center has been invaluable in looking to improve practice.
	School Social Worker, school district	We used Center resources to get a mental health program going. Center materials helped show parents, teachers, administrators that it was a valuable idea. We copy and distribute information from the Center to teachers, and refer teachers to the website. Center helped me organize and implement programs. We use Center research materials with students, teachers. Website is excellent and research materials are very helpful.
	Counselor, school district	We use Center resources when working with students. Use website when doing research on staff burnout. Share Center info at staff meetings in district. Others now get ENEWS. Center resources help in developing/modifying programs. Share Center resources with staff to keep them up to date on school based mental health. Research reports from the Center website and the newsletters helpful.
	Special Educator, high school	We have contact through website and newsletters. Uses website to get background information to help with planning IEPs for students. Helps clarify terminology. We disseminate newsletter to all staff. Center resources help staff be more research based in their decision making. Has opened them to new ideas. Information on website gives us a better background and enables us to work more effectively and see results more quickly. Information especially helpful when working with emotionally disturbed children. Use the psychosocial problems packets to learn more about behavior and how to work with these behaviors. We find we can get information as detailed as we need/want – sometimes only want a quick overview, which the Center provides, but can also get detailed, up to date information when we need it. Good background information when beginning to look at new ideas.

Table 15
Frequent Users Interview Data⁴

The following are the interview responses to the survey questions/probes:

- *What happened as a result of your contact with the UCLA Center?*
- *What impact have you seen as a result of using Center information? (By impact, we mean having an effect on enhancing the work you and others are doing.)*

(Examples of probes – Did it have an impact on your work? The work of others? How did you use the information? Did you disseminate any of the information? To whom? If you disseminated the information and resources to others, what happened as a result? How or what was there an impact on and how significant has the impact been? Is there anything else you can tell us to help describe the impact of the Center’s work on your activities?)

General Arena of Impact	User’s Position & Sphere of Impact	Use & Impact
Policy	Executive Director, regional counseling and treatment center	We have provided info from the Center to county and state governmental agencies. Center has provided a framework from which to operate. We were having difficulty applying money in a way that was effective and which integrated school and agency. The Center provided understanding and research on the components of good school based mental health services. One of the biggest impacts of the Center has been to provide us with ways to integrate MH into the school as a whole. Staff now work more closely with teachers and ask teachers what they need in classrooms. More communication and collaboration. Center info on school reform has been great in understanding changes in the schools related to shared outcomes and agenda. Center provides ways to think about integrating these concepts and working together. We disseminate newsletters and publications to staff and school mental health collaboratives. Use Center in program evaluation and best practice research. Use Center materials and local training with Center Directors. A valuable resource.
	Director, Policy Services, state school board association	We use the Center info and resources to draft sample board policies that are then presented to our clients. We are an association of district and county offices around the state. Use Center info as a base as we gather info on education and behavioral issues to develop policy regarding school/student issues. We raise issues, bring to the forefront in board rooms across the state. Impact is on policy development and implementation. Use ENEWS primarily; we trust the research and are very pleased with the quality of the material.
	School Counselor, school district	Student support services are looking at Center resources regarding policy and administration. Have seen enhanced role, lower staff-to-student ratios, moving from crisis response to prevention. Better reception by students and teachers. Use website for breadth of information, new ideas, and research.
	Social Worker, school mental health unit, school district	We use Center info on policy as a tool to help frame policy. Center used as a reference in administrative meetings for developing new or making changes in policy. Also use Center materials, such as strategies related to learning disabilities, to improve our programs for students. Use and share Center info with interns and other school staff, as well as with community agencies. Center always available to get more details on a particular problem or issue.

⁴Frequent Users identified themselves on the Impact Questionnaire by checking the item: “I have been in frequent contact (e.g., for TA, for resources, etc). Of the questionnaires returned by April 11, 2003, 115 respondents had checked this item and phone interviews were conducted with a sample of 41.

Training/ Technical Assist./ Research	Director, Research and Sponsored Programs, national org.	We disseminate Center info to various partner organizations with whom we collaborate. Often order or obtain the resources listed. Center help keep us abreast of what is happening, both in the research literature and in the field.
	Consultant Broker (5), <i>Safe Schools/Healthy Students</i>	We share Center info with schools and grassroots organizations in doing technical assistance. They use the info as core knowledge for <i>Safe Schools/Healthy Students</i> Initiatives, especially around sustainability. Center info and local training done by Center Directors are well received by agencies and community. The agencies have used Center resources to implement plans/interventions in the schools. Links on website to current info are valuable. Center info has helped create more knowledge based info. It is a gold mine, brings us up to speed on things being implemented around the country.
	Director, School Based Mental Health Programs, state department of mental health	We receive TA from the Center for research needs and program development. Center has helped with the <i>Safe Schools/Healthy Students</i> grant. Has referred the 17 community MH centers to the Center's website and sends them articles from the newsletters. Center has had a long term impact on work. Helped develop programs that are more efficient and effective. Staff have learned from others' experiences, which has been a great asset. Have seen a decrease in student violence and behavior problems and an increase in social skills.
	Director of research on child/ adolescent services, State office of MH; univ. prof. of clin. psychology and psychiatry	I mention the Center and its national functions often in presentations. I refer to the materials from the Center often and find the listserv to contain especially useful and timely information. By providing a high quality clearinghouse of national information of policy significance, it serves an important function. I find the issues that are highlighted in each edition to be especially progressive and useful to future planning. The Center has had an impact on my work through its provision of information, perspectives, and policy issues. I find the Center to be filling an important national function.
	Health Coordinator, state department of education	Center Directors provided local training. We utilize the framework that was presented and distribute materials from the training. Materials related to coordinating school mental health distributed to health educators, social workers, counselors, and school nurses. Impact on raising awareness, developing resource center, and improving collaboration with other agencies. Use many Center materials at annual conferences and reference the website. Last year's conference was on suicide prevention, and we used a great deal of information from the Center. Center has provided many useful resources for parent centers where we train parents to be advocates for children, teach them about issues related to children's mental health.
	Program Manager, state department of justice	We use the Center as a clearinghouse for info which we share with a variety of other agencies (e.g., law enforcement, social services, education, MH). Our constituents are spread over the state and the numbers are substantial. Frequently disseminate Center info on violence prevention, bullying, etc. Use the Center as a research tool. Enjoy the emphasis on multidisciplinary info. This helps us understand the issues and problems facing our constituents in the work that they do. The Center educates us all to what each other is doing in their professionals. This aids tremendously in collaboration and cooperation. Our constituents have found the Center info on funding opportunities to be very useful. Has had an impact on our level of knowledge about the different systems that law enforcement works with on school violence. The Center newsletters are the only one I faithfully read. A good source of information.
	Evaluation Project Coordinator, research center	We use Center materials as a resource for local evaluation of district programs for Safe Schools and After School programs. Use Center info in presentations (e.g., on bullying, etc) to school support staff. Disseminate info to district staff. Info that the Center provides is a necessity. It helps us figure out what issues to cover in presentations. Sustainability is very important and the Center has been a big help in this area. Center is our favorite website for content related to evaluation and research responsibilities. We use and promote the Center's expertise, advocacy, support, and hard work.

Training/ Technical Assist./ Research (cont.)	Director, Student Services, county educational service center	We primarily use the Center for research on programs and services (recently looking at special needs pre-school children who are acting out in anger). We disseminate Center info to IEP teams. Use Center to advise myself as to what my options are for improving services. Look at best practice info when writing grants. Share Center resources with 3 districts and about 100 schools. Center has changed the way we think and has kept us informed. Has guided us in program development. For instance, SAMHSA gave us a grant for mental health services for kids this year, and we used the research on best practices provided by the Center to show how to reduce student violence. We have also used the Center to inform us in how to reduce truancy and improve attendance. We have implemented a wide variety of services for teens with depression and have implemented a variety of way to implement programs that reduce barriers to learning. I am very grateful to have access to such an excellent resource. In my book the Center is a best practice against which others should benchmark.
	Director, Student Services, county schools	We have found the Center an excellent resource. We research info on the website and disseminate it to the 80 counselors in the schools. This has pertained to a variety of topics such as suicide prevention, depression, bullying. Center has helped us understand ways to collaborate with other agencies in the community, particularly MH agencies that provide school based services. Center has allowed us a place to do research so that we may better collaborate with representatives from community agencies. We frequently make reference to the website in our interactions with other professionals. The Center's resources inform our decisions. The Center has become a consulting agency for us. We are facing major budget cuts; this means we have to make the most out of the resources we have. The Center is really filling a void.
	Administrator, school psychology, school district	We share information with staff across the school district, such as special education teachers and administrators. They welcome the info, and it has been applied. I also teach a class at a college and use the Center materials extensively. They are well received; I get good feedback.
	Social Worker, school mental health unit, school district	We use the Center information to provide context to a graduate course in the practice of social work in the schools. Four instructors used the resources on bullying and other mental health issues with 80 students. We have become more knowledgeable and able to apply the most current information available to practice. Center has been very useful. The information has practical application and is easy to reference (e.g., website).
	School Social Worker, high school	We primarily use the Center for research on a variety of topics related to work with students. Refer both staff and students to website and give them downloaded materials. Center has provided us with wonderful info and resources related to our biggest concerns this year – depression and anxiety. Wed did a presentation on depression for school counselors based on information provided by the Center.
	Project Director, university Institute for Health Policy Studies,	Center information helps us think through evaluation strategies as we evaluate school based mental health services. Use articles from the website and share the literature with others in the county. Center has made us more knowledgeable about school based mental health programs. We use Center resources in presenting to University students. Find the ENEWS helpful; website is full of great, current information.
	Instructor, university cooperative extension	We have taken info from the Center's model (resource coordinating team) and put that with a planning model. We have developed a training program for school community teams in 11 districts and disseminated Center info to may professionals. We discuss specific strategies with colleagues. The result of this training is that schools are connecting with community resources. They are mapping (linking) the schools and community resources. We have attended training with Center Directors and use Center materials extensively.
	Graduate Student, social work	Use Center information in writing dissertation and training interns in social work. Get valuable information from the website and listserv. Disseminate Center information to school based services staff. Center has increased my depth and wealth of knowledge and gives interns real life issues to learn about.
	Graduate Student, social work	Use Center resource in preparation for qualifying exams and dissertation. Contact with Center helped in understanding the scope of school based mental health. Appreciate website and newsletter.

Capacity/ Infra- Structure/ Network Building	Executive Co-Director, statewide parent advocacy network	We disseminate the newsletter to the parents in our network and to school staff. Have used a great deal of info from the Center in parent trainings. Always mention the Center website in our monthly newsletter to the entire state. The Center has been invaluable in providing us with info and materials for our health and wellness initiative. It has helped us shape collaborations with agencies and mental health providers. It has given us info to better focus on health and mental health in schools more broadly, such as violence prevention, social problem solving, grief and loss. Our evaluation of our health and education curriculum has been improved due to info and evaluation materials the Center provides. Our MH services in schools, counseling groups, curriculum has improved as a result of contact with the Center and the amount that we have learned about best practices. The Center has changed how we approach programs. We have used Center tools in parent forums and high school presentations. The Center has had a big impact in informing us on how we can meet the state requirements to ensure appropriate services are provided to children. Used Center info in testimony before the State Board of Education regarding MH services in schools. Appreciate the condensed info on research, reports, and training aids. Makes them easy to present to administrators, teachers and parents. Also easy to access the bigger piece of and more info on a topic when you need it. All the forms, surveys, and questionnaires are invaluable in that they provide users with a starting point from which to go on and develop their own tools. Outstanding and useful resources. We use Center info to provide technical assistance to families, public policy advocates, schools, and policymakers.
	Director, Mental Health, school community program	We use articles in the ENEWS in creating handouts for parents and teachers. Use Center packets for parent and teacher groups. Good for parental understanding and for new teachers. We disseminate info to coworkers. Articles are timely and effective. Used Center resources to write a chapter for a book on school based clinical work. Center's info on federal reports is very useful.
	Mental Health Specialist, community health	We use Center materials on many topics. Disseminate info to MH professionals. Use Center materials in staff development and as handouts for teachers and other professionals. Center has been a great resource. Has impacted work a great deal by helping us prepare for trainings and to educate parents.
	Director, <i>Safe Schools/ Healthy Students</i> , educational collaborative	We use Center info in planning and program development. Use Addressing Barriers to Learning as a framework in materials to support the initiative. Disseminate Center info to colleagues. Use tools from the Center to meet specific needs in the schools. Contact with the Center has improved the efficiency of services, the range of services, and helps us articulate what we are doing. It has helped us be precise in our work and know where we are going and how things fit together. Particularly useful are the materials on responding to referrals in ways that can "stem the tide."
	Associate Director, community services	We use Center information on various projects. Make copies of Center materials to share with faculty. Download materials from the website to use in training school staff. All the Center materials are very helpful to the faculty. Newsletters and training aids very useful.
	Director, Family Support and Education, Families Together organization	We pass on Center info from newsletters and website to school professionals, MH providers, and family support advocates. Have incorporated Center evaluation tools into the family involvement piece within school based mental health programs through parent advisors working to integrate families into these programs. Have shared info on federal initiatives with state stakeholders. Center has increased our awareness of school based mental health models, validity of their effectiveness (which has been important for reaching school personnel and gaining acceptance/integration of mental health models). Center confirms the value of family involvement (families are often referenced in Center literature). Find Center resources invaluable, specially in seeking evidence based research to validate parent involvement.
	Coordinator, Students and Family Assistance, school district early childhood division	Multiple contacts with the Center. Download materials and info that is used in planning, implementing, and improving services at schools. Helps with the coordination and integrations of programs. We disseminate info to teachers, counselors, and administrators. Center resources help improve the organization and coordination within schools. Use the Enabling Component in the structuring of services and in the early childhood/school readiness focusing on preparing children for elementary school.

Capacity/ Infra- Structure/ Network Building (cont.)	Manager, school based health clinic	We disseminate Center information to 14 health centers and the social workers and health professionals in each center. Staff give very positive review of the information and asked us to investigate topics using the Center resources in such areas as conflict resolution, self-mutilation, suicide prevention, and crisis intervention. Resulted in counselors beginning conflict resolution groups, developed an emergency response team, and grief counseling. Center has been very helpful in informing our staff in these efforts.
	School Nurse, high school	We use Center info for professional growth; helpful in understanding and working with school counselors and psychologists. We disseminate info from the newsletters. Center impacts our ability to more work closely with other school staff. Share Center information at regional workshops of school nurses.
	Coordinator, school based health center	Finds newsletter very helpful. Ordered a number of packets which she sent to all 10 centers she works with. Applied for some of the grant opportunities listed in the ENEWS. Disseminates a lot of Center info to those she works with. Center has helped her in dealing with problems in the health centers. Also helped her to set the standards for their clinical and to better collaborate with schools.
	Counselor, elementary school	Disseminates info from the newsletters to other counselors. Downloads info from the website and passes it on to other staff in the district. Uses the information in working with children.
Programs/ Practices	Family Advocate, state coalition of families for children's MH	We use Center materials for school based mental health initiative. Focusing on what nurses need to know. Disseminate Center info at workshops, presentations to parents and professionals. In our county, they have become more hands on with Center info, identifying problems and accessing services more quickly.
	Senior Consultant, state department of education	We incorporate Center resources around positive behavior support and schoolwide systems of change. Use Center materials to provide TA to the state initiative for safe communities/safe schools. Schools we work with have seen decrease in problems and increase in attendance, attention, and performance. The Center graphics on how the concepts work are helpful to improve understanding. We use them to make overheads. Really like the newsletter and the questions posted on the bulletin board. The Center is one of the first places we think of and go to for resources.
	Coordinator, School Mental Health, county MH board	We disseminate the <i>Guidelines for Mental Health in Schools</i> to all the principals (85 schools). Find the Center resources help in implementing school mental health programs. Local trainings by Center Directors have been very helpful.
	Medical Director, Children's Health & School Linked Programs,	Contacted the Center regarding instruments to screen young children for mental health problems and used one of the instruments Center suggested. This was very helpful. We disseminate info from the newsletters and ENEWS to staff. Contact with the Center impacted program. Center is an excellent resource.
	Supervisor, School Psychology, school district	We use Center information as a resource in programming, brain storming, funding, etc. Listserv is very useful in keeping up with school based mental health practices around the country.
	Director, Healthy Start & Homeless Services, school district	We use a lot of information from the newsletters. Attended trainings with Center Directors which are great for sharing issues; need to have these more often. Center has helped us to coordinate and link services. Center helps to framewhat we are doing; gives us a vision for what we are trying to accomplish. Center provides a common language to use with others in the field.
	School Social Worker, middle school	Use articles from the ENEWS and newsletter as resources for groups of adolescents working on social skills. Shares info on after school programs with area coordinator. Disseminates information to teachers and parents.
	School Counselor and Counselor Educator	Use information from the Center in working on conduct and behavior problems. Share information with teachers. This has been very helpful to the teachers in working with the children. Use Center information in teacher counselor education course. Uses Center to find current references for particular problems.
	Social Worker, elementary school	Use Center resource in program planning. Has received valuable info on threat assessment and has disseminated this info to other professionals. Center has had very helpful recommendations on procedures and provided info on issues. Quality of work has improved and there has been an impact on students. Links on the website are very helpful.
	Center for Social Service Research, university	We use Center resources for county planning. Have distributed Center info to the planning committee. Email listserv is helpful in finding out what is going on around the country.



Table 16 summarize the interview responses from the sample of strategic users (see Table 6 for data on the sample). These are categorized with respect to four major arenas of impact: (1) policy, (2) training and technical assistance, (3) capacity, infrastructure, and network building, and (4) programs and practice.

Table 16 provides specific examples cited by the respondents related to each sphere of impact. As the interview data show, these consumers draw on the Center assistance ranging from seeking input (e.g., information, ideas for strengthening their performance and impact, resources) to direct involvement in planning and design to make advances in the various arenas.

As in the 2002-03 study, note the frequency with which respondents mention involving Center staff directly in developmental and systemic change initiatives related to broadening approaches to mental health in schools. They clearly stress the Center has helped them maintain existing initiatives influencing and shaping policy for fundamental changes in approaches to mental health in schools. With respect to programs, practices, training, and research, the Center's work is reported as providing direction and guidance for enhancing ongoing efforts and generating new ways of understanding system, program, and person problems and addressing them. Special appreciation was expressed for the statewide summits and for promoting umbrella concepts (e.g., addressing barriers to learning, a comprehensive system of learning supports (e.g., an enabling/learning supports component).

Specific examples emphasized were: capacity building training and TA for a wide range of professionals and professionals-in- training, preparation of training procedures that others adopt/adapt, enhancement of resource libraries, system and program design work and ongoing planning, formulation of legislation, resources and specific tools to influence policy makers and others who make decisions, guidance for systemic change, framing ways to formulate and pass a city levy relevant to mental health in schools, guidance and resources for improving research and daily practice, enhancing collaborations and networking, guidance for establishing guidelines and standards, information dissemination and facilitating info diffusion, direction for working on sustainability, enhanced focus on resource mapping for better use, gap analyses, and establishment of national, regional, and local networks.

Again, what is reported reflects the impact of the many resources available from the Center, the conceptual work, the strategic work on site around the country, and the many published articles and chapters.

Table 16

***Strategic* Users Impact Interview Data from the 2003-04 Study⁵**

The following are the interview responses to the survey questions/probes:

- *What happened as a result of your contact with the UCLA Center?*
- *What impact have you seen as a result of using Center information? (By impact, we mean having an effect on enhancing the work you and others are doing.)*

(Examples of probes – Did it have an impact on your work? The work of others? How did you use the information? Did you disseminate any of the information? To whom? If you disseminated the information and resources to others, what happened as a result? How or what was there an impact on and how significant has the impact been? Is there anything else you can tell us to help describe the impact of the Center’s work on your activities?)

General Arena of Impact	User’s Position & Sphere of Impact	Use & Impact
<i>Policy</i>	University Prof./Director National Center	Working with state to develop legislation and policies. In doing this, incorporate materials from the Center and consult with Center co-directors
	Assistant Superintendent, State Department of Education	State summit very much on target as state superintendent recognizes the importance of learning support branch and has integrated it into the learning and curriculum division. Sees how learning support connects with NCLB and raising test scores.
	Community Mobilizer, Urban School District	City voted on a levy linking schools and community resources; Center co-directors provided support and materials used to impact information provided to pass the levy.
	Consultant, Office of State Assembly member	Introduced assembly bill that will establish process for schools to improve learning by establishing learning support in schools. Worked with the Center to write the proposal and brief Assembly members. Center’s extensive knowledge of the subject matter extremely important to legislative consultants that are working to create policy.
	Consultant, Strategic System Development, State Department of Education	Working with Center co-directors in the design stage of a multiagency statewide initiative around student support. Involves over 100 stakeholders at state, regional, and local levels. Includes state Collaborative for Youth Development. Center brought expertise to think “outside the box” effecting how things are being designed, what interferes with learning, and creating mechanisms to track outcomes.
	Director, Health/Mental Health, Urban School District	Center materials being used in implementing counseling, health, and mental health standards.

⁵“Strategic” users are defined as those who use the Center to help them move forward in a systematic manner with initiatives relevant to enhancing mental health in school and developing comprehensive approaches to address barriers to learning and promote healthy development.

Policy (cont.)	Manager, Psych. Services, Urban School District	Center materials raised awareness in shaping the process of writing the goals and objectives for school psychologists. Got teacher agreement that if they are receiving funds for at-risk children then there will be funding for social work mental health, and nursing staff as well.
	Project Director, Safe Schools/Healthy Students, Urban School District	Have seen increased support as the “barriers to learning” concept is embraced by those in leadership positions. This has influenced policy work and efforts at resource mapping. Have modified some of the policy work the Center shares from other locales to fit our school district. These efforts have helped to focus those involved and have helped make for better relations between programs in the school district.
	Director, Student Services, State Department of Education	Statewide summit was a timely and impactful next step in moving efforts forward with respect to new directions for student support. Currently taking steps to get this message into state policy. Have drafted language for key education policy statements for the State Department of Education Commissioner. Important for pulling student support efforts together and advancing the agenda for new directions. Also being integrated into the Governor’s Children’s Agenda, with its emphasis on school-community agency collaborative support.
	Director, School Mental Health Program, Department of Mental Health	We are working on a systems level of change with 30 public schools. We are helping folks think differently about ways to help higher risk families and students to succeed and to stay in school by decreasing barriers to learning. Center resources have had an impact on our work by the way we use the term “barriers to learning.”
	Director, University based National Research Center	The Center has raised awareness and consciousness of mental health problems affecting youth, created an inclusive process bringing people together to address issues, and probably influenced educational/healthcare system change and change in guidelines.
Training/ Technical Assistance/ Research	Asst. Deputy Dir., Children’s Serv. and Prevention, State Dept. of MH	It has helped to have Enewsletters to sustain the expertise of the regional action network members in promoting mental health and school collaboratives.
	Program Coordinator, Mental Wellness, National Association	People like the ideas of addressing barriers to learning. Teachers are interested in the mental health issues. The Center is an invaluable resource. Uses the materials as a resource when working with others on school climate and the mental health of school staff.
	Assist. Director, Guidance and Related Services, Urban School District	As part of the Safe Schools/Healthy Students grant, 5 school developed a learning support framework. Have added 7 more schools. Use Center materials and literature to support this work. Share website with school so they can access support materials. Pass out Center materials, forms, and documents on student support to District staff.
	Chair, State Chapter, National Student Support Association	Creating a CD of MH resources including materials from the Center which will be available to school staff.
	Support Services Consultant, State Department of Education	Following up on Center training at summer institutes, have now created training modules to increase schools’ capacity to address barriers to learning and increase learning support. Use “Enabling” concept. Training modules have been well received and proved to be very helpful. Share Center’s website with other in the field because of the volume and quality of the materials. Center’s emphasis on linking addressing barriers to academic achievement very helpful.

Training/ Technical Assistance/ Research (cont.)	School Psychologist, Native American School District/ National Consultant	Center co-directors have conducted annual workshops for past two years with follow up consultation. Have provided materials. Those attending workshops have been pleased with impact of the work. Print materials from the website. Used Center concepts in securing a Safe Schools/Healthy Students grant.
	District MH Coordinator, County School District (rural)	Center co-directors very helpful in providing training to the staff and consulted on how to articulate strategies to “sell” the program to the Superintendent when the initial grant ended. Local district now funding the program. Program based on Center’s learning support frameworks. Have impacted the administration, which is critical, as well as impacting students, parents and community.
	Consultant Broker, Safe Schools/ Healthy Students	Used the website and consulted with Center co-directors by phone, through email, and in person about sustainability. Worked together with grantees. Center presented at annual conferences and developed products on sustainability. Has had a lot of impact with grantees.
	Interagency Mental Health Specialist, State Department of Education	Center co-directors provided a state summit that helped people look beyond their programs to see how they all connect. Discussed coordinating between systems and resource mapping. Information distributed to staff at state department and University. This led to initiative for improving access of mental health in schools. Leaders in the state are looking at how to coordinate this work.
	Director, District MH and Wellness Initiative	Extensive consultation from the Center (phone, email, in person). Using Center frameworks in developing roadmaps and plans. Use Center resource guides and their information from other districts and states so we don’t have to reinvent things.
	Executive Director, National Technical Assistance Center	Used the Center materials to assist in planning; shared these resources with grantees. Website was very helpful for accessing materials and information. Center co-directors provided support and information at regional and national meetings and through topic conference calls. The Center has had a very significant impact on this work. Center materials were very well received and grantees have sustained their work. Center is an excellent partner in providing information and help to grantees.
	Director of Education Initiatives, Children’s MH Alliance	Center provides support in our work on a collaborative effort with regional administrators around systemic change and state development. Doing leadership infrastructure training on student support and writing grants. Documents from the Centers website very useful in making the case for addressing barriers to learning.
	Center Director, National Technical Assistance Center	Working with the Center as technical support. Use Center website materials as technical support for grantees. Review the ENEWs for resources. Direct grantees to the website. Center co-directors have conducted workshops for grantees.
	Chief of Staff, Urban School District	Center Co-directors have done several in service training sessions. The district uses a framework based on the enabling component. Use center materials as support for this framework. Center’s work is used by a lot of people in the district. Distribute copies of materials and use website extensively. Center presentations very respectful to the level of understanding of their audience.
	Consultant, Safe Schools/Health Students Communication Team	Center co-directs provide a good context on how the violence prevention and mental health initiative fit under the umbrella. The Center provides the tools necessary to demonstrate to school boards why mental health is important in schools and links mental health with the good grades, improved classrooms, etc. Center co-directors have been mentors to myself and my colleagues. Center have provided information that allows me to convey the message to promote mental health in schools. I quote the Center’s work on a daily basis.

Training/ Technical Assistance/ Res. (cont.)	Director, MH and Special Programs, Regional Foundation	The workshops and summits that are conducted by the Center have made a positive impact on attendees. Used Center concepts in working on a federal grant with the school district. Evaluation showed positive outcomes.
	University Prof/ Director National Center	Materials from the Center is passed on via our newsletter, website, and listserv. Used in training school staff. Goes out to over 10,000 people on our listserv, along with being sent to other listservs we support in our state.
	Asst. Superintendent, State Department of Education	Center staff very generous with their time and are national leaders in student learning support. When we raise issues (such as building on strengths and assets) the Center modified materials to address these issues.
	Community Mobilizer, Urban School District	Center co-directors presentations allowed us to build a vision around the concept of barriers to learning. Provides effective fuel for getting people to talk about issues and start planning. Materials from the Center provided specific support for mobilizing planning teams throughout the district in building collaboratives.
	Director, Health/Mental Health, Urban School District	Receive a lot of guidance from the Center by using resource materials and direct assistance from the Center co-directors. Use of Center resources has helped staff in their consultation and prevention services.
	Manager, Psychological Services, Urban School District	Have disseminated Center resources and attended summit meeting. Focused my thinking on the barriers to learning concept. All of our staff keep close tabs on Center resources.
	National Consultant, Training and Technical Assistance	Use the Center as a resource. Use the clearinghouse and publications. Refer others to the website and center resources. Greatest impact has personally been on me. The concepts and ideas have been most helpful in sharing my ways of thinking about support services and mental health in schools. Center does a great job in sharing information. Like the focus on policy and standards so we will not be marginalized.
	Project Director, Safe Schools/Healthy Students, Urban School District	Center co-directors came to present. Have referred people who are interested in best practices to the Center resources. Resources are very accessible to teachers and staff and that is very helpful. Like the newsletter and the email listserv. Have used information on resource mapping and data collections. Have used presentation tools and packets. Have referred others to center resources and website, including distribution of materials. Talking to the center by phone has been very helpful.
	Technical Assistance Specialist, National Center	The link to the Center's website is very useful in providing technical assistance. The resources provided by the website are positive and easy to access. The Center also has many useful tool kits. The newsletters are very helpful because they provide a wealth of information. Funnel this information to other people and organizations who can benefit from them (e.g., project sites with federal grants, state-level leaders). The sustainability models and tool kit were very helpful in explaining how to implement student support services in schools. Material is very understandable and manageable. Help others to develop their own tool kits and materials.
	Project Director, State University	Center co-directors were faculty members in our training services "Addressing Barriers to Learning." They developed part of the curriculum for the "Trainer to Trainer" module. I am also using Center resources for the module aimed at facilitating change and the change process.

Training/ Technical Assistance/ Research (cont.)	Learning Support Consultant, School Reform Scale Up	The Center learning supports framework has helped in pursuing education change. The Center has helped through its resources to explain the learning supports component to schools. The Home Involvement piece of the six curriculum areas is very helpful. The Center provides a road map of what to do and a framework to do it in. It's helped with the organization and resources management. Use materials on resource mapping and other material from the Center's website, including the New Ideas for each month and New Directions for Student Support.
	Program Director, School Program, Department of Mental Health	I receive the newsletters and enews and print them out. We use several packets specifically to help us approach how to talk to the school systems and help influence ways of thinking. The material is useful in helping us to articulate to educators and policy people how to address barriers to learning. The materials help to frame a way to talk to them. The Center has a lot of information to share and it has been helpful.
	Research/Evaluation, State University	I am an evaluator and provide national technical assistance to federal grantees and school districts. In doing this, I use the Center tool kits and website. Share these resources with others through workshops. Having direct access to Center co-directors has been very helpful.
	Director, Learning Support Services, Urban School District	Attended the national summit on New Directions for Students Support. The information received has been useful in creating resources for the task force she created for the District's No Child Left Behind initiative. She loans out Center information to school staff.
	Education Specialist, State University	Center co-directors helped with the vision of what was possible for the state's student support component. Staff acquired knowledge and skills through the Center's resources. Have used Center assessment tools so that staff could assess the school and come up with an action guide. Have the co-directors come out for training and be available for follow through made us feel that they were part of the team.
	Director, University based National Research Center	Used Center's research to identify gaps in adolescent health and mental health and in policy and areas for more research. Also in reviewing the Center's research and analysis of data have saved time and avoided duplication of work. Center is an excellent resource. There would be a big gap if the Center was not around.
Capacity/ Infrastructure/ Network Building	Asst. Deputy Dir. Children's Services, State Dept. of MH	Using the Center's approach to promote public mental health systems collaboratives; integrate mental health in schools.
	Program Coord., Mental Wellness, National Association	Center is an invaluable resource. It does a great job of networking and is a model that others can use in public education.
	Assistant Director, Guidance & Related Services, Urban School District	Center helped improve teaming (collaborating) with schools. Principals are now asking for this support in their schools. Have seen an impact in that it brings together student support services under a common umbrella. Biggest accomplishment is that it built stronger teams at the school, they make better use of their time. At the district level, it helped bring leaders together and increased collaboration. One of the greatest impact was that it centralized committees. Maximizing resources to the best of our ability.
	School Psychologist, Native American School District/National Consultant	Center impacted the school staff and has changed the view of the need to address barriers to learning. A committee was formed called "Re-engaging Students" that meets to talk about what needs to happen to get students more engaged and actually engaging them. A study group was formed and the community is involved. We wrote a federal grant and used Center materials for that.
	Consultant, Support Services, State Dept. of Ed	Center resources and presentations on how to coordinate systems and map resources got people to look beyond their own programs to see how they all connect.

Capacity/ Infra/ (cont)	Director, District MH and Wellness Initiative	Used Center materials and consultation related to school teams and advisory board for the initiative. Deepened the work to include resource coordination.
	Director, Education Initiatives, Children's MH Alliance	Working with framework on addressing barriers to learning facilitated networking with others. Center has been one of the places reaching out to others to effect change.
	Chief of Staff, Urban School District	Center provides conceptual framework and benchmarks to use as they develop their own framework. Helps improve use of existing support staff.
	Consultant, Safe Schools/Health Student Communication Team	Use Center information for proposal for a national campaign. Proposal anchored on message of addressing barriers to learning. Helping school districts use this information in their communications to school boards. Focusing on sustainability.
	University Prof., Director National Center	Impact is seen in how others are starting to view issues of mental health support. This includes legislators, policy makers, and practitioners. Center provides innovative, creative thinking on these issues. Like the activism the Center provides and the collaborative, proactive, and responsive nature.
	Assistant Superintendent, State Department of Education	Center has provided a basis for state and national dialogue about learning support. Shows that others are interested in this issue. State department staff present this information to district and county leadership when they present the learning support model.
	Project Director, Safe Schools/Healthy Students, Urban School District	Trying to get resource mapping off the ground. Receive lots of support. Have collected data and have resource coordinating team with district staff and stakeholders all using a common data collection tool.
	Technical Assistance Specialist, National Center	Using Center frameworks to help others organize and manage their programs in schools. Looking at what support networks are in place and how to best utilize them.
	Project Director, State University	Working on a project for public school personnel across the state focused on MH in schools. Program is named "Addressing Barriers to Learning." Taken from the Center's materials. Program is a 10 module training series and online resources. Center co-directors are faculty members in the services and developed curriculum. Present information on this and on the Center at various statewide conferences.
	Consultant, Learning Supports, School Reform Scale up	Go to various schools in several states to work with staff on the learning support component. Center frameworks and support have been very helpful in doing this
	Director, Student Services, State Department of Ed	With Center input and support over several years, now ready to pull steering and work groups together to advance the initiative for New Directions for Student Support. Allied with various state organizations for student support staff who will be major contributors. Focus on delivering training at the local level related to student/learning supports. Pleased with the contribution the statewide summit made and looking forward to playing a leadership role in steering folks in new directions.
	Assistant Superintendent, Student Support, State Department of Education	Work on integrating learning support problems and support services with the community and students. Creating a broader school support curriculum. Maker and work done with the Center have provided a framework to support this effort.

Capacity/ Infra/ Network Building (cont.)	Consultant, Strategic System Development, State Department of Education	Working with the Center to design a statewide initiative around student support. A state consultant has integrated the learning support model into his statewide training or trainers, so it is being disseminated now. Working with community groups to organize around a learning support model.
	Director, Learning Support Services, Urban School District	Pulling together resources to create a task force to implement this problems. Task force consists of nurses, guidance counselors, and psychologists. Information from the Center and Summit used to form the task force agenda.
	Education Specialist, State University	Partnered with Center and State Department of Education in forming comprehensive student support component. Put out publications on “what works” and conducted a certificate program for staff working on the component. Put out videos for teaming.
Programs/ Practices	Manager, Psych. Services, Urban School District	Now using more evidence-based techniques and talking about barriers to learning at meetings; concept resonates with people.
	Assistant Superintendent, State Department of Education	Use of program organizers and facilitators came about by working with the Center.
	Director, District MH and Wellness Initiative	Deepened the work of the case management team to include resource coordination. Have been working with community partners. Have started focusing on classroom support models, resource mapping, and strategic resource coordination. Have a site coordinator at each school. Teams look at ways to minimize types of frequent referrals by making classroom/school level changes. Monthly steering group (administrators, teachers, students, and parents) look at logs from weekly meetings, make priorities, decide on next steps, focus on vision and where/when to bring in partners. Currently working of developing tools like resource cards categorized by referral question. Have an advisory board of people from the state, district, policy, school, university.
	Chair, State Chapter, National Association	The Center facilitated Mental Health in Schools Policy Leadership Cadre outlined 5 ways to deliver MH in schools. Use the list to talk to school board and start a program to bring a MH coordinator on board to arrange for facilitation to bring student back from placement. With support and information from the Center, members of the team were able to form a “discharge protocol” for children. Given opportunities to discharge successfully make the process of integration back into the school and community system more successful.
	District MH Coordinator, County School District (rural)	Developed a Learning Support Team which consists of an administrator, guidance counselor, school nurse, school psychologist, teacher and learning support specialist. Function of the team is to address barriers to learning for students, e.g., bridge the gap from school to home; outreach to community agencies and parents; identify resources for students, gather data and analyze how to make the district better. Goal is to reallocate funds to build the program into something larger.
	Director, MH and Special Program, Local Foundation	There is an understanding of the basic underlying framework and the three components system (instruction, management, and learning support). Use this system for service coordination and also use the 6 areas for intervention (classroom, crisis prevention, transitions, home involvement, community outreach, student and family assistance). We have used the survey related to these areas to find out what services schools need.

Programs/ Practices (cont.)	Director, School Program, Department of Mental Health	The Center's resource have had an impact on our work by the way we use the term "barriers to learning." We have disseminated fliers and promoted the program. Everyone who has been given the information has been very receptive to the idea of addressing barriers to learning since they see how it affects academics. They were reluctant when we presented the program as a mental health program because of the stigma, but now that we have framed it in a way that they know addresses academics, they support the program more.
	Research/ Evaluation, State University	We are in the process of restructuring student support services based on a system reform model from the Center. We are also measuring some of the constructs through surveys and ethnographic research.
	Director, University-based National Research Center	The Center has been very useful as a role model for our Center. The evaluations done by the Center on how the Center is being used has been a good example for us and we have adopted the methodology as a way to evaluate our center.



Table 17 summarizes the interview responses from the sample of strategic users (see data on the sample in Table 7). Strategic users are defined as those who use the Center to help them move forward in a systematic manner with initiatives relevant to enhancing mental health in school and developing comprehensive approaches to address barriers to learning and promote healthy development. The responses are categorized with respect to four major arenas of impact: (1) policy, (2) training and technical assistance, (3) capacity, infrastructure, and network building, and (4) programs and practice.

Of the 50 strategic users identified for the sample, 39 interviews were completed by phone or by email. They offer responses from leaders across the country (e.g., CA, DC, FL, IA, ID, IN, KY, MA, MD, MN, NC, NJ, NM, NY, PA, TX, VA, WA, WI).

The latest impact study indicates an escalating impact in all four arenas. Policies are being shaped that are keyed to major systemic changes related to how schools and communities provide systems of learning supports. All this is seen as encouraging broadened approaches to mental health in schools. And, the respondents continue to report that the Center's work is providing direction and guidance for enhancing ongoing efforts and generating new ways of understanding system, program, and person problems and addressing them. They express appreciation not only for the impact of the many resources available from the Center (and especially the website and ENEWS), but also for the conceptual work as encompassed in those resources (including the many published articles and chapters) and the strategic work around the country. Special appreciation is expressed for the umbrella concepts of "addressing barriers to learning" and developing "a comprehensive system of learning supports" (e.g., an enabling or learning supports component). And, special note is taken of the impact of the statewide summits, the leadership institutes, and the National Initiative for New Directions for Student Support.

Specific examples highlight: establishment of new vision for helping students; creation of policy and design for learning supports; creation of Learning Support Teams; district realignment to better meet MH needs and provide supports; state legislation proposed; use of guides, tool kit, and resource materials to promote and facilitate school improvement planning, infrastructure and systemic changes, program development, capacity building, sustainability, and leadership training; information dissemination and facilitating info diffusion; establishment of national, regional, and local networks.

Table 17. Strategic Users Impact Interview Data

As with the previous impact studies, the key interview responses of interest were for the following questions/probes:

- *What happened as a result of your contact with the UCLA Center?*
- *What impact have you seen as a result of using Center information? (“By impact, we mean having an effect on enhancing the work you and others are doing.”)*

(Examples of probes – “Did it have an impact on your work?” “The work of others?” “How did you use the information?” “Did you disseminate any of the information? To whom?” “If you disseminated the information and resources to others, what happened as a result?” “How or what was there an impact on and how significant has the impact been?” “Is there anything else you can tell us to help describe the impact of the Center’s work on your activities?”)

General Arena of Impact	User’s Position & Sphere of Impact	Use and Impact
Policy	Director, District Student Support	Used information for district wellness policy
	State Department of Ed, Special Ed Speciality	New Directions for student support materials used in cross-agency group to establish practice standards
	District Student Support Director	Used Center materials to work with colleagues and supervisors to realign student support services; a guide on what student support should look and how to integrate student support with instruction. Worked on a state Task Force to adopt these concepts.
	Safe Schools/Healthy Students Initiative Coordinator, County District	As a result of Center training, we created a policy for Learning Support Teams; Center materials used to enhance and create policy
	Student Assistance Program District Director	As a result of attending Leadership Training on New Directions for Student Support, district is heading in new direction; decided to realign to better meet the mental health needs of the students.
	State Area Education Agency Support Staff	The state has made extensive use of the Center in helping reframe how learning supports could be organized and executed in its system of universities, department of juvenile justice, drug treatment services, department of human services, vocational rehabilitation, AEAs and LEAs. One of the AEAs now has a long range agency-wide goals for supporting learning supports.
	District Special Education Director	State Summit on New Directions for Student Support led to changes in support program policies, especially as they related to behavioral support programs. It also had an effect on starting to develop programs for the general education component related to support services.
	School Board Member, District	As a policy maker on the school board, I asked the Center to help roll out framework for school and community partnerships.
	Education Programs, State Department of Education	Policy development through state legislation that Center worked on with the state department

Policy (cont.)	Assistant Superintendent, District	Used Center materials in developing policy around students that are on the margin but not classified for special education. Systemic ways to address problems.
	School Mental Health Project Dir., State area health education	Center impact was seen on the statewide plan for school MH and played out at state and local level.
	President, state association for student assistance	Used Center materials for system change and strategic meetings with superintendents, policy makers, and politicians. Using idea of cost benefits of early intervention to motivate work toward change.
	District Director, Health/Mental Health	As a member of senior leadership in the district, I have used Center concepts to identify mental health initiatives as priorities.
	Senior Research and Policy Specialist, state research bureau	Invited Center co-directors to present to policymakers. I rely on them for expertise on mental health and school issues. As a direct result, legislation on schools and mental health has been introduced in the state assembly.
	Research Associate, University Center	A major school district in the state is using Center concepts to restructure programs and approach.
	Learning Supports, State Department of Education	Center co-directors helped us to develop a learning supports framework and design. We are now at initial implementation. We have distributed the design documents widely throughout the state.
	Integrated Resources Planning, District	Our superintendent attended the state Leadership Institute, she then changed the School Improvement Plan to include addressing barriers to learning and using the component framework to measure change over a three year period in the schools.
	Assistant Superintendent, District	Following the state Leadership Institute, we had a strategic planning session. The school board has agreed that we will now have an assistant principal of learning support at each school
	Director, Student Services, District	Have now developed clear goals and objectives, strategies related to the six areas of the learning support framework.
	National leader and consultant for student support	Used resources with my students who, in turn, use the materials regularly for consultation in schools; your ideas have been incorporated into my national leadership role for student supports and in every presentation I make - so who knows the true impact but I suspect large!
Training/ Technical Assistance/ Research	Director, District Student Support	I attended Center Summit and Leadership Training. Center co-directors came to district multiple times (i.e. to meet with administrators, to work with district wide student support committee, to meet with Pupil Services Consortium).
	Director, School Services, City Mental Health Agency	Disseminated Center materials to colleague; feedback is that they are of high quality and very comprehensive.
	State Department of Ed, Special Ed Specialist	Used website materials on screening and on new responsibilities for support staff; Center materials support us 100%; terrific resource for national level; listserv is great
	District Student Support Director	Center website is first stop for information on mental health in schools. When others need information, I refer them to the website. Use Center materials for presentations. Call Center to talk with staff for support and advice on MH related issues. Center Co-directors presentation at state Safe and Drug Free Schools conference made a big change on how the state addresses student support.

Training/ Technical Assistance/ Research (cont.)	Exec. Director, National Center for Health Policy	Monthly ENEWS is full of interesting articles and resources; use Center materials for training and professional development
	Professor, School Psychology, State University	Use Center materials for university classes and encourage students to visit website and download and read materials.
	Safe Schools/Healthy Students Initiative Coordinator, County District	Used Center materials for staff development; training for new staff. Materials helped create the vision for the expansion of the program. Wonderful resources available to aid in school based mental health programs.
	Student Assistance Program, District Director	Center is a great resource; has had an impact on my job; helps me to look at things differently.
	Exec. Director, National Student Support Organization	Disseminate Center information to members; great resources, especially info and supports to guide school leaders.
	State Area Education Agency Support Staff	I consult with the Center by email, telephone, and onsite training. Center always willing to help and provide valued ideas. Share literature, position papers, news briefs. Center's continued efforts to contribute to the professional literature is remarkable and highly valued. National presentations/communication have been of monumental importance in challenging how people think about integrated services (school and community) in order to achieve a common cause (learning supports for children and families). This impact is achieved strategically by working with state, national organizations, system level consultation, and a high quality and relentless outreach communication effort.
	District Special Education Director	Use material from the center in working with guidance counselors and in presentations.
	District Office of Student Services, Assistant Director	Center staff extremely responsive when we ask questions or need information. Have disseminated the info to schools and school partners in ongoing opportunities for professional development.
	School Board Member, District	Center provides assistance for district's mental health in schools grant from the U. S. Department of Ed. Center joined district-city presentation at state school board conference.
	Director, Student Support/Exceptional Students, County District	Attended Leadership Training and used information for retreat with my staff on system for student supports. Very pleased with resources and responses to requests. Listserv is helpful.
	State Department of Ed, Support Services	Center has provided materials we share in our presentations.
	Education Programs, State Dept. of Educ.	Center listserv helps to provide a wide range of information to our school districts.
	Assistant Superintendent, District	Have had extensive interactions with the Center, use Center materials for staff orientation and development and disseminate information to others, refer people to the Center.
	School Mental Health Project Dir., State area health education	Used MH curriculum developed by Center for on-line continuing education course. Use materials from the Center in presentations. Distribute web page at presentations.

Training/ Technical Assistance/ Research (cont.)	President, state association for student assistance	Information from State Summit and Leadership Training and Center materials used in presentations and shared at state conferences. Refer others to website and materials
	State Department of Ed, Director of Student Services	Distribute Center research and handouts at state conferences.
	District Director, Health/Mental Health	Center materials help guide the work of the department. Document on standards in mental health has helped in meeting district needs.
	Senior Research and Policy Specialist, state research bureau	Consult Center website frequently and consider the Center my major resource of mental health in schools.
	Communications Coordinator, University Department of Pediatrics	Use Center materials and resources in newsletter and when working with others. Refer others to website and try to raise level of awareness of Center as a resource
	Interagency/MH specialist, State Department of Ed	Use Center resources and information in work on mental health in schools. Use materials for reference and guidance.
	Research Associate, University Center	Center materials, such as the Toolkit, help in working directly with school district. Center frameworks used in a wide range of schools related to readiness to learn and system change.
	School Improvement, State area educational agency	Disseminate Center materials to area educational agency staff, to 33 school district in seven counties, to schools, local education agencies. Center co-directors planning to provide onsite training 4 times over the next year. Good information on the website.
	Middle School Support, District	Center co-directors provided onsite presentations. We are meeting with specific schools and developing a template for how to move forward. Also accessed website and listserv materials related to Katrina evacuees for district resource packet.
	Learning Supports, State Dept. of Educ.	Center co-directors have guided out work and will be on site to assist with staff development over the next year.
	Educational Consultant	Use Center frameworks and materials for staff development and in consulting
	Integrated Resources Planning, District	Use Center materials, website, books. Each of our schools has a set of the Learning Supports books which consolidate all the information in one place. Having the research base is helpful.
	Assistant Superintendent, District	Since State Summit two years ago, we have used Center materials to develop learning supports in the district and at each school. Using Center materials and concept of Learning Support to write a federal school counseling grant.
	Director, Student Services, District	Center materials on learning support frameworks and examples from other states shaped our approach in promoting the work at schools in phases.
	Vice-President, national mental health organization	The Center staff and resources and analysis of the state of school based mental health and its impacts on access and quality of care have been invaluable in creating training tools for our affiliates and in developing legislative briefing materials for state and federal legislators.

Training/ Technical Assistance/ Research (cont.)	Supervisor, District Special Education	Use information from Center website and emails to share with staff members.
	Professor, Education Leadership	Center resources have been invaluable in assisting me to promote a new philosophy of student support in my state. I have used the materials to present to several groups (international, national, and local). I have also published an article using center materials. I use Center materials in my teacher preparation classes, principal preparation classes and superintendent certification classes. Students are invariably interested and want to know more.
	Director, National TA Center	Shared information and materials with grantees during TA; used information and materials as resources for product development re: improving practices, enhancing policy, capacity building, infrastructure development, and to enhance our newsletter – terrific resources.
Capacity/ Infrastructure/ Network Building	Director, District Student Support	Resources used to strengthen support staff at school; resource mapping and gap analysis process led to expanding support services. Developed a Pupil Services Consortium.
	Director, School Based Services, City Mental Health Agency	Center materials and training have improved collaboration.
	State Department of Ed, Special Ed Specialist	Center resources used to do school mapping with children’s MH personnel, teachers, special ed, counselors, social workers, principals, and school leaders.
	District Student Support Director	Use Center mailings and listserv materials in discussion with colleagues and supervisors to initiate focus on addressing barriers to learning in a more holistic way.
	Exec. Director, National Center for Health Policy	Center facilitated exchange of information with network of adolescent health coordinators
	Safe Schools/Healthy Students Initiative Coordinator, County District	The resource enabled us to sustain and build capacity with a new grant and this has allowed us to hire a full time Learning Support Specialist at each school
	Student Assistance Program District Director	As a result of Center training, our district is restructuring the way we do thinks; we are taking a new approach.
	Exec. Director, National Student Support Organization	Our organization is part of the group that participates in Center’s coalition. Good vehicle to create homogeneity among professionals; what we say and how we say it. The longevity and continuity of the leadership of the Center has been a real attribute.
	State Area Education Agency Support Staff	Center resources support the dissemination of ideas and provides an important vehicle for continued attention to the concept of interagency collaboration, resource management and infrastructure development. AEA added two learning support specialists to strengthen the infrastructure and advance the work and commitment to progress in this area. Center communication has moved my thinking about school-community partnerships to a new level of collaboration; a new way of functioning across organizations. It is system change at the highest level.

Capacity/ Infrastructure/ Network Building (cont.)	District Special Education Director	State Summit helped unify and build collaboration among staff from different areas. Helped in working toward cutting down duplication of services and bringing together different service groups and centralizing programs. Awareness of policy change translated via staff development created greater capacity building among staff.
	District Office of Student Services, Assistant Director	Center communicates what other school districts are doing which confirms our work.
	School Board Member, District	Work with Center helped to create a common vision so different organizations can work together.
	Director, Student Support/Exceptional Students, County District	Center provides a common framework for conversations for change
	State Dept. of Educ., Support Services	We use Center materials to speak to different constituencies and to focus on the connection between student support and academic achievement.
	Education Programs, State Department of Educ.	Good collaboration between the state Department of Educ and the Center. Most of the schools on the listserv pay attention and are more receptive. School districts try to use Center concepts, especially schools with high priority focus on dropout.
	Assistant Superintendent, District	Use Center materials to integrate services. Use with the national organizations, state department, and state associations.
	School Mental Health Project Dir., State area health education	Share Center materials at the state school based mental health subcommittee which collaborates on children and family issues. It has influenced how they look at MH services, moving from a very narrow view to talking a broader approach.
	President, state association for student assistance	Using Center materials and concepts to start networking and connecting various groups of administrators and providers. Center material on systems change led to meetings with politicians and superintendents to deal with issues of interconnecting schools.
	District Director, Health/Mental Health	Center has been helpful in the department learning how to collaborate better with school based health/mental health centers. Impact includes an increase in more coordinated efforts.
	Communications Coordinator, University Department of Pediatrics	Center's participation in national initiative has helped in increasing communication among the participants (e.g., developing listserv, providing leadership).
	Interagency/MH specialist, State Department of Ed	Center has established a national forum for linking the community with matters related to mental health in schools.
	Research Associate, University Center	Use the Center frameworks, local district is forming work groups and plans to implement.
	School Improvement, State area educational agency	Working on mapping resources and systemwide change for buildings and for districts.
	Middle School Support, District	Center frameworks helped department think systemically at school and district level for working together in a more interdisciplinary way. Helped with collaboration. Integrating learning supports and academics.

Capacity/ Infrastructure/ Network Building (cont.)	Learning Supports, State Department of Education	Center staff working with area education agency learning supports teams and with local districts
	Integrated Resources Planning, District	Center co-directors began working with us through a Community Initiative of policy makers and leaders. We have continued with effective strategy. We have developed learning support resource teams in K-8 that are mapping resources. We are working on system changes together. Center has helped us engage members of school board, superintendents, and mayor.
	Assistant Superintendent, District	Bringing together teams at the Leadership Institute deepened understanding of the possibilities for students. Team members who attended have new energy for mapping next steps. We are applying for a grant based on a coalition called the Youth Roundtable. We will use the Learning Support framework as our research based program. My Superintendent has asked me to write a proposal to the state School Boards Association to present how we have implemented the Learning Support component in our District.
	Vice-President, national mental health organization	The knowledge the Center adds to the field extends beyond best and promising practices in service delivery. The Center's analysis of the challenges and benefits of developing, funding, and sustaining school based mental health is extremely useful to policy makers in making decisions about how to make the best use of shrinking resources.
	Supervisor, District Special Education	We use Center materials to look for ways to use staff more efficiently and get staff members to think outside the box in order to service the students and families in our district.
	Professor, Education Leadership	As a result of my presentation to a school district, the district is re- thinking their approach to student support. At the national meeting, many participants indicated they would take the information back to their school districts.
Programs & Practice	Director, District Student Support	Used Center materials in developing a team-taught ninth grade health education course
	Director, School Based Services of Mental Health Agency	Center resources and training have had an impact on language that is used.
	State Department of Ed, Special Ed Specialist	Have been able to improve practices in the full spectrum of MH, instead of just problems; more options for students
	Exec. Director, National Center for Health Policy	Center work provides greater visibility to mental health in schools and strengthens professionals' commitment to this work.
	Safe Schools/Healthy Students Initiative Coordinator, County District	The Center work is having an impact on many, many children.
	Exec. Director, National Student Support Organization	Center came up with resources that were right in synch with our conference of the future for our student support members.
	State Area Education Agency Support Staff	Center materials have been catalytic to our work to implement a statewide and local learning supports framework. The impact has been dramatic.

<i>Programs & Practice (cont.)</i>	District Special Education Director	Result of State Summit was system of care changes; greater communication and collaboration among regular and special ed staff.
	School Board Member, District	Center helps to identify best practices for mental health in schools.
	Assistant Superintendent, District	Use Center materials to include kids on the margins in all services, deal with issues in classrooms.
	School Mental Health Project Dir., State area health education	Beginning to use the Center materials and approach with local district and their planning processes around mental health in schools.
	President, state association for student assistance	Center materials helped in using the power of school districts to leverage MH services in the districts.
	Communications Coordinator, University Department of Pediatrics	Impact of the Center has been on elevating the role of MH in schools in a variety of settings. These include state level staff, Federal partners, professionals working in the schools, and community builders.
	Professor, Education Leadership	I presented the Center material to our educational service center executive director and she is using them as a piece of a program she is putting together.
	Integrated Resources Planning, District	We are beginning to do training for administrators in the district on resource teams and show results of learning supports.
	Director, Student Services, District	Developed a climate survey that has advanced the work
	Learning Supports, State Dept. of Educ	Learning supports is now included in the accreditation process for schools and in accrediting the area education agencies.

Updated Examples of Impact and Responses from Brief 2007 Survey

As is clear, evaluating the impact of a national center for policy and practice analysis is a complex matter. Related to our focus on enhancing mental health in schools, the route to having an impact on policy and practice begins with insightful analyses of policy, practice, research, and training. The next step involves wide dissemination directly and through various training and technical assistance delivery mechanisms and the development of networks. This blends into strategic efforts to create readiness for systemic change (e.g., in terms of enhancing motivation, capability, infrastructure). Readiness is followed by prototype design and initial implementation of changes, sometimes with a circumscribed focus and sometimes with the intent of making large-scale systemic changes. Eventually, the focus shifts to institutionalization (sustained change) and renewal.

As the evidence presented throughout this Evaluation of Impact report indicates, our products and processes have been highly effective in moving through the first phases. By now, we already have and are continuing to devote considerable energy to creating readiness for systemic change and are focused on design and initial implementation in various venues.

As an update this year, we offer (1) some notable examples of processes and products that reflect the ways we are making an impact and (2) substantive responses from the field that convey impact.

Notable Examples

Each of the examples highlighted below reflects a significant accomplishment that already is having impact and will have expanding impact in coming years.

(1) *Reintroduction of Comprehensive Legislation in California.* State Senator Leland Yee has reintroduced a bill (SB 288) designed to establish a "*Comprehensive Pupil Learning Support System*" in California. See http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_0251-0300/sb_288_bill_20070215_introduced.pdf

Discussions with the Governor's office about funding have been initiated. The bill, formulated initially as a pilot, would require each participating school to develop a comprehensive system of learning supports as a primary and essential component at every school with a view to ensuring each pupil has an equal opportunity to succeed at school. The system is to be fully integrated into all school improvement efforts. It is to encompass a continuum of interventions that promote learning and development, prevent or provide an early response to problems, and provide correctional, and remedial programs and services.

Each school plan would be designed to enhance the capacity of classroom and school-wide programs to (a) address problems, engage and re-engage pupils in classroom learning, and foster social, emotional, intellectual, and behavioral development; (b) handle transition concerns confronting pupils and their families; (c) respond to and prevent crises; (d) enhance home involvement; (e) provide special assistance to pupils and families, and (f) incorporate outreach efforts to the community.

(2) *Expanding the Agenda for Hearings on the Reauthorization of the No Child Left Behind Act.* As is evident from the various policy and practice analysis reports the Center has produced, we are working to encourage inclusion in the Congressional reauthorization process discussion of the need for a systematic focus on learning supports to address barriers to learning and teaching. Our policy analyses have clarified the types of specific changes that should be considered. We are working with our networks to communicate to policy and decision makers about the need for this matter to be included as a major agenda item in hearings on reauthorizing the federal Elementary and Secondary Education Act (and also in state and local policy initiatives).

(3) *National Initiative: New Directions for Student Support.* This initiative provides the context for statewide and regional Summits and Leadership Institutes and has enabled us to establish a large network focused on advancing the agenda for change. Based on expressed interest, we generated and conducted (or have scheduled):

- >a Leadership Institute in CT in August, 2006
- >a Leadership Institute for the New Britain, CT school district in August, 2006
- >a session at a Leadership Institute for Boston Public School Principals in August, 2006
- >a State Summit in Washington state in September, 2006
- >a Leadership Institute for the Tucson, AZ school district in October, 2006
- >five Leadership Institutes in IA for three different Area Education Agencies – June, October and November, 2006 and another scheduled for April, 2007
- >a Leadership Institute for representatives of the San Diego County Dept. of Education in November, 2006
- >a State Summit in Hawai`i in March, 2007
- >a Leadership Institute in VT for April, 2007

In addition, we have had numerous follow-up interchanges to consolidate our efforts in states that have already indicated interest and activity. For the remaining states, we have initiated another outreach mailing.

(4) *Work with Scholastic Inc. on Rebuilding to Support Learning.* A highly significant indicator of our growing impact is seen in the work we are now undertaking in collaboration with *Scholastic Inc.* Several months ago we were contacted by the Community Affairs arm of *Scholastic Inc.* about doing a special project related to our focus on addressing barriers to learning and teaching. They saw this as a way for them to contribute to Gulf Coast recovery and school improvement in general. Based on initial discussions, Scholastic sent a VP and several consultants to meet with us at the Center. The meeting led to an agreement that we would prepare a special set of materials and conduct a series of Leadership Institutes for major organizations with whom *Scholastic* works (e.g., CCSSO and other high level policy maker and administrator organizations). Much of February was spent (a) preparing a working draft for the material to be shared through the Leadership Institutes and (b) revamping a tool kit to support efforts to rebuild systems for learning supports. The revamped tool kit is already online (see <http://smhp.psych.ucla.edu/toolkit.htm>).

(5) *Shaping California's Mental Health Services Act RFA for Prevention and Early Intervention as Related to Schools.* The work being done in relation to this Act will have an impact not only in CA but in many other states as they transform their MH systems and focus on the role of schools. Therefore, we have worked closely with the CA. Department of Mental Health as it prepares its proposed Prevention and Early Intervention initiative. The agency's current efforts have incorporated major facets of our Center's work. For example, they have used our work in developing their "Standards for Key Areas in Developing Systems for Prevention and Early Intervention." (See the MHSA PEI School-Based Program entitled, "Mental Health Services Act, Prevention and Early Intervention, Standards for School-Based Programs, Interventions and Systems, February 2007" online at www.dmh.ca.gov).

(6) *Work with Other Federal Initiatives.* Federal initiatives have a problem connecting with each other. Our Center and our sister Center have played a cross-cutting role with several major initiatives that have relevance for mental health in schools. For example, this year our Center:

>outreached and followed-up with the grantees receiving the U. S. Department of Education's *Schools and Mental Health Systems Integration* grants. In July, 2006, we hosted meeting of 10 of the 2005 grantees. We also contacted the new 2006 grantees and provided training and consultation with the San Diego County grantee and with the Washington County, OR, grantee and have provided technical assistance and facilitated sharing among the projects.

>continued to work with *Safe Schools/Healthy Students* initiative (e.g., did a teleconference with grantees through the EDC technical assistance center, provided TA in response to requests)

>worked to enhance the *National Initiative to Improve Adolescent Health* through participation in the work group structures related to partnerships and development of the prototype action sheet and through contributions to the e-newsletter

(7) *Work with School Districts and School-community Collaborative Efforts Geographically Close to the Center*. Nearby work enables us to do in-depth study of matters that are of critical relevance nationally. Thus, we have taken opportunities to

>continue to work directly with the Los Angeles Unified Schools District

>work with the Los Angeles mayor's initiative for schools.

>provide ongoing consultation to the City of Santa Monica, CA regarding vision, evaluation, funding of their mental health in schools program

>help frame the school-community collaboration in Berkeley, CA (as noted in their January 2007 report entitled *Integrated Resources Initiative, Schools Mental Health Partnership*: "In order to provide structure, direction and a shared theoretical approach to their work, the Berkeley Integrated Resources Initiative adopted the Comprehensive Systemic Intervention Framework developed at the UCLA Center for Mental Health in Schools.")

(8) *Call to Action Campaign*. All signs point to 2007 being the time for actions that can produce fundamental changes related to advancing mental health in schools and developing comprehensive systems for learning supports. Therefore, the Center initiated a call to action campaign. On July 21, the Center conducted a Leadership Institute for teams from major associations and education agencies to focus on how those in leadership positions across the country can mobilize school support staff to engage productively in school improvement planning and decision making. The session was designated as a "Call to Action . . . Student Support Staff: Moving in New Directions through School Improvement." See report online at – <http://smhp.psych.ucla.edu/summit2002/outreachcampaign.htm#call>

The initiative calls for pursuing the following three courses of action to move things forward:

>Participation at school improvement decision making and planning tables to ensure there is a sophisticated focus on new directions for developing a comprehensive system of learning supports. See <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/summer06.pdf>

>Communication with Congress about including discussion of a comprehensive system of learning supports as a major agenda item in the hearings for the reauthorization of the Elementary and Secondary Education Act (e.g., No Child Left Behind).

- See <http://smhp.psych.ucla.edu/pdfdocs/nclbra.pdf>
- See <http://smhp.psych.ucla.edu/pdfdocs/congress%20letter.pdf>

>Focusing the attention of Mayors on working with schools to help develop a comprehensive system of learning supports.

- See <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/winter07.pdf>

Substantive Responses from the Field

The following are the substantive responses received through email, online, FAX, and regular mail. We decided the best way to convey the information is simply to categorize and quote the essence of these responses.

I. Related to Policy

> “We have made use of the extensive materials and Policy Briefs available related to New Directions in Student Support. We will offer a Leadership Summit in April. In preparation for the Summit, we have used materials from the website and created informational materials to inform state (VT) stakeholders of the Summit and basic concepts of the framework for a comprehensive student support system.”

> “I am teaching a course on legislative mandates and policy for school counselors at the University of Scranton. I have decided to modify the web of support class for regular ed students and incorporate your work into the material.”

> “Center provided very helpful, timely and targeted information complete with a research base on a school-based strategy to meet objectives of a new state mental health initiative. (California Department of Mental Health). Should impact additional funds to school for mental health programs.”

> “Because of your summit for New Directions in Student Support, where several of our high level decision makers attended, a team has been working on examining our learning support resources and creating a framework of delivery that is more equitable for all students. The follow up leadership institute was the boost that got the team motivated and added to its membership. We use Center resources to keep us on track.”

> “Due to the leadership institute on new directions for student support, I have a greater sense of urgency regarding what must happen on the policy level and many ideas as to how we can catalyze systemic change at all levels. I am using Center strategies to reframe the approach we will use for our first meeting with the Superintendent.”

> “Building collaboration for mental health services in California schools: what will be built is an outstanding resource and analysis. It is a model of how to take the high road on public policy work. The insights are of crucial importance, as is the positive framing.”

> “There have been positive ripples due to your presentation that we are seeing within our agency and even at the Department of ED. One is the integration or embedding of Supports to Learners within our agency's 5 year improvement plan. We no longer have a stand alone goal for ‘Climate’, but LS [learning supports system] will be embedded into all of our academic action plans for our 2 goal areas. Secondly, I sense a new level of credibility when LS is presented or talked about at our administrative meetings. And thirdly, [the state department] has really become a stronger advocate for the integration of LS and they have proposed a new approach to the school improvement process to focus on the 3 domains of academic domain, leadership domain, and supports to learners domain. Our agency plan is following this format. So, you really helped us get jump started as an agency and as a state.”

II. Related to Capacity/Infrastructure/Network Building

> “The Center provides Indiana with an abundance of research which we find very valuable as we continue to improve the delivery of student services in our state. The Center is always willing to send us hard copies of materials that they have developed and that we wish to distribute. I am continually impressed with the speed with which the Center responds to our inquiries and requests for information. I believe that the primary impact has been to provide support and momentum to our state-wide initiatives. We are at the point where we are launching our first grant-supported student assistance pilot project in a metropolitan school district. This project was supported in part by the research and information provided to use by the Center. We hope that the data we gather from this initiative will add to the growing body of research that links improved social and emotional health to positive academic outcomes for students.”

> “The Center has had a direct impact on the process of mental health programs in the schools in my state. From the Department of Education (NH), we set up two state advisory councils, one for school counseling and one for school psychology. The Center assisted me, through phone conversations and emails, to organize each one so that they would be productive, vital, and current. This has been an enormous help in getting everyone on board in my state. In addition, I sent representatives from both the state counseling association and the state school psychology association to a conference provided by the Center for planning mental health in the schools services and programs. Now the associations are presenting and sharing these ideas in their yearly professional development trainings in-state. The newsletter is also very useful and features often in information used to inform the schools of best practice. In addition, the Center, through its list-serve, conducted a poll for me on collaborations between student mental health services personnel in the school and that helped me to get started in bringing various positions together than need to coordinate their goals and services. The listserv enables me to discuss common issues such as this with professional in other states.”

> “Center co-directors have made numerous trips to Iowa, talking with educators from the State Department of Education, Area Education Agencies, and local school districts about addressing barriers to learning and implementing comprehensive, school-wide learning supports. The impact of their interaction with Iowa educators has been extremely positive. In addition the newsletters and website have been valuable resources for us as we move this work forward.”

> “The Berkeley School Mental Health Partnership was formed to build a comprehensive system of school-based, school-linked mental health care to ensure that all students have access to the social and emotional support they need for healthy development and school success. In order to provide structure, direction and a shared theoretical approach to our work, we adopted the comprehensive systemic intervention framework developed by the Center. Center co-directors helped us build readiness and capacity to design and implement such a system. The Center disseminated information about the Integrating Schools and Mental Health Systems grant and supported our successful application by providing technical support. The Center continues to provide technical support and resources to support our efforts.”

> “We [TX State Education Agency] are using the Center resources in a state initiative on development of school-based community coordination and collaboration models. The information has been extremely useful and helpful to the stakeholder group.”

> “The Center is a wonderful resource that has enabled me [at the CT Department of Ed] to provide recent high quality information and resources to community based contractors and other colleagues.”

> “We use information from the center, as well as the recent books on Learning Supports, as we design professional development for Missouri schools. We begin a new school mental health leadership academy next school year, and each participant will receive copies of the books. Center is having a great impact by continuing to produce quality materials and keeping interested individuals aware of policy issues.”

> “For my organization (NJ Department of Ed), the newsletter serves as means for establishing common language and paradigms across multiple professional backgrounds and speciality areas in this office in a state agency.”

> “Your conference on new directions for student support in Minnesota to a large and enthusiastic audience stimulated discussion about the need for integrated social services with education to serve student needs.”

> “The Center materials and co-directors were important resources for the presidential workgroup on Prevention is an Intervention of the National Association of School Psychologists. The workgroup used a number of Center publications in planning a website and annotated bibliography on school-based prevention for school psychologists to use in their practice. Then the Co-directors addressed the membership at the national convention. Center materials have been included in the CD units that the workgroup created for school psychologists. The very practical and applied focus of Center materials has made them invaluable for NASP members.”

> “I appreciate the Center’s facilitation of the meeting of 10 of the grantees of the Integrating Schools and Mental Healthy Systems. It was informative and great to meet with the other grantees. We will meet with another school system and will give them some of the Center materials and see if we can begin our collaboration and work toward the development of the teams within that school system.”

> “Our Area Education Agency (IA) has participated in the statewide learning supports initiative and Center co-directors have visited our region of discuss learning supports with area educators. Since their visit, our agency has involved itself in an internal reorganization to best meet the academic and academic related needs of students.”

> “I utilize the information at many points in my work as a school psychologist ... my systems conceptualization is enhanced through the information. I am able to promote a greater understanding of mental health issues in the schools through dialogue with parents and staff. My direct work with students and families is improved as I gain an expanded frame of reference in which to process service delivery.”

> “Greater awareness of graduate nursing student who specialize in school nursing regarding mental health issues in schools. More sensitivity for assessing for mental health issues when presenting with somatic complaints. Examination of access to mental health resources for children and especially Latino and African American children.”

> “For our organization, Mental Health Association of Greater Chicago, your feedback on our publication *Adolescent Mental Health Handbook*, has added to our credibility. In my Board work, I share positions published in your newsletter. We use the site to learn about funding opportunities.”

> “I copy the newsletter and other information for the staff. Many times we find good information we can use in our small setting or we find evidence from research to back up what we already know.”

III. Related to Training/Technical Assistance for Programs, Practice, Research

> “By compiling information on mental health and effective practices in your newsletter and providing this information to educators, the Center has provided the gift of information to overwhelmed educators. This has saved time and allowed school psychologists like myself to gather more information in a reasonable amount of time. Also, by stressing how to communicate across department/boundaries in a school setting, the Center has encouraged schools and districts to rethink how to use valuable and limited resources. The Center has also helped keep alive the need to address mental health issues in the schools in a time when the balance has shifted to basic skills only.”

- > “The Center has provided mental health resources and kept folks apprized of upcoming education and training seminars and various states’ success stories. You identify important issues and keep them on the front burner. Excellent venue to keep folks in our agency (FL State Department of Health) the loop on local, state, and national issues of interest.
- > “As I read updates via email from your Center, I am continuously thankful for the work you do. I feel your center has researched and brought to light many areas that need to be addressed if we are in reality going to have a chance to bring all kids to standards. There are so many holes in the NCLB Act. Your Center is doing a great job of offering realistic solutions to help meet the needs. I greatly appreciate having on hand well researched articles that I can share to back up my statements when I want to share with other educators. Also as a counselor and coordinator of our Student Support Team, I use the articles on RTI and am inspired by your letter to the Mayor to include community involvement.”
- > “Impact in our Area Education Agency from resource lists and recommendations included in the listserv emails received on a regular basis. I have also utilized the website for specific mental health information to be used in the schools that I serve.”
- > “Center materials have been introduced into my school social work courses (at the University of North Carolina). My students are well aware of the resources available online and they have been introduced to the materials aligning student support services in order to provide better services to our students and parents.”
- > “I have introduced the materials to several superintendents and funding organizations through a five district collaborative focused on improving the graduation rate of high school students. The chair of the foundation has been very supportive of the concepts.”
- > “Center materials have been incorporated into the training of school social workers and counselors in the New Hanover County Schools, Wilmington, NC, and have been used to develop online training modules by the Eastern Area Health Education Center in Greenville, NC.”
- > “I use Center materials in my university (Indiana University) teaching, in my services, and in my research. As an educational/mental health services researcher, the impact of the Center on my work cannot be overstated.”
- > “I rely on the Center’s website as an invaluable “go-to” site for just about everything I do in my role as a School mental health program implementation specialist with San Francisco Unified School District. I am currently supervising a graduate intern who is engaged in resource mapping with a number of schools and the Center materials and surveys have become a core element in that project. I also use Center resources related to evaluation.”
- > “You do an excellent job with email updates and notices of current research.”
- > “I receive ideas and strategies each and every time I read any of the materials that are sent in hard copy or via email.”
- > “As an employee of the California State Department of Education, Special Education Division, I have requested information. The Center has expedited research on information on disproportionality of students in special education classes who are of Latino and African American descent. With the growing diversity of California’s population, the Center has provided me much assistance as I work on the California Mental Health Service Act.”
- > “We have two school-based health care centers and I always share your newsletters and other communications with mental health staff at all locations. Many times they have thanked me for sending this helpful material to them. I think you do a wonderful job in helping those on the front line.”

>[From the American Psychological Association to the Center] “You provide a wonderful continuous flow of information out to those in the field.”

> “As I participate on committees that deal with School Mental Health, it is obvious that more people, particularly those in public education, are becoming more aware of the need to focus on student supports that address barriers to learning. The North Carolina State Collaborative on Children and Families, in collaboration with the NC Department of Public Instruction, is funding 3 communities to develop a collaborative plan of action for developing and/or increasing school mental health supports and services in their communities. The Student Support Framework was presented as the framework for them to use in their planning. Another 3-5 communities will receive funding for collaborative planning this spring. More than 50 learners have taken the online course, “Addressing barriers to learning: A comprehensive approach to school mental health” based on the Center’s materials.”

> “I find your information of great interest and I pass it on to our health staff for children and family services and to mental health staff [in the County Division of Health, WI].”

> “Incredible resources, exceptional customer service, quick response to questions and requests for materials, wonderful support to those of us out trying to spread the work, strong commitment to influence the reauthorization of NCLB.”

> “Great resource for the counselors in our district because it gives us a global view of what is happening across the nation and during Hurricane Katrina we had over 600 students in our district that attended school due to the storm.”

> “The clearinghouse function is important. This is where I learn about district and state wide initiatives that can serve as models for the work here in Boston.”

> “The Center has helped me with articles and information on a wide array of topics. I have particularly liked the article on Diffusion of Innovation. Based on this article, we have changed our approach as we try to bring new and promising practices to schools regarding substance abuse prevention, enhanced mental health services, and teacher training. The monthly e-newsletter has led me to many important articles, sources of funding, and innovative approaches.”

> “The listserv is an invaluable multidisciplinary resource. It provides timely information and very useful conference and publication information. The website is also an excellent resource for my research and practice as a pediatric and psychiatric undergraduate and graduate nurse educator and researcher.”

> “Through the leadership institutes and materials generated, our Fresno Unified has used your framework to begin discussions around re-vamping student study teams and collaborative teams. We hope your work has had an impact on NCLB.”

> “The Center has helped our program and some of our county partners in two ways. One was in sharing information about a job description for a new position as mental health coordinator in our local school system. The other has been sharing of numerous articles that relate to collaboration, school mental health, and transforming student services.”

> “The Fairfax County School Board was considering creating a ‘split feeder’ middle school inside a secondary school. Your information that this might be harmful to the students allowed me to head the School Board off.”

> “The newsletter and updates are very informative. I think that you are influencing practice nationwide.”

> “Center has had a positive impact on our efforts to encourage districts to develop more comprehensive student support programs. Please continue your collaboration with the California Department of Ed in needed state legislation.”

- > “One concrete positive impact has been the university school social work students utilizing Center resources to implement in-service trainings in schools. Our students are looking for concrete tools to utilize with pupils, families, and the school community.”
- > “Used Center information and materials to help us do an in-district audit of student support services. You are doing an outstanding job with your listserv, newsletter, and excellent website.”
- > “Our District has utilized many of the Center documents to plan and to implement our mental health student services. We have also used Center materials to train psychologists, counselors and administrators in how an integrated approach to remove barriers to student learning is the most effective way to go.”

Suggestions About Additional Ways the Center Might Increase its Impact

Essentially, respondents suggestions stressed doing more and more. For example:

- >more information on –
 - >>cost/benefits of mental health in schools
 - >>other data to help make the case for mental health in schools, especially data showing impact on improving academic test scores
 - >>where it’s happening and how they do it,
 - >>best practices
 - >>innovations
- >more assistance for –
 - >>how to stage a comprehensive initiative and how to evaluate it
 - >>getting new approaches to school district leaders (i.e., superintendents, school boards, principals)
 - >>integrating school-based prevention and youth development with social and emotional learning
 - >>braiding and managing school and community resources
 - >>moving from theory to practice
 - >>how to adapt approaches in small schools
 - >>the school’s role in addressing serious mental disorders not classified for special education
 - >>working with young children and their families
 - >>developing local networks for sharing and interchange
- >more materials for training and capacity building at schools
- >more refinement of materials in terms of format for different stakeholders
- >more state-wide and regional Summits, Leadership Institutes, presentations (including developing a “Speakers Bureau”)
- >more social marketing of new directions for student/learning support
- >more direct work with school districts

Improving Center Impact Studies in the Future

Each of the studies allowed for the collection of valuable data. Nevertheless, studies of this kind have a variety of methodological limitations. Some are inherent in any effort to formally evaluate the impact of a resource center's work; others stem from the dearth of resources to underwrite a comprehensive evaluation.

Several specific methodological lessons were learned during the pilot in 2001, and others have been learned from the subsequent studies. Most of the previous lessons learned were addressed satisfactorily. However, the most fundamental concern remains. The fact is that the largest body of Center users access resources through the website. From the large number of visits involved, it is clear that many users are not on the Center mailing list. Website users have not been responsive to invitations to provide data for the impact evaluation. Thus, we have no data from this large segment of users. To elicit data from them, an attractive incentive would have to be provided.

Another large group not providing data are indirect recipients of Center resources (i.e., others share and pass on the resources to them). Examples of this abound: a major prevention and resource center reproduced Center material to distribute to 11,000 of its consumers; other centers include links not only to the Center website, but feature and link to specific resources developed by the Center; a SAMHSA project officer requested 100 copies of the Center's Sustainability guidebook to distribute to attendees at a grantees meeting; various leaders for mental health in schools have requested and circulated the Mental Health in Schools guidelines and the report on "The Current Status of Mental Health in Schools"; the Education Development Center (EDC) including the Center document "Responding to a Crisis at School" in their four day online course for middle school coordinators on creating safe schools; administrators around the country widely share the Center's electronic monthly ENEWS; over the years, the ERIC clearinghouse incorporated many Center documents. Corwin Press has published two books related to the Center's New Directions initiative. There is no way to assess the impact of all this, but it is reasonable to suggest that there are positive outcomes. As one respondent stated: the Center's work has "been incorporated into my national leadership role for student supports and in every presentation I make - so who knows the true impact but I suspect large!"

Another substantive concern involves the need for interviewers to have an intimate knowledge of a center's interactions with specific respondents. For the most part, this was not the case for these studies. While this minimizes one form of bias, it limits their ability to follow-up and probe more fully after the initial response. The power of a semi-structured interview is in the opportunity it provides for delving deeper; in some instances, the present study did not delve deeply enough to elicit key points. (A caveat here, of course, is that most respondents do not have time for lengthy interviews, and a balance must be found between the amount of data requested and the time taken to elicit the information.)

Other ways to improve future center impact studies are a continuing topic for discussion. By circulating this report, the Center hopes to elicit suggestions for enhancing the methodology for future impact studies.



January, 2008 Update

Evaluation of Impact

January-December, 2007*

In this year's update, we continue to address the complexities of evaluating the impact of a national center for policy and practice analysis. We highlight the various facets we have found necessary in enhancing and advancing the state of the art related to mental health in schools.

As we have stressed throughout our work, the route to having an impact on policy and practice begins with insightful analyses of policy, practice, research, and training. The next step involves wide dissemination directly and through various training and technical assistance delivery mechanisms and the development of networks. This blends into strategic efforts to create readiness for systemic change (e.g., in terms of enhancing motivation, capability, infrastructure). Readiness is followed by design of new prototypes and initial their implementation, sometimes with initial changes that are circumscribed in nature and scope and sometimes with an agenda of large-scale systemic changes. Eventually, the focus shifts to institutionalization (sustained change) and renewal.

As the evidence presented throughout the *Evaluation of Impact* report indicates, our products and processes have been highly effective in moving through the first phases. By now, we already have and are continuing to devote considerable energy to creating readiness for systemic change and are focused on design and initial implementation in various venues.

What follows here are examples of and feedback on our January-December, 2007, work. In addition to what is included in this section, see the updated set of data in Tables 2 and 3 in the overview of progress section of the full *Evaluation of Impact* report (January, 2008 update) and the graphs at the end of this yearly report (see Addendum 1).

Resource Development During 2007

Throughout the year, Center staff produced policy and practice analysis reports and continued to update and produce new resources and guides based on analyses of pressing concerns (see list on following pages). In addition to the products listed, in response to many requests for copies of the handouts used in Center presentations, we prepared a set of power point slides on: "Enhancing School Improvement: Addressing Barriers to Learning and Reducing the Achievement Gap." These are organized into a set of online modules accessed at: <http://smhp.psych.ucla.edu/presentations.htm> .

*This January, 2008 year-end update to the Center's *Evaluation of Impact* report also is intended for distribution as a stand alone document.

New and Updated Resources – 2007

Policy and Practice Analyses

- > New Directions for Student Support: Current State of the Art
- > Toward and School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching
- > Integrating Learning Supports into the Infrastructure of a Small School
- > An Open Letter to Congress: Reauthorizing the Elementary and Secondary Education Act to Better Address Barriers to Learning & Teaching
- > What's the Research-base for Moving toward a Comprehensive System of Learning Supports
- > School Improvement? Fully Addressing Barriers to Learning and Teaching Is the Next Step
- > Youth Gangs and Schools
- > Youth Risk-taking Behavior: The Role of Schools
- > Diffusion of Innovations and Science-based Practices to Address Barriers to Learning & Improve Schools: A Series of Information Resources

Resource Packets & Training Aids

- > Welcoming and Involving New Students and Families
- > What Schools Can Do to Welcome and Meet the Needs of All Students and Families
- > Dropout Prevention
- > Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs
- > Screening/Assessing Students: Indicators and Tools
- > After-School programs and Addressing Barriers to Learning
- > Sexual Minority Students
- > Financial strategies to aid in addressing barriers to learning
- > Financing strategies to address barriers to learning
- > Evaluation and accountability: Getting credit for all you do
- > Evaluation and accountability: related to mental health in schools
- > School Interventions to Prevent Youth Suicide
- > About Mental Health in Schools
- > School-Based Client Consultation, Referral, and Management of Care
- > Volunteers to Help Teachers and School Address Barriers to Learning
- > Parent and Home Involvement in Schools

(cont.)

Guidance Notes, Fact Sheets, and Information Resources

- > Gateways to Resources for Enhancing Positive Outcomes for All Students
- > Is the School Year Off to a Good Start?
- > Many Schools, Many Students: Equity in Addressing Barriers
- > Excerpts from Child Trends' series of Research-to Results Briefs on Adopting, Implementing, Sustaining, and Replicating Evidence-Based Practices

Planning Guides

- > Steps and Tools to Guide Planning and Implementation of a Comprehensive System to Address Barriers to Learning and Teaching
- > Toolkit for Rebuilding a Comprehensive System of Learning Supports

Newsletter/Journal *Feature articles*

- > Winter: Open Letter to the Mayor (mailed)
- > Spring: Engaging the strengths of families, youth, and communities in rebuilding learning supports (mailed)
- > Summer: Evidence-based Practices in Schools: concerns about Fit and Context (mailed)
- > Fall: Mental Health in Schools: Much more than services for the few (online/listserv)

New Quick Finds (existing ones are regularly updated)

- > Diversity, Disparities, and Promoting Health Equity
- > Impulse Control
- > Response to Intervention (RTI)
- > Foster Care
- > Disciplinary Practices
- > Social & Emotional Development & Social Skills
- > Prevention for Students "At-Risk"

Development of and Participation in Networks to Enhance Dissemination and Action

Networks are critical to enhancing impact. As in previous years, the Center not only participated in various networks, it has continued to grow the ones it has established over the years.

- *National Initiative to Improve Adolescent Health* (NIAH). This initiative is co-sponsored

by HRSA and CDC. The Center Co-Directors are currently members of the leadership team and diffusion work group. They also were part of NIIAH's Partnership Workgroup, helped develop the Action Sheet on Driving Crashes, and assisted with planning for the grantee meeting in 2007. In April, they went to DC to meet with NIIAH partners.

- *Call to Action Campaign.* This Center initiated campaign focuses on linking organizations that provide learning supports in schools with a view to increasing a united effort to advance policy and practice relevant to mental health in schools and addressing barriers to learning and teaching. In 2007, this initiative continued to mobilize those concerned about mental health in schools to participate in school improvement locally and nationally. Related efforts focused on providing language for learning supports in the reauthorization of No Child Left Behind and led to a set of recommendations that was endorsed by 51 organizations and 178 additional individuals.
- *National Initiative: New Directions for Student Support.* Among other accomplishments, this initiative which the Center facilitates has built a leadership network across the country. The initiative currently also has over 30 organizations as co-sponsors.
- *Resource Centers Collaboration.* The Center played a key role in establishing this network. It connects a range of HRSA funded technical assistance centers who share information, resources, and opportunities to enhance the work of each center through partnerships.
- *Policy Leadership Cadre for Mental Health in Schools.* The Center facilitates this network which is designed to expand, link, and build the capacity of the pool of *persons* who provide *policy* leadership for MH in schools at national, state, regional, and local levels. Such leadership includes a policy focus on promoting social-emotional development and preventing psychosocial and MH problems, as well as policies related to treatment of mental illness
- *Consultation Cadre.* The Center continues to develop this group of professionals who volunteer to network with others and share what they know. Cadre members have indicated expertise related to major system concerns, a variety of program and processing issues, and almost every type of psychosocial problem. They work in urban and rural areas across the country.
- *Net Exchange.* This web-based mechanism allows people to interact with us and one another on specific topics of interest.
- *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning.* The Center continues to facilitate this broad-based, *policy-oriented* coalition of *organizations* who have a stake in addressing barriers to development, learning, and teaching, as well as concern for promoting healthy development. The Coalition's aim is to stimulate strategic efforts to foster policy integration and close policy gaps as ways to deal with the marginalization and fragmentation that dominates a great deal of prevailing practice.

- *School Intervention Interest Group (SIIG)*. This network is part of the Society for Community Research & Action (SCRA) Division 27 of the American Psychological Association. Our Center hosts the webpages for this group.
- *Collaboration with the Northwest Regional Education Laboratory (NWREL) and the Hamilton Fish Institute*. The focus of this collaboration is on updating and helping to disseminate the series on *Creating Safer Schools*. So far, this has involved, a trip to New Orleans in August to work with NWREL and the Hamilton Fish Institute staff and locals. Over several months, we redrafted our chapter (entitled “Fostering Schools, Family, and Community Involvement”). Then, we traveled to D.C. in October to conduct a special session and participate in a panel on mental health in schools at the Hamilton Fish Institute national conference on Safe Schools and Communities. The series will be available in the spring of 2008.
- *Safe Schools/Healthy Students Technical Assistance Partner*. Beside our direct contact with projects, another way the Center aids this federal interagency initiative is through collaborating with the initiative’s SAMHSA funded technical assistance provider, the National Center for Mental Health Promotion and Youth Violence Prevention at EDC.
- *Integrating Schools and Mental Health Systems*. We work to tie together grantees of this U. S. Department of Education initiative. This last year, for example, we did:
 - >onsite work with Washington County, Oregon grant partners and district superintendents
 - >application and follow up support for the Bridgeport, CT grantee
 - >follow up support for the first round grantees who met at our Center in July 2006
- *National School Mental Health Coalition*. Organized by the National Association of Health Education Centers, this group is focusing on: “Student Mental Health: What Teachers Need to Know and Be Able to Do to Support and Intervene for Student Mental Health.”
- *National School Climate Council*. This network was formed by the National School Climate Center of the Center for Social and Emotional Education. As the name indicates, the aim is to advance work on enhancing school climate.
- *Center Advisory Group*. We communicate regularly (including sending a formal monthly report) with our Advisory Group (including our sister Center, project officer, and others at HRSA). Members of the advisory group represent a wide range of researchers, training and technical assistance centers, and leaders in education a state and district levels.

Direct and Cascading Dissemination

Dissemination is accomplished through the Center’s various delivery mechanisms and outreach activities, the many networks with which it is connected, and through others who independently decide to share the Center’s work.

A. Direct Dissemination

Website:

Our website provides a very cost-effective means for the dissemination of materials. For example, in one typical week (11/19/07), our tracking programs recorded 68,857 visits by 7,677 unique visitors. This was 1,097 average unique visitors per day. For one typical month (10/07), there were 489,496 visits by 61,243 unique visitors. This was an average of 1,976 unique visitors per day. In the week following the shootings at Virginia Tech, 6,263 distinct users visited the website (i.e., there were 1,297 downloads of the resource on “Violence Prevention and Safe Schools” and 1175 downloads of the resource “Responding to a Crisis at School” that week.)

Mental Health in Schools Practitioner Listserv:

A subset of technical assistance requests and responses are sent weekly to those who choose to be on this listserv (currently 790 people). This subset and others requests and responses from across the country are archived on our website in the *Net Exchange*.

ENEWS -- Electronic Newsletter:

Sent monthly to all 10,113 currently on the email list. It features an emerging issue to stimulate discussion and provides information on new publications and reports.

Journal/Newsletter -- Addressing Barriers to Learning:

Sent quarterly to all on our mailing lists. (Up until the Fall 2007 issue, this meant that 11,906 were sent hardcopies; with budget reductions, distribution is now restricted to the 10,113 on our email lists, and those who access the website posting.)

Monthly Theme Focus for Schools:

Schools have a yearly rhythm – changing with the cycle and demands of the school calendar. In keeping with this, each month the Center presents some ideas and activities to enhance support for students, their families, and the staff at schools. These ideas are linked to other resources for more indepth follow up. The monthly focus is announced through ENEWS and is on the website. This material is also available as a Resource Aid: *Improving Teaching and Learning Supports by Addressing the Rhythm of a Year*, which can accessed through the website

(cont.)

Hot Topics Feature:

These are accessed on the website and provide a special focus on matters of pressing concern for those providing support in schools. Examples of recently addressed matters include:

- Addressing School Adjustment Problems
- Dropout Prevention
- Addressing Barriers to Learning and Closing the Achievement Gap:
New Directions for Student Support
- Homework as a Mental Health Concern
- Opening the classroom door
- Student Retention or Social Promotion: What's Appropriate?
- Re-engaging Students in Classroom Learning
- Bullying: A Major Barrier to Student Learning
- Response to Intervention

Tool Kit (see Addendum 2 to this update report)

Outreach to Provide Information and Resources, Stimulate Interchange, and Gather Data:

We have created a mailing list of over 10,000 education leaders at national, state, and district levels across the country who we contact on a regular basis with briefs and invitations related to strengthening learning supports and mental health in schools. Overlapping this list is a growing email list of 10,113 that includes a variety of additional stakeholders concerned with mental health in schools.

>*Special Survey of Educational Leaders.* In June, 2007, we sent the education leaders group a survey and a brief related to integrating learning supports into school improvement. Survey responses were reported in “New Directions for Student Support: Current State of the Art.”

>*Special Outreach to New Initiatives.* We monitor to identify relevant new initiatives and then outreach to them with resources and frameworks. Examples are the federal interagency *Safe Schools/Healthy Students* initiative, the federal program for *Integrating Schools and Mental Health System*, state initiatives such as California’s *District Assistance and Intervention Teams* (DAITs).

>*Special Messages.* We send periodic messages to the 10,000 on the listserv to announce high interest items (e.g., funding opportunities, response to crisis situations, new Center resources, issues impacting the Center networks)

Journal and Book Publications

Adelman, H. S. & Taylor, L. (2007). School Improvement: A Systemic View of What's Missing and What to Do About It. In B. Despres (Ed.) *Systems Thinkers in Action: A Field Guide for Effective Change Leadership in Education*. Rowman & Littlefield

(cont.)

Brener, N.D., Weist, W., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental Health and Social Services: Results from the School Health Policies and Programs Study 2007, *Journal of School health*, 77, 486-499.

Adelman, H. S. & Taylor, L. (2007). Systemic Change and School Improvement. *Journal of Educational and Psychological Consultation*, 17, 55-77.

Adelman, H. S. & Taylor, L. (2007) Reorganizing Student Support to Enhance Equity. In *Multicultural Handbook of School Psychology: An Interdisciplinary Perspective*, G. Esquivel, E. Lopes, and S. Nahari (Eds.) Lawrence Erlbaum Associates, Publishers.

Adelman, H. S. & Taylor, L. (2008) School-wide Approaches to Addressing Barriers to Learning and Teaching. In *Transforming School Mental Health Services: Population-based Approaches to Promoting the Competence and Wellness of Children*. B. Doll & J. Cummings (Eds.) A Joint Publication of the National Association of School Psychologists and Corwin Press.

Adelman, H. S. & Taylor, L. (2007). Safe Schools in the Context of School Improvement. In: *Proceedings of Persistently Safe Schools: The 2007 National Conference on Safe Schools*. Hamilton Fish Institute, Washington, DC.

Adelman, H. S. & Taylor, L. (in press). Placing Prevention into the Context of School Improvement. In B. Doll (ed) *Handbook of Youth Prevention Science*. Lawrence Erlbaum Association, Inc.

Adelman, H. S. & Taylor, L. (in press). Ending the Marginalization of Mental Health in Schools: A comprehensive Approach. In R. Christner & R. Mennuti (Eds.). *School-Based Mental Health: A practitioner's Guide to Comparative Practices*. Routledge Publishing.

Adelman, H. S. & Taylor, L. (in press). Enhancing Schools as Caring Environment, In R. Talley (Ed) *Building Community Caregiving Capacity*. Oxford University Press

Adelman, H. S. & Taylor, L. (in press). Best Practices in the Use of Resource Teams to Enhance Learning Supports. In A. Thomas & J. Grimes (Eds.) *Best Practices in School Psychology* 5.

B. Cascading Dissemination

While we don't always hear directly about how others are sharing the Center's work, it is evident from what we do hear and uncover that such sharing continues to escalate. Our email resources (e.g., the *Mental Health in Schools Practitioner Listserv*, *ENEWS*, special announcements) are forwarded through major networks. So are our quarterly journal/newsletters and the reports and resources we develop and send out. We also get regular requests for multiple copies to use in training programs and to circulate. (See section VIII of this report for comments and feedback on this matter.)

National, state, and local agencies and organizations not only provide direct links to our website but also to specific online documents (e.g., a search of SAMHSA's website finds 87 links and a search of the U. S. Department of Education website finds 500 links).

And, of course, our published books, chapters, and journal articles are widely read.

In addition, our work is widely cited in the published works of others and in the news media, and this has stimulated adoption/adaptation of prototypes developed by the Center for expanding policy, reframing intervention, reworking organizational and operational infrastructures, and pursuing systemic change.

Four examples of how others have shared the Center's work are provided below.

(1) A typical example of how other organizations tune in and then disseminate our work is seen in the work of the *National Dissemination Center for Children with Disabilities*. This unit of the Academy for Educational Development (AED) disseminates information through various delivery systems. One such system is through the widely distributed *NICHCY Connections*. In their issue on "Using Positive Methods for Change in the Classroom," they cited the following resources as coming from the UCLA Center for Mental Health in Schools:

"Don't miss this quick training on behavior problems in school

Behavior Problems at School

http://smhp.psych.ucla.edu/qf/behaviorprob_qt

You'll love the brief overviews on topics such as, "Behavior Problems. What's a School to do?" Check out the fact sheets on behaviors like Oppositional Defiance Disorder (ODD), and Conduct Disorder. You'll also find tools and handouts, model programs, and additional resources.

Teachers! Arm yourself with this knowledge and stop problem behaviors before they start!

Improving Teaching and Learning Supports by Addressing the Rhythm of a Year

<http://smhp.psych.ucla.edu/pdfdocs/rhythms.pdf>

This 65-page guide helps teachers anticipate common problems throughout the year and plan prevention and early intervention to minimize them. Suggestions provided on a monthly basis.

Enhancing School Staff Understanding of Mental Health and Psychosocial Concerns

<http://smhp.psych.ucla.edu/pdfdocs/enhancingschoolstaff.pdf>

This 61-page publication offers ways to address barriers for all students."

(cont.)

- (2) The July 2007 e-newsletter of the *National Center for Mental Health Promotion and Youth Violence Prevention (EDC)* noted the following in their section summarizing key research findings.

Leadership, Partners, and Creating Systems Change

“Howard Adelman and Linda Taylor of the UCLA Center for Mental Health in Schools identified a four-stage process by which leaders of projects such as SS/HS initiatives can create permanent systems change. Each stage includes tasks related to partners and stakeholders. The four stages are as follows:

1. Preparing the argument for sustaining valued functions: for example, educating partners and stakeholders in how the project’s components contribute to the health and well-being of young people, the school, and the community

2. Mobilizing interest, consensus, and support among key stakeholders: identifying partners and stakeholders who support systems change and helping them bring others into the fold

3. Clarifying feasibility: creating and disseminating specific strategies for integrating project functions into the school and community system

4. Proceeding with specific systems changes: only when a critical mass of stakeholders are ready -and continuing to cultivate their commitment and participation throughout the change process

These stages are described in “On Sustainability of Project Innovations as Systemic Change,” which appeared in the *Journal of Educational and Psychological Consultation* (2003, Vol. 14, No. 1). More extensive summaries of Adelman and Taylor’s research, as well as guidebooks and other tools based on this research, can be found on the Web site of the Center for Mental Health in Schools (CMHS) (<http://smhp.psych.ucla.edu>). The Center is a technical partner of [this Center].”

- a. *The Research and Training Center on Family Support and Children's Mental Health* at Portland State University, Portland, Oregon not only featured the Center policy brief on *Youth Risk Taking Behavior: The Role of Schools*, but invited stakeholders to participate in a web exchange about the content.
- b. *California Department of Education*. As do state departments in other states, this department frequently refers to our Center as a resource. For example, on their website page on Suicide Prevention, they include a link to the Center’s document on *School Intervention to Prevent Youth Suicide* and state that the “Center for Mental Health in Schools, UCLA Web site is a thorough resource for school interventions aimed at preventing suicide. It includes training on causes of suicide, data and statistics about suicide, assessing suicide risk, intervention planning and training, suicide aftermath assistance and prevention of copycat suicides, and a list of hotlines, references, Web sites, consultation cadre contacts, and other related resources from the Center.”

Regular Technical Assistance and Related Training

As part of the dissemination process, the Center staff responds to daily requests from a wide range of stakeholders who contact us through email, website, and phone related to resources, common concerns, and lessons learned. Many technical assistance needs are also met through visits to the Center online clearinghouse, especially the Quick Find topics. (There are over 130 Quick Finds alphabetized by subject matters with links to our documents and to other online resources and relevant centers.)

Some requests prompt us to reach out to specific colleagues on our Consultation Cadre and others with expertise to gather current information on the request (e.g., how to handle specific mental health concerns at schools, intervention approaches, prototypes for job descriptions related to mental health in schools, liability concerns in contracting with community providers, etc). These requests often lead to the creation of new Quick Find topic pages (e.g., the most recent are Job Descriptions related to Mental Health in Schools; Response to Intervention; Diversity, Disparities, and Promoting Health Equity). A sense of the matters raised can be garnered from the Quick Find topics menu and from the concerns explored on the Center's Net Exchange.

Highlighted in each week's Mental Health in Schools Practitioner listserv are the requests that have the most general application.

In addition, our many direct dissemination activities and various presentations provide natural opportunities to advance the continuing learning of stakeholders across the country. For numbers, see the updated set of data in Tables 2 and 3 in the overview of progress section of the full *Evaluation of Impact* report (January, 2008, update) and the graphs at the end of this yearly report (see Addendum 1).

Strategic efforts to create readiness and promote prototype design for systemic change

A. Leadership Institutes and Ongoing Interchanges to Develop Readiness

With the goal of diffusion in mind, this year the Center increasingly has focused on the mechanisms of *leadership institutes* for key individuals and teams and *personalized interchanges*. These efforts have been conducted in relation to the *National Initiative: New Directions for Student Support*, the *Call to Action Campaign*, and requests from specific states, regional bodies, and school districts.

In 2007, we conducting the following:

- > Hawai'i's leadership institute (in March) was designed as a statewide follow-up summit related to the Center's efforts to revitalize the state's commitment to advancing its legislated *Comprehensive Student Support System* (CSSS).

- > Vermont's institute was conducted for the State Department of Education (in April) as a basis for their system design and strategic planning related to revamping student supports.
- > Iowa leadership institute series was designed to advance Iowa's initiative for a Comprehensive System of Learning Supports. The Center co-directors went to Iowa four times during 2007 (Jan., Feb., Sept., Nov.) to conduct institutes for the Area Education Agencies as they plan and organize for working with local districts and schools. (Also, we had interchanges with the State Department of Education about future steps.)
- > In Oregon, an institute was developed for Washington County. Participants were superintendents, as well as staff, ESD, and agency leaders involved with the USDOE initiative "Integrating Schools and Mental Health Systems."
- > Harrisburg (PA) asked for a follow-up leadership institute for the school district (in September). The focus was on presenting design ideas for a comprehensive system of learning supports to school teams as a basis for moving forward. As stated on the District's website: "This is a reworking of our current school infrastructure with the purpose of eliminating barriers to learning and improving our results in reducing the achievement gap for all students." The initial emphasis is on developing learning support resource teams at schools as a major step in strengthening a school's learning support component.
- > In New Orleans, the Institute for Mental Hygiene sought out the Center to work with them as they administer a grant program for a comprehensive learning support component in two new charter schools. The Center conducted a leadership institute to introduce concepts and design ideas for developing a prototype system of learning supports in the schools. Follow-up work was done on two subsequent trips (in September and October) to visit the schools and to provide input into design, job descriptions for learning support staff, etc.
- > Joint session was conducted for faculty from California State University, Los Angeles' Center for Multicultural Education and Loyola Marymount University's School of Education (in May).
- > Ongoing work with the California Department of Mental Health on the prevention and early intervention/school facets of the state's Mental Health Services Act . (Note that the preliminary draft of the Department's initiative for "Prevention and Early Intervention and School-based Programs, Interventions and Systems" incorporated some major facets of our Center's work. See the agency's draft of "Standards for Key Areas in Developing Systems for Prevention and Early Intervention" in *Where's It Happening? Examples of New Directions* <http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm>)
- > Ongoing work with the California legislators related to legislation for a Comprehensive Pupil Learning Supports System (including several trips to Sacramento)
- > Ongoing work with Los Angeles Unified School District –
 - > through the Mayors Council on Education (Note stemming from this work is the Winter, 2007 newsletter/journal article on the role of Mayors working with schools)
 - > invited presentations by a Board of Education member (now the President) – covered the frameworks for learning supports for key staff at the district

- > Ongoing contact (face-to-face, phone, email) with the Louisiana State Department of Education, Division of School and Community Support. The Center co-directors met with a state department representative in New Orleans in August.
- > Initial contact with the Florida State Department of Education related to a state summit
- > Initial contact with Oklahoma Department of Mental Health explored leadership institute

In addition, we have had numerous follow-up interchanges to consolidate our efforts in states that have already indicated interest and activity. Each month, we are contacted by planners and policy makers related to advancing their local agendas for MH in schools (e.g., in a typical month, we received significant requests from NY, NJ, CA, OR, IA, HI, VT, TX). For the remaining states, we have initiated another outreach mailing.

A summary of Center hosted meetings, presentations, and work sessions around the country from October, 2002 though September, 2007 is presented in the Table on the following pages and in a graph in Addendum 1.

B. Public-Private Partnership Between UCLA Center and Scholastic, Inc.'s Community Affairs & Government Relations Division

This partnership for advancing the field is a highly significant indicator of our growing impact. In 2006, we were contacted by the charitable Community Affairs arm of *Scholastic Inc.* about a partnership initiative related to our focus on addressing barriers to learning and teaching and advancing mental health in schools. They saw this as a way for them to contribute to Gulf Coast recovery and school improvement in general. Based on initial discussions, Scholastic sent a VP and several consultants to meet with us at the Center. The meeting led to an agreement that we would prepare a special set of materials for a nationwide *Rebuilding for Learning* initiative and conduct a series of Leadership Institutes for major organizations with whom *Scholastic* works (e.g., CCSSO and other high level policy maker and administrator organizations). This led to our (a) preparing a working draft for the material to be shared through the Leadership Institutes and (b) revamping a tool kit to support efforts to rebuild systems for learning supports. (The revamped tool kit is already online – see <http://smhp.psych.ucla.edu/toolkit.htm> .)

The Center co-directors traveled to New York twice this year related to this work. In May, for an additional planning session and in November to meet with the distinguished members of the national advisory committee for the initiative.

Scholastic currently is designing the training materials in hardcopy and will develop a website for online training follow up based on the Center's frameworks for fully integrating a comprehensive system of learning supports into school improvement policy and practice. The materials will provide the content for Leadership Training Institutes with a focus on education leaders first from the Gulf states and then to a broader range of education leaders from across the country. Teams from state departments and districts will receive grants from Scholastic to attend with the option of follow up grants for those moving to implementation.

Summary Table of Center Hosted Meetings, Presentations, and Work Sessions Around the Country

In pursuing all five Center goals, we use direct interactions, including email, phone conferences, in-person conferences at the Center, and travel to sites across the country. Since 2002, the strategic focal point for this work has been Statewide Summits and Leadership Institutes related to the *National Initiative: New Directions for Student Support*, statewide Institutes to Enhance *Policy Leadership for MH in Schools*, and work with state departments of education, school districts, cities, legislatures, and boards. In addition, considerable email and phone conference activity are used to enhance work with districts, state departments of education and mental health, and national organizations and to maintain major networking efforts. All the strategic work involves extensive outreach, planning, preparation, and follow-up (including development of special resources materials and website supports and technical assistance).

The strategic nature of the work enables us not only to disseminate products but to pursue diffusion of our work in ways designed to maximize understanding and use. The following table highlights the range of Summits, Leadership Institutes, follow up visits to districts and state/regional offices, and organizations from the onset of the initiative in 2002 up to September 2007.

10/02-9/03 (28 events)

Center hosted meetings:

National Summit in CA;
3 regional summits (Baltimore, Chicago, Kansas City)
State Summit MN
Leadership Institutes: WA, IA

Other major presentations and activities related to the National Initiative:

AZ Department of Education Safe and Drug Free Schools meeting
KY Dept. of MH School Programs meeting
OH Dept of MH School Programs (2 regional meetings);
NC Area Health Education Center School Programs meeting
Safe Schools/Healthy Students federal grantees (4 regional meetings)

Work with School districts:

St. Paul, MN; San Jose, CA; Dallas, TX (3 trips); Buffalo, NY; Poway, CA;
Tacoma, WA/Fife ESD; Seattle, WA (2 trips); Albuquerque, NM; Columbus, OH

(cont.)

10/03-9/04 (32 events)*Center hosted meetings:*

State summits in CA, IN, WI, TX

Other major presentations and activities related to the National Initiative:

Iowa Department of Education state design for learning support (4 meetings);

OR Dept. of Ed conference and meeting with key leadership

National Association for Pupil Services Administrators in San Diego, CA;

School Social Workers Association in Madison, WI;

NY City Department of MH;

National Association of School Psychologists in Dallas, TX;

Safe Schools/Healthy Students grantees meeting in Omaha, NE;

IEL in Washington, DC;

NC Area Health Education Center (2 meetings);

AMCHP in Washington, DC;

UCLA Educational Leadership;

City of Santa Monica, CA School Programs;

California State Legislators in Sacramento, CA (2 meetings);

Work with School Districts:

Madison, WI; Detroit, MI; Turtle Mt. ND; Hawthorne, CA; Greeneville, MS;

Long Island, NY group of districts involved in NSF grant (2 trips);

Sacramento, CA; Huntington Beach, CA; Emporia, KS;

10/04-9/05 (33 events)*Center hosted meetings:*

State summits in CT, IA, NY

Leadership Institutes in TX and MN

Other major presentations and activities related to the National Initiative:

Iowa Department of Education leadership team

Idaho Department of Education conference and Superintendent and Cabinet

MA Dept. of Education Student Support staff

American Academy of Pediatricians in San Francisco, CA;

National Association of Pupil Services Administrators meeting in Biloxi, MS;

National Mental Health Association (3 meetings Fort Lauderdale, FL.,

San Francisco, CA, Arlington, VA);

CT Special Education Resource Center;

UCLA Educational Leadership (2 presentations);

National Implementation Research Network meeting in Washington, DC;

School Social Workers Association in Chicago, IL;

City of Santa Monica, CA School Programs (2 meetings);

California State Legislators (2 trips);

Los Angeles Mayor's Council on Education (4 meetings)

Work with School Districts:

Huntington Beach, CA; Berkeley, CA (2 trips); Seattle, WA; St Paul, MN; Richland, SC

(cont.)

10/05-9/06 (29 events)*Center hosted meetings:*

State Summits in PA, NJ, and WA

Leadership Institutes in CA (Northern and Southern) and in CT

U. S. Dept. of Ed "Integrating Schools and Mental Health Systems" grantees

Call to Action meeting of Student Support Organizations in Washington, DC;

Other major presentations and activities related to the National Initiative:

Iowa Department of Education

Iowa Area Education Agency 9 and 10 (2 meetings);

TX Department of Education in Galveston, TX;

National Association of Pupil Services Administrators in Chicago, IL;

California School Boards Association in San Diego, CA;

UCLA Educational Leadership;

California Association of School Psychologists in Monterey, CA;

National Association of School Psychologists in Anaheim, CA;

California State Legislators in Sacramento, Ca (2 meetings);

Policy Roundtable in Sacramento, CA;

California Department of Mental Health Mental Health Services Act

Los Angeles Mayor's Council on Education (3 meetings)

Work with School Districts:

Harrisburg, PA; Huntington Beach, CA; Los Angeles Unified School District;

Boston, MA; New Britain, CT

10/06-9/07 (30 events)*Center hosted meetings:*

State Summit in VT

Leadership Institutes in HI and 5 hosted with IA AEA's

Other major presentations and activities related to the National Initiative:

Washington County, OR Integrating Schools and MH grantee

LA Dept. of Education Student Support staff in New Orleans;

City of Santa Monica, CA School Programs;

CA Department of Mental Health Mental Health Services Act in Oakland, CA;

California State Legislators in Sacramento, CA (2 meetings);

Scholastic, Inc. Rebuilding for Learning (2 meetings);

UCLA Educational Leadership;

CSULA/Loyola Marymount conference;

Hamilton Fish Institute/Northwest Regional Education Lab in New Orleans;

Los Angeles Mayor's Education Council (2 meetings)

Work with School Districts:

Harrisburg, PA (2 meetings); New Orleans Charter Schools (3 meetings) ; Tuscon, AZ;

San Diego County, CA; Los Angeles Unified (meeting at Los Angeles High School, meeting with board member, meeting with leadership team)

Prototype Design, Initial Implementation, Institutionalization, and Renewal

In our work, we distinguish between dissemination and diffusion. Diffusion moves what is disseminated into action. As with dissemination, our impact is direct and indirect. That is, we are involved in direct diffusion efforts, and we know and work toward ensuring that our efforts cascade beyond what we can possibly be involved in directly.

We have amassed detailed information on places with which we have had direct involvement in any form. This information is compiled in a regularly updated report entitled: *Where's It Happening? Examples of New Directions for Student Support & Lessons Learned* <http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm>

A few examples are offered below and on the following pages..

From the Hawai'i Department of Education Comprehensive Student Support System Operations Manual

[Office of Curriculum, Instruction and Student Support/Student Support Services Branch]

The State of Hawaii, Department of Education's Comprehensive Student Support System (CSSS) is the Department of Education's construct for ensuring a continuum of supports and services that provide the academic, social, emotional, and physical environments to assist students to learn and meet high educational standards. The framework, philosophical outlook, tasks and support resources were based on the research of Dr. Howard Adelman and Dr. Linda Taylor. CSSS provides for all students - a standards-based education (Hawaii Content and Performance Standards II), and a comprehensive support system, demonstrating that all children can learn and attain the Vision of a Hawaii Public School Graduate. A major component of CSSS is to provide all students with a variety of resources and services to improve their learning, within and beyond the classroom instruction. An array of student support services ensures that the supports provided and their delivery, correspond to the severity, complexity, and frequency of each student's need. The array of services is identified through five levels of student support. This support represents a community of caring and supportive relationships among students, teachers, families, and agencies which occur at all levels, ensuring timely and appropriate services for all students."

(cont.)

From the Berkeley (CA) School District

From the Superintendent: “After many years of hard work, The Berkeley Schools Mental Health Partnership was formed in 2005 to build a comprehensive and seamless system of school-based, school-linked mental health care, to ensure that all Berkeley students have access to the social and emotional support they need for healthy development and school success. This community partnership is currently supported by an *Integrating Schools and Mental Health Systems* grant from the U.S. Department of Education. In order to provide structure, direction and a shared theoretical approach to our work, the partnership adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools as outlined in the National Initiative: New Directions for Student Support and in the bill, SB288.”

From the Board of Education: “Our recently completed Berkeley Schools Mental Health Partnership Strategic Plan was designed to build the kind of comprehensive system of school-based, school-linked mental health care that is called for in SB 288. In order to provide structure, direction and a shared theoretical approach to our work in Berkeley, our community partnership adopted the Comprehensive Systemic Intervention Framework developed by Drs. Adelman and Taylor of the UCLA Center for Mental Health in Schools. These frameworks are also incorporated in SB288. With financial support from our grant and technical support from the Center for Mental Health in Schools we have been able to develop policy, design comprehensive and unifying intervention frameworks, and establish infrastructures for comprehensive systems of student/learning supports at every school. We have benefited in Berkeley from our association with the Center for Mental Health in Schools and I believe that SB288 provides new opportunities for us and for other districts to develop and improve the delivery of vital support services to students who face barriers to learning.”

From the Iowa City School District Website

In the Iowa City School District, the district-wide team is pursuing the Center’s work on Addressing Barriers to Learning and Teaching (which they refer to as the Adelman-Taylor Framework). The Center’s analyses are being used as the research base to guide this facet of school improvement efforts. On their website, they note the framework provides them with a comprehensive, multifaceted model with “useful language for understanding how barriers keep children from succeeding academically. The model is comprehensive and strongly promotes the coalescing of activities into a multi-faceted approach to address barriers. Currently our system to support youth becomes extremely fragmented, as we tend to organize around issues (i.e. drop outs, substance abuse, juvenile crime, truancy, abuse and neglect, etc..) Services need to be integrated with an infrastructure for communicationThe Adelman-Taylor framework has been adopted by the Iowa Department of Education and the ICCSD.” The team reviewed the six content arenas of the enabling component and is focusing on Classroom Focused Supports and Supports for Transitions. It was explained the corner stone of the Classroom Focused Supports is for teachers to personalize instruction.

Naturally, it is difficult to amass information on those places where we have not had direct contact. At times we do hear and try to follow-up. In addition, for this report we did an internet search. Below are some examples of what we have learned.

- > *Chapin Hall Center for Children at the University of Chicago, in partnership with the National Conference of State Legislatures* conducted “Charting a Course: A Child And Family Policy Web Conference Series.” The May 2007 focus was on *School Readiness and Success: Improving Children’s Social and Emotional Development*. During the session, it was reported that: “The School District Superintendent has mandated that each of the 170 schools in Palm Beach County, Florida, have a School Based Team. The team is based on literature out of UCLA by Drs. Howard Adelman and Linda Taylor. Locally, the team is comprised of the guidance counselor, school administrator, school social worker (Behavioral Health Professional), school nurse, exceptional student education coordinator, parent liaison and teacher. Community agency representatives are present when needed. The teams meet at least twice per month, and are focused on prevention and early intervention efforts to assist students before a referral for special education is considered. The team is concerned with student’s social, emotional, behavioral, physical and academic needs. The school district has a staff member responsible for the implementation and ongoing development of the teams, and provides technical assistance as needed. Guidance Counselors and the Behavioral Health Professionals meet at least twice per year for trainings. There are other separate professional development trainings offered throughout the year as well.”

- > *Oregon School Boards Association, Bridges to Achievement, Project Description*. “Meeting the demand for standard-based and result-oriented school improvement has focused on the prevalent thinking about school practices rather than considering fundamental systemic change. In doing so school reform planning guides adhere to the failed assumption that intensifying and narrowing the focus of behavioral discipline are sufficient to the task of continuously raising test scores. This assumption ignores the need for fundamentally restructuring school and community resources in ways that enable learning. When Adelman and Taylor (2005) asked what’s missing in school improvement planning, they noted that planning and implementation of a school’s approach to addressing learning and teaching barriers usually are conducted on an ad hoc basis. Also, the support staff tend to function in relative isolation of each other and stakeholders. Unfortunately, the tendency among reformers has been to focus mainly on the symptom of fragmentation. The main prescription has been to enhance coordination, but it does not really address the problem that school-owned student supports are marginalized in policy and practice. With respect to changing the deficiency in school reform models, Adelman and Taylor (2005) conclude that ‘addressing barriers to learning and teaching must be an essential and high level focus in every school improvement planning guide.’ ‘The intent must be to develop a comprehensive, multifaceted and cohesive approach. This, of course, represents major systemic change and requires shifts in prevailing policy and new frameworks for practice and sufficient resources to develop an effective structural foundation and ongoing capacity building for such change.’ Creating a climate for the required change must include the role of the school board which adopts the policies and allocates the resources within the school district.”

- > *Michigan Department of Education.* The department's guidance entitled *Mapping Your School's Resources* recommends two of the Center's documents: (1) *Resource Mapping and Management to Address Barriers to Learning* and (2) *Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs*.
- > *Rhode Island Department of Education.* In the department's *Initial Guidance for the High School Restructuring Component*, they cite the Center's work in emphasizing the need for schools to develop a systemic, integrated approach to addressing barriers to learning. Specifically, they quote the following: "In school districts, fragmentation and marginalization of efforts to address barriers to learning stem from the specialized focus and relative autonomy of a district's various organizational divisions. That is, the various divisions such as curriculum and instruction, student support services, activity related to integration and compensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education often operate as relatively independent entities. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, inadequate support for student transitions), they tend to do so with little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a school district's operations, an unproductive separation often is manifested among the instructional and management components and the various activities that constitute efforts to address barriers to learning. At the school level, this translates into situations where teachers simply do not have the supports they need when they identify students who are having learning difficulties. Clearly, prevailing school reform processes and capacity building (including preservice and in-service staff development) have not dealt effectively with such concerns." They devote an appendix in the document to elaborating on our framework for the content arenas of an enabling or learning supports component.
- > *Montana Office of Public Instruction.* This department has drawn on the Center's work related to systemic change as they focus on developing their procedures for *Response to Intervention*.
- > *Ohio Department of Education.* Email received in 2007: " I am leading a team at the Ohio Department of Education which is charged with developing a set of student intervention standards for districts and schools. I have followed your work for several years and am hoping to incorporate key concepts into the Ohio Standards. ... I pulled your Summer, 2004 newsletter that provides an expanded model in which RtI and other behavioral strategies are nested within a human development framework. It is your framework on which the Ohio standards are being developed."

Substantive Indications from the Field on Impact and Use

We request feedback on a regular basis and amass other unsolicited comments related to the Center's work. Responses come through email, online, FAX, and regular mail.

Last year's report categorized and quoted a sample of the essence of substantive responses. Below are a sample of those received since that time.

A. Related to Impact on Policy and Practice

- > From the *U. S. Department of Education, Office of Safe and Drug Free Schools* announcement for its grant program to Integrate Schools and Mental Health Systems. "...Historically, children's mental health in schools has been a fragmented service-delivery model, as opposed to a broad public health framework. The goal of this framework, which is broad systems change, is described by the University of California, Los Angeles' Center for Mental Health in Schools as a 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; (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. The Grants for the Integration of Schools and Mental Health Systems program will enable schools to improve their approaches to meeting the mental health needs of children by increasing linkages to qualified community partners, such as local mental health and juvenile justice authorities, improving professional training, and accelerating and increasing the development and translation of evidence-based research into practice. These systemic changes will transform the way that schools currently understand and address children's mental health and will reflect a broader approach at the community and state levels. Through a comprehensive, integrated approach to children's mental health, the United States can better address the mental health needs of children."
- > The *Government Accountability Office* asked us to provide input for their review of SAMHSA's work in school mental health. They cited and used some of our work in the 2007 report entitled: *School Mental Health: Role of the Substance Abuse and Mental Health Services Administration and Factors Affecting Service Provision*. Specifically, they noted: "In addition to SAMHSA, other agencies within HHS have roles related to school mental health services. For example, HRSA funds the Mental Health in Schools Program to support two centers related to school mental health. These centers currently focus on analysis of school mental health policies and programs and have also provided training and technical assistance. These centers are the Center for Mental Health in Schools at the University of California, Los Angeles and the Center for School Mental Health Analysis and Action at the University of

Maryland, Baltimore.” As part of their analysis, they cite our Center’s analyses as indicating “that most of the approximately 90,000 public schools nationwide have various efforts in place to address the mental health needs of their students. While the mechanisms for delivering school mental health services vary greatly from location to location, several general delivery mechanisms have been identified

- * School student support services: Services provided by school-employed staff such as counselors or psychologists.
- * School-district mental health units: Services provided to students through a district-operated mental health unit or clinic.
- * Agreements for services with community providers: Services provided through an agreement between the schools and a community provider, such as a school-based health center run by an entity other than the school or school district.
- * Classroom-based curricula: Services provided through curricula in classrooms or as special programs, such as activities to promote healthy emotional behavior and prevent behavioral problems.
- * Comprehensive, multifaceted, and integrated approaches: Services provided through comprehensive systems that bring together resources from both schools and communities in an integrated fashion to promote student mental health.

These mechanisms are not mutually exclusive. For more information, see Center for Mental Health in Schools, *The Current Status of Mental Health in Schools: A Policy and Practice Analysis* (Los Angeles, Calif.: 2006).”

- > “The work has already been done for us with meticulous detail. Over the summer, I had planned to develop an intra-school assessment tool for SEL. In my research, I read two volumes: ‘The School Leaders Guide to Student Learning Supports’ and ‘The Implementation Guide to Student Learning Supports In The Classroom and Schoolwide’, both by Howard Adelman and Linda Taylor (Corwin Press, 2006). Not only do these works have substantial chapters on assessing school needs relative to SEL and other barriers to learning, but they fold into an RTI model that is now being held into the face of every school administrator. The assessment tools are all there, and the beauty is that they do NOT pitch a single program or perspective. They are meant to be administered by a school learning support team, as Henry Kessin did in the NYC SEL Pilot Project.” (NY)
- > "I welcome your reaction and feedback on the preliminary plan. Because of the scope of UCLA SMHP work I particularly look forward to your assessment of the overall plan, not jut SEL.... I extend my deep gratitude for the time you spent instructing me in your work and sharing your insights.” [The Center’s feedback was sought by the Office of School Improvement, Student Support Services, NY State Department of Education as it developed the New York State on Children's Mental Health Plan and on Assembly Bill A01913 – an act to amend the education law in relation to requiring institutions granting degrees in education to require complement of a curriculum in the social and emotional development and learning of children as a condition of awarding any such degree]
- > From the RFP to enhance mental health services in NYC schools “Mental Health and Behavioral Services Grants: Overcoming Barriers to Academic Achievement” (7/2007): "...The DOE recognizes that for principals and parents alike, effective

instruction is the bottom line for any school. Parents want to send their children to a school with competent and caring teachers who have high standards and expectations. However many schools continue to have levels of student disengagement, bullying, violence and other behaviors problems which compromise learning. A small, but significant percentage of students have a mental health conditions that affects their ability to learn. Teachers need and want considerable help in addressing the barriers to student and school success.” [Citation: Center for Mental Health in Schools. Report from the Leadership Summit on Student Support Staff Moving in New Directions through School Improvement – A Call to Action. University of California Los Angeles, July, 2006]

- > “Thank you for an outstanding resource and analysis. It is a model of how to take the high road in public policy work. Your insights are of crucial importance, as is your positive framing. I also had many of the concerns you identified but you have articulated them in a way far beyond my most optimistic contemplations. I will be sure to share this with my CASEL colleagues and those participating in our Developing Safe and Civil Schools: A Social-Emotional Learning Initiative in NJ. I will also share with my collaborating colleagues in Ohio who are focused on more comprehensive de-fragmentation in their schools.” (New Jersey)
- > A 2007 article in the Journal of Alcohol and Drug Education provides another example of impact. The article entitled: “Taking School-Based Substance Abuse Prevention to Scale: District-Wide Implementation of Keep a Clear Mind” by Jowers, Bradshaw, & Gately summarizes “the application of Adelman and Taylor’s 1997 model for district-wide program implementation to the dissemination of an evidence-based parent-child drug education program called Keep A Clear Mind (KACM).” The abstract states: “Findings provided support for Adelman and Taylor’s model as a framework for collaborative district-wide implementation of substance abuse prevention. The pre-post comparisons from two consecutive cohorts of students indicated a significant reduction in students’ attitudes supporting alcohol use, a significant increase in parent/child communication about prevention, students’ perceived ability to resist peer pressure, and their attitude that alcohol, tobacco, and marijuana use is wrong. ... Following the Adelman and Taylor model, the district successfully implemented KACM in multiple schools, achieved positive student outcomes, and has sustained the program for multiple school years. By adopting a district-level model of program coordination, programming decisions were shifted from the individual schools to the district, resulting in greater program fidelity, enhanced program outcomes, and increased sustainability. The sample included 2,677 fifth graders in 43 schools who participated in the KACM program....”
- > From the 2006 report entitled: *School-Based Mental Health: An Empirical Guide for Decision-Makers* by Kutash, Duchnowski, & Lynn at the University of South Florida’s Research & Training Center for Children’s Mental Health: The report describes the three major models or perspectives of mental health in schools as
 - (1) “The Spectrum of Mental Health Interventions and Treatments (Mrazek & Haggerty, 1994; Weisz et al., 2005). This approach includes what may be considered traditional mental health interventions applied to school settings. These include promotion and prevention strategies, psychotherapy and other standard

treatments for known disorders, psychopharmacology, and maintenance and recovery strategies.

(2) Interconnected Systems for Meeting the Needs of All Children (Adelman & Taylor, 2006; National Institute for Health Care Management, 2005). This model is composed of three overarching systems: systems of prevention; systems of early intervention; and systems of care for children with the most serious impairments. These three systems collaborate to form an integrated continuum of services for children that include SBMH.

(3) The Application of Positive Behavior Supports to Reduce Challenging Behaviors in School (Horner et al., 1999). This model implements positive behavior supports (PBS) and functional behavioral assessment in school settings to both prevent and intervene with challenging behaviors at the school, classroom, and individual level.”

In summarizing the interconnected systems approach, they state: “... An important source of information describing Interconnected Systems in the context of a SBMH program model is the work of Adelman and Taylor at the UCLA Center for Mental Health in Schools. In a recently published text, Adelman and Taylor (2006) have summarized their extensive work addressing the removal of barriers to learning. They propose that schools, whether they accept it or not, are faced with the serious problem of almost a third of their students failing to learn because of psycho-social barriers to learning. Adelman and Taylor’s approach (2006) to SBMH is to completely restructure schools and the communities they serve into comprehensive, interconnected systems that together have the expertise and resources to effectively address the barriers to learning and produce students who are successful in the multiple domains of their lives. More specifically, in discussing whether the barriers to learning are caused by internal factors or the environment, they propose the use of a transactional view that ‘actually encompasses the other models and provides the kind of comprehensive perspective needed to differentiate among learning and behavior problems’ (Adelman & Taylor, 2006, p. 24). Their conceptualization of a ‘transactional view’ is consistent with their position that major restructuring needs to take place to bring about significant improvement in outcomes for children who experience emotional problems. That is, narrow, fragmented approaches that focus on single aspects of barriers to learning will not be sufficient to bring about desired outcomes. An approach that is comprehensive (composed of the interconnected systems) is necessary to address both the internal (child) causes and the external (environmental) causes of psychosocial barriers to learning....”

- > “Thank you for the analysis related to mental health and schools, especially the paragraph that addresses braiding resources to address barriers including IDEA, Title 1 and building on collaborative efforts. The policy and infrastructure and efforts to establish collaborative and sustainable partnerships between mental health and education. It is long overdue, but braiding the two systems to meet the needs of all children is real education and mental health reform. Rather than two parallel reform efforts, an integrated effort of reform needs to take place. Thanks for all your efforts and hard work to spotlight what needs to be done.” (California Department of Educ.)

- > “I really appreciate your willingness to work in concert with the department. This is always what has impressed me about your work. It definitely helps school districts to know that the work is coordinated with our technical assistance efforts.” (Iowa state director of education)
- > “Our work promoting building level resource coordination teams (inspired by your work) continues and is having some success. We have one of 16 Pennsylvania Department of Education School-based Behavioral Health grants that is focused on strengthening our local Resource Coordinating Teams/Building Level Teams.” (Pennsylvania)
- > “I received an email from one of my most respected colleagues after sending her materials from your center. She said ‘I have read the information you sent me on capacity building. As I reread it I see some ‘holes’ in our project. It would benefit us to go through the process that is outlined where it applies to the project. I am using some of the material to prepare for a Board retreat next week. Also need to reread the sustainability information. If ever you doubt that your Center is having a real and concrete impact on the workings of realtime communities and schools please know that Williamson County TX is going to be a much better place in the years to come for the influence of you and your Center.’” (Texas)
- > “The last two editions of Addressing Barriers to Learning have been a windfall for me. I have responsibility for developing an ‘evidence-based practices’ protocol to help our regional TA networks. The summary you provide is invaluable. The fall issue on ‘Mental Health in Schools: Much More than Services for the Few’ is a terrific summary of interrelated topics and provides a context for our work on social emotional development. It will help me in a talk I will give next week to an OMH planning group.” (New York State Department of Education)
- > “I am working on SEL standards for the NYS Board of Regents. Your work was so comprehensive that I felt it unnecessary to develop another assessment tool from scratch.” (New York)
- > “[The Center co-directors] came to Madison [WI] about 5 years ago and inspired us in the area of mental health. We created the Children's Mental Health Collaborative in 2002-03 and recently had our Fourth Summit with 55 participants from all segments of the community.”

B. Related to Use and Sharing of Resources and Center Responsiveness

- > “We are convening a statewide planning group. We intend to use many of the documents on your website related to building readiness, mapping and developing a plan for phasing in.” (Vermont State Department of Education,)
- > “The Center resources are very helpful as I am working through a mental health grant focusing on linking community agency services to schools. I have used the materials for work with training teachers and for increasing my own knowledge of school perspectives of mental health.” (Illinois)

- > From the Center for Schools and Community website: “On May 22, 2007, the Pennsylvania Department of Education sponsored a one-day symposium on: ‘Supporting Students to Success: Effective Strategies for Pennsylvania's Schools’. Featured was a session entitled: *Reducing the Barriers to Learning, Netting Strong Results for Students: How the UCLA Mental Health Model Helps a School District Infuse Prevention Science within the Regular School Day*. In this session, the Deputy Superintendent of Harrisburg School District introduced the district’s philosophy and operations of universal prevention and early intervention efforts that provide appropriate supports for learning while building on the individual’s learning strengths and optimizing limited resources for all learners. Harrisburg’s system of student supports is modeled after the UCLA Model of Comprehensive Mental Health Services. A panel of district leaders described prevention programs and discussed how the function of traditional support roles are used differently to benefit more students earlier, enabling students to use their own protective factors of resiliency to overcome personal barriers to learning before they become insurmountable.”
- > Referring to a featured article in the Center journal/newsletter: “This article is fantastic. For those of you who are new to this resource, I encourage you to browse through the archives. [The Center does] such a nice job of conceptualizing systemic change for school mental health from an *education* perspective (and not solely a clinical perspective). Their work has been very useful to my discussions in Missouri with state leaders. (co-director, Center for Advancement of Mental Health Practices in Schools, University of Missouri-Columbia)
- > In response to the Center’s focus on the dropout problem: “The whole thing underscored for me the lack of a focused systemic approach to addressing the issues of barriers. Lakewood's Promise continues to work with the district to develop such a systemic approach and there may be some progress, albeit slow. I keep telling them about your work, whenever I have the opportunity! Last week the Mayor and I met with two members of the WA State legislature on this issue, taking with us some of the policy references in one of your bulletins.
- > “I have never been so impressed with such quick and on-point assistance in all my life. I emailed an impossible question in to the Center and received two responses back within an hour (fyi I also tried emailing a couple of other places and still haven’t heard back). Both responses were thoughtful and helpful and I am completely impressed with the work you do.”
- > “I have read through all of the comments and plans that the Leadership Training Institute participants wrote and they are very positive and filled with optimism and fresh ideas on how to proceed. I learn something new every time I hear you present and my colleagues feel the same way.” (Iowa AEA)
- > “The response to our formative survey related to the development of a youth depression program through Oregon’s Center for Applied Science was provided on a timely basis and was very useful. We look forward to further discussions as the program development progresses.” (Oregon)

- > “I am always so completely impressed with all the information I receive. In the most recent case I was looking for very specific information and emailed my precise request. In a very timely manner, I received a response that was comprehensive and extremely helpful. I always come away with extensive knowledge in so many areas. My only regret is that I don’t have weeks (if not months) to thoroughly explore all those areas relevant to my interests and programs.” (New York)
- > “You provide challenging, brilliant, thought provoking and exceptionally helpful information in formats easily digestible by intelligent and committed people.” (New York)
- > “The Center resources have been a valuable asset in my presentations to various groups inclusive of parents, different mental health disciplines, and administrators who are concerned about the future of mental health in schools. I appreciate all the time and effort the Center is doing to keep me abreast of the current ideas.” (Massachusetts)
- > “I continue to appreciate and look forward to “Addressing Barriers to Learning” [The Center quarterly journal/newsletter]. Please send me another copy of “Response to Intervention.” I frequently refer this wonderful resource to many of my colleagues.” (Michigan)
- > “Thank you for your work. It has helped me very much in talking to parents and others interested in being involved in the education of our youth (Massachusetts)
- > “Your website is a goldmine of information on the mental health needs of children. I often recommend your site to my colleagues and peers. (Michigan)
- > “I think the resources on your website are excellent and definitely useful for educators, counselors, and psychologists nationwide.” (Ohio)
- > “I am trying to implement resource mapping within our school district. I emailed to get some assistance with implementing and evaluating this process. The help has been great.” (California)
- > “I wrote to ask for contacts in Ohio and was very promptly contacted by a number of people. I can’t believe how responsive the Center and all of the people to whom I was referred were. I am hoping to bring school mental health to our rural districts.” (Ohio)
- > “Thank you so much for the quick response to my question. I really appreciate the wealth of information you shared. It was exactly what I needed. I am grateful for this resource and I’m going to pass it on to other professionals working in schools.” (Oregon)
- > “Your center has been extremely helpful in providing education and support regarding a variety of issues in which I have accessed your services. I am a mental health clinician working in child and adolescent community services in Winnipeg, Manitoba, Canada. It is wonderful to have the international perspective of services and policy affecting service delivery for children.” (Canada)
- > “I appreciated the willingness to provide assistance and consultation. I appreciate the

cautious approach the Center takes to introducing various forms of therapy and the promotion of the idea that children's behavior needs to be viewed in social and developmental context." (Connecticut)

- > "I am a newly trained teacher discovering your website and project for the first time. I searched the internet this morning using the key words "teacher", "stress" and "burnout" and I subsequently found your resource on "Understanding and Minimizing Staff Burnout." I want to thank the School Mental Health Project for making such a useful and comprehensive document available." (Greenland)
- > "I think that the website is very inclusive and I was able to find a lot of relevant information. Along with the content being on point and useful, the website is user friendly." (Maryland)
- > "Your in-depth and extremely pertinent response to an email out of the blue from someone unknown to you was impressive. The information was comprehensive and very useful." (Virginia)
- > "I am a new user, all I can say is what a great service you provide." (Greece)
- > "The updated Parent and Home Involvement in Schooling resource is the most current and comprehensive document regarding broad-based effective family involvement in and support of schools." (Utah)

Concluding Comments

This year we have seen an escalating impact of our Center's strategic and multifaceted work. Our policy and practice analyses and other resources have been used at state, regional, and local levels to advance the field. We are called upon by government and private entities to assist, guide, and review their efforts to advance policy, practice, research, and training.

Available information indicates that our efforts to create readiness for moving forward are bearing fruit across the country. Some places already have developed designs and a few have even begun initial implementation of prototypes. And, we have contributed to the design of grant programs and to the development of plans for carrying out funded projects.

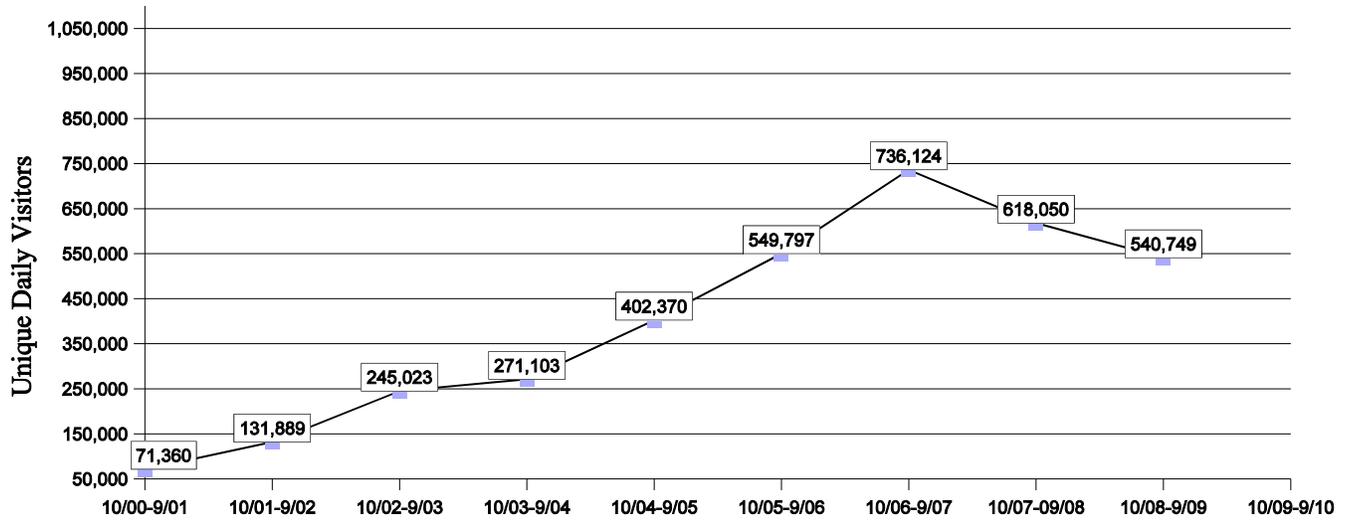
The work is increasingly referred to by agencies at local, regional, state, and national levels and in publications (books, chapters, journals, reports). Formal and indepth discussions of the Center's work are taking place in many venues. And, organizations are citing our policy and practice analyses in support not only of mental health in schools, but in relation to such matters as interagency collaboration to support the mental health needs of children and families, addressing youth risk behavior, mental health in schools and public health, and so forth. Indeed, our analyses and their implications are shared regularly with policy makers and program planners at all levels. For example, our work was cited a number of times in a recent Congressional briefing by the American Counseling Association, American School Counselor Association, the National Association of School Psychologists, and the School Social Work Association of America. They followed our lead and entitled their presentation: *Removing Barriers to Learning and Improving Student Outcomes* and cited our analyses as indicating the need for public policy to fix the current system of student supports which is fragmented, overburdened, and unable to meet the growing needs of schools. They stressed that the UCLA Center for Mental Health in the Schools analyses underscore that policy makers and school staff must work with families and community resources to create a cohesive and integrated continuum of interventions that meets the needs of all students, including but not limited to those with severe problems.

Finally, we note that the invitations to present, to write chapters and articles, and provide our expertise in support of state, regional, and local initiatives just keep rolling in. We can only anticipate a continuing escalation in impact given the increasing attention to what has been missing in school improvement policy and practice and with the involvement of Scholastic Inc. in support of our work.

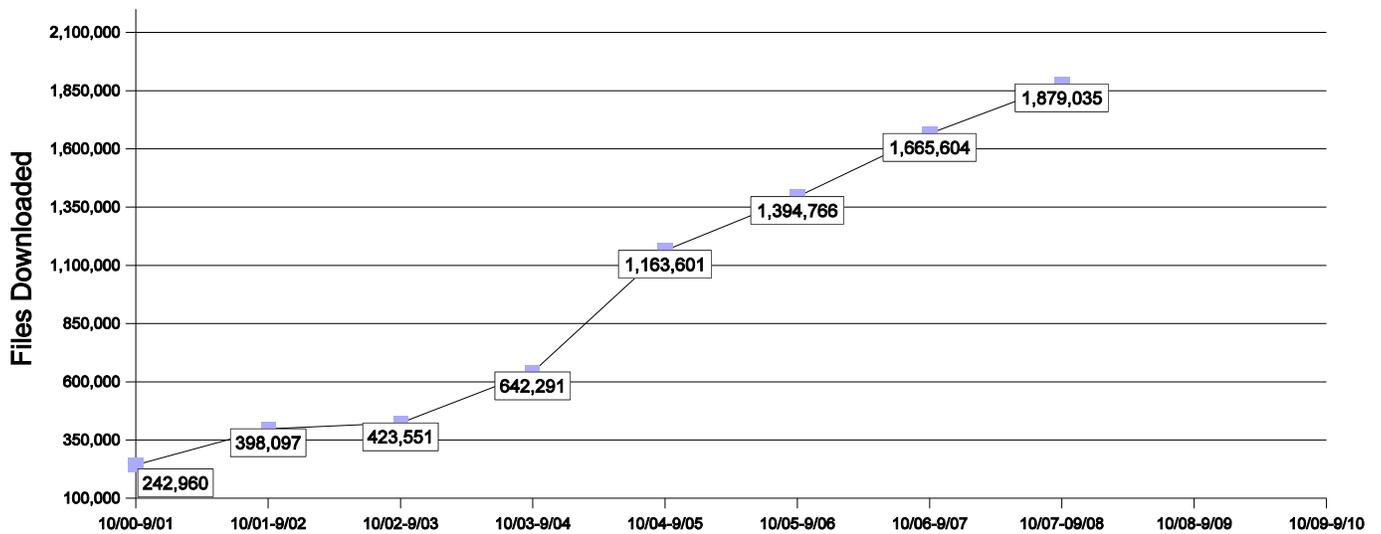
Addendum 1

Data Graphs

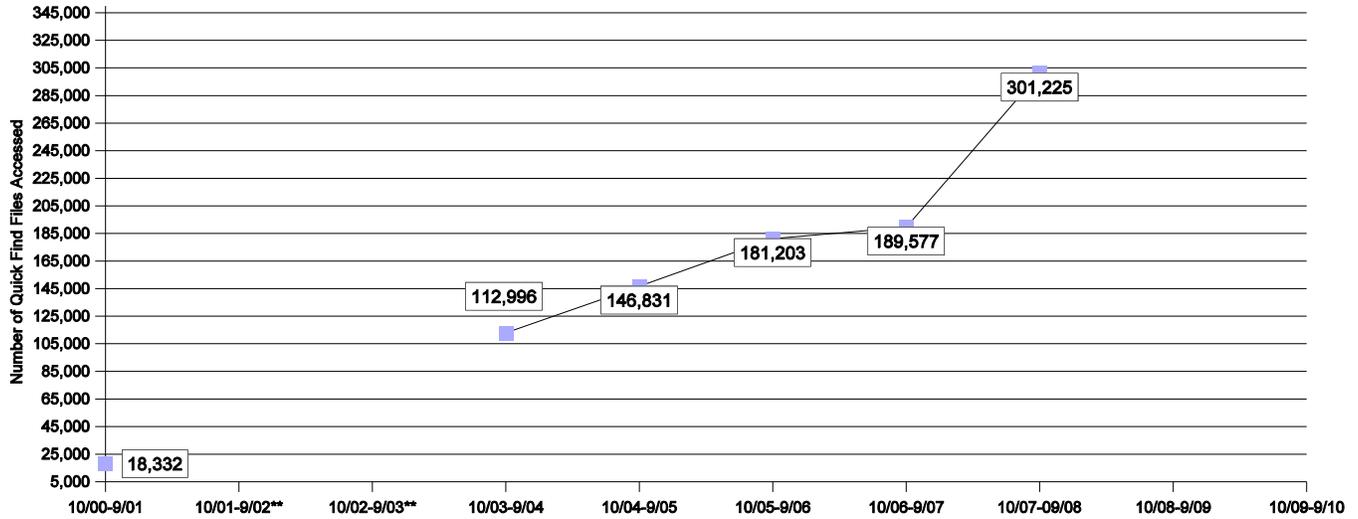
Web Site Daily Visitors



Web Site Number of Downloads



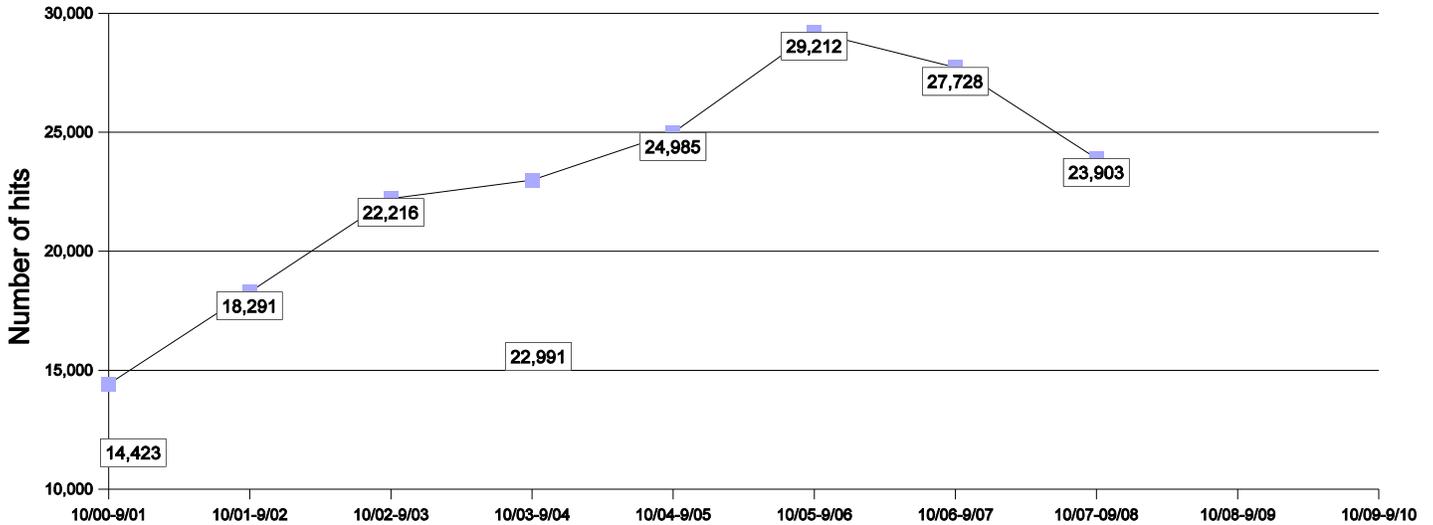
Web Site Quick Find* Topics Accessed



**Quick Find* is the Center Clearinghouse Online menu/resource locator. It groups material together by topic. Currently, there are over 130 topics on-line that include references to Center material and links to other internet based documents, publications, web sites, and agencies.

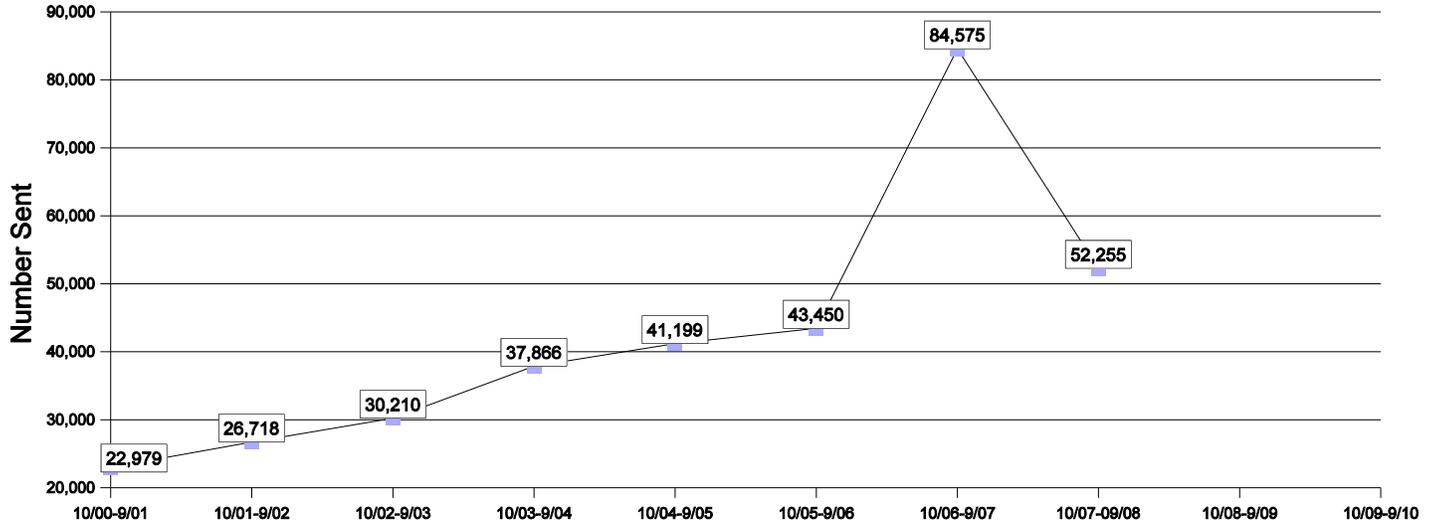
**The data for the 01/02 & 02/03 years were lost, but the trend was upward.

Web Site Gateway* use to Link With Others



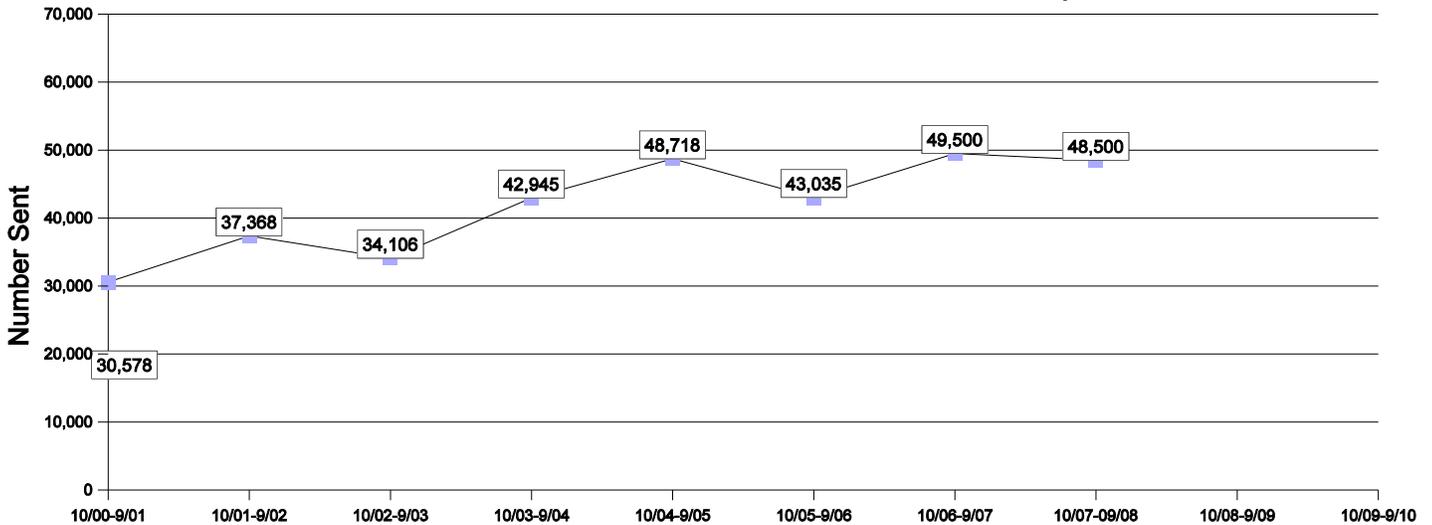
**Gateway to a World of Resources for Enhancing MH in Schools* is a links "map" that provides quick access to relevant organizations and networks providing resources on the internet.

Quarterly Journal/Newsletter*



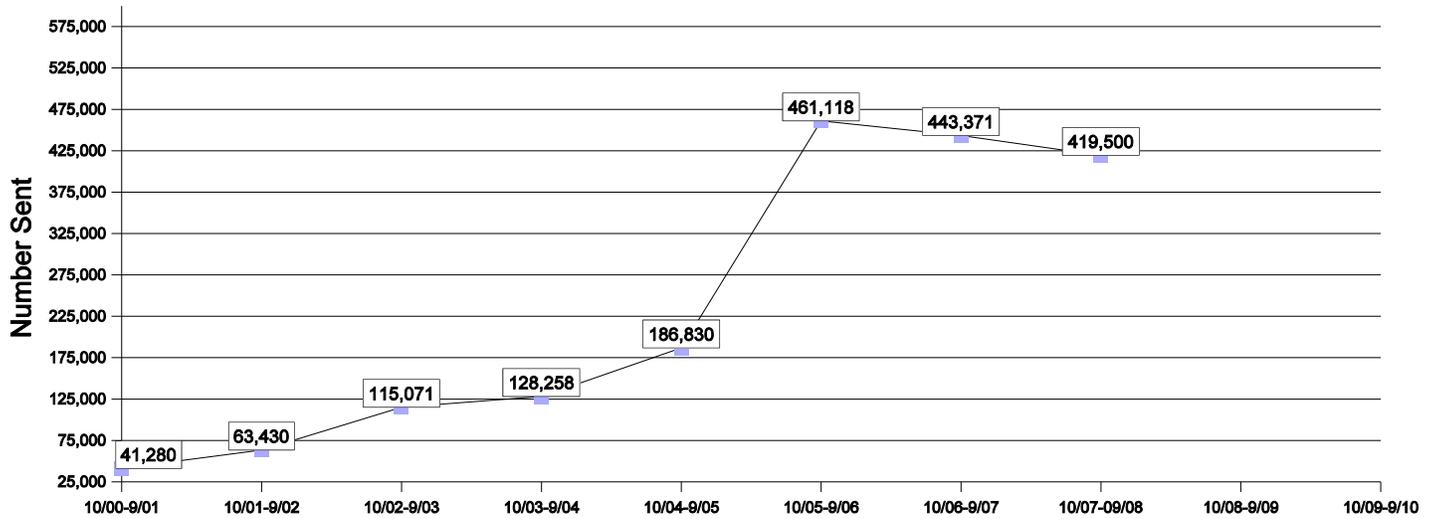
*These data represent the initial mailing of the Center’s quarterly journal/newsletter which currently is sent directly to over 10,500 individuals. Besides the initial mailing, copies also are sent out as part of inquiries to the Center, in response to specific technical assistance requests, and so forth. Some organizations ask for multiple copies to send on to their membership. Copies also are distributed at various conferences and workshops where Center materials are displayed. And, reports indicate that others are making copies and distributing them to colleagues. Here, too, given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. All editions are archived on the website for ready and ongoing access. Because of budget cuts, as of fall, 2007, hardcopies are no longer mailed.

Materials Distributed for Outreach and for Outreach Follow-up*



*This reflects not only dissemination efforts, but also the increasing focus by the Center on developing effective diffusion strategies. The figures encompass distribution of resources such as policy reports, guidebooks, introductory and resource aid packets, continuing education units, information, fact and practice notes, etc. These go to various centers, clearinghouses, federal agencies, and other potential dissemination agents, as well as to members of the Center’s advisory group, our sister Center, the participant organizations in the National Initiative to Improve Adolescent Health (NIAH), other key consultants, as well as what the Center distributes at workshops, conferences, and special meetings.

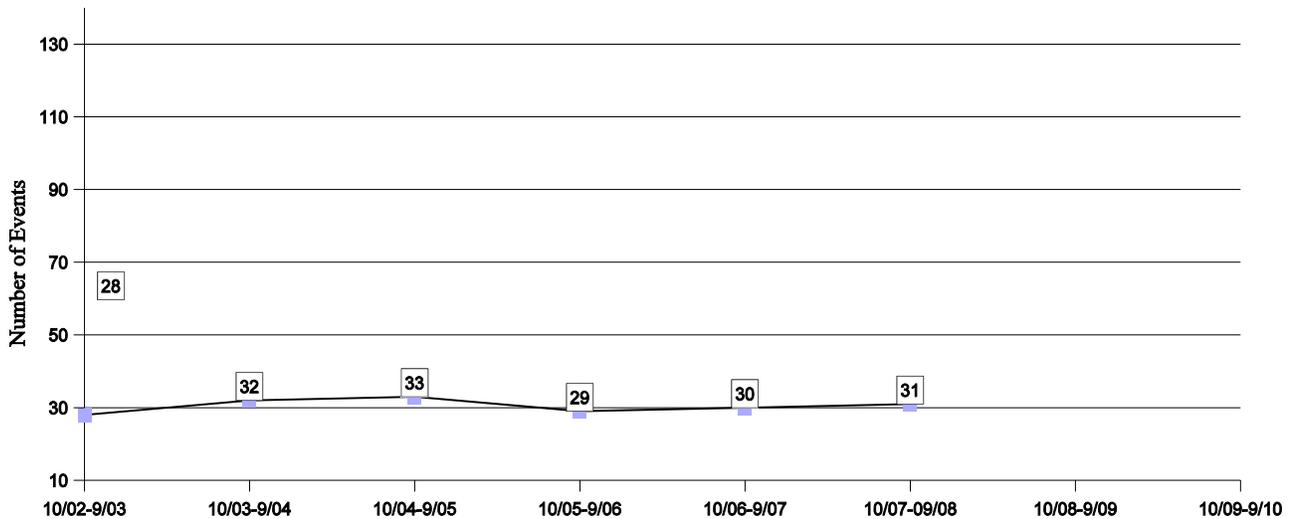
Direct Email Outreach (e.g., ENEWS, Practitioners Listserv, Updates)*



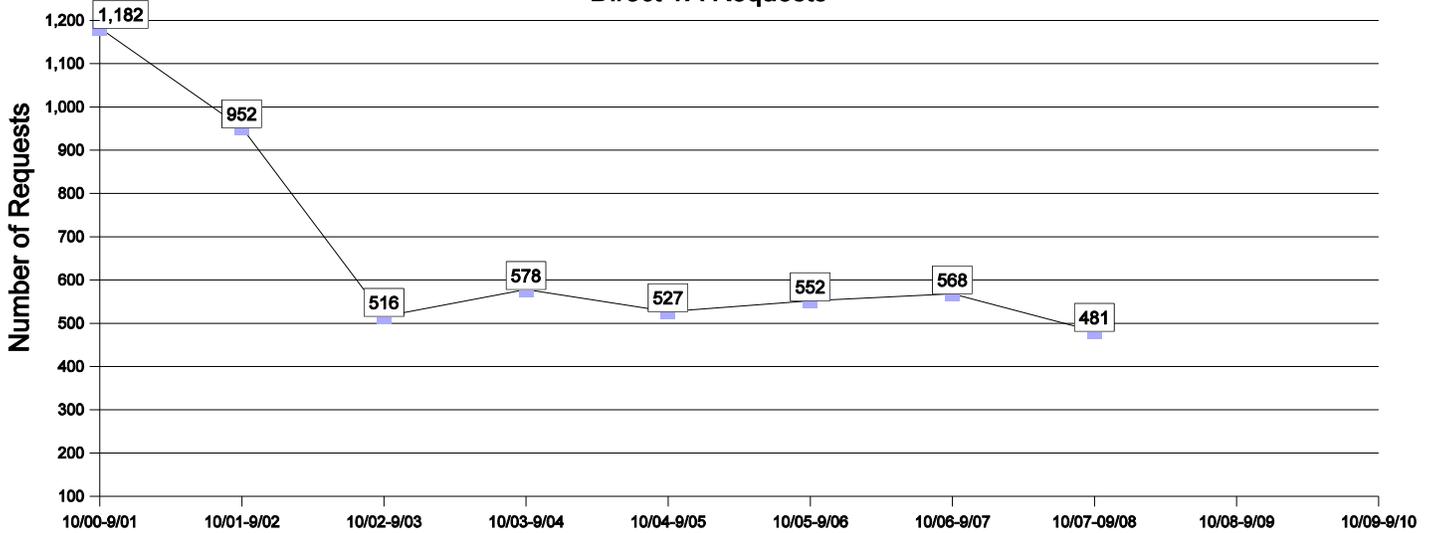
*As part of its strategy for diffusion, each year the Center has markedly increased its outreach with a strong emphasis on using email communications. Also, see the data on web site use (the web, of course, enables major electronic outreach and provides access to TA, training, materials, networking, etc.). ENEWS is the Center’s monthly electronic news update developed and implemented in Sept. 1996. The listserv started with just over 200 and now is directly sent to over 9,000 individuals and organizations, and the list continues to grow. The latest issue is added to the website for others to access. Reports indicate that it is widely forwarded to organizational listservs. In addition, the Center sends out a weekly Practitioners’ listserv which responds to requests and facilitates sharing; other networking listservs are sent out periodically (e.g., National Initiative for New Directions, Policy Leadership Cadre). Given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. Special ENEWS communications are sent whenever special announcements and special needs arise (e.g., this was used extensively in the Center’s work in the aftermath of Hurricane Katrina and at other times of special need).

National Initiative: New Directions for Student Support

Number of Strategic Events Held Since Initiative was Undertaken in 2002

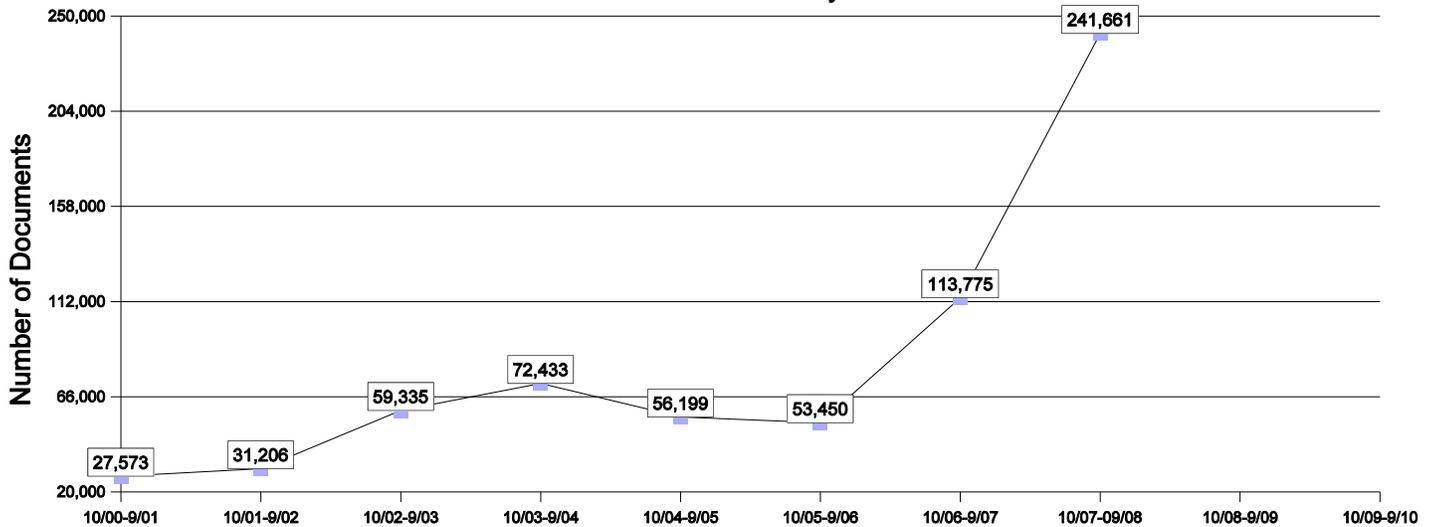


Direct TA Requests*



*In addition to the site-based practitioners who contact the Center for technical assistance, about half of the requests are from institutional representatives, including centers, organizations, agencies, school districts, and schools. While every contact has the potential to create a *ripple effect*, this is particularly so for the assistance provided organizations. The total number represents specific areas where assistance was provided; requests often ask for assistance and materials in more than one area. These figures do not include the unique form of TA provided through the Center’s weekly Practitioners’ Listserv. Note the drop and subsequent fluctuations in TA requests (which started in 1999). This reflects the impact of the Center’s increased outreach (e.g., work around the country, the Practitioners’ listserv, the enhancement of the website). In particular, as the website has expanded, those in need of technical assistance increasingly have been able to find what they need without calling directly. The Center receives constant inquiries about whether its documents can be copied and circulated. Moreover, feedback indicates that a significant amount of what the Center sends out is copied and shared – sometimes on a mass production scale. In addition, all documents are shared with other centers, organizations, and clearinghouses for distribution through their facilities. In addition, almost all Center documents are available for downloading in pdf format (readable by Adobe Acrobat, a free document browser) at no cost, and increasingly consumers are doing this rather than ordering hard copies. As a result of all this, as Center users increase, direct calls for TA increase at a slower rate.

Center Announcements & Surveys of Need*



*Refers to mailing of center announcements, direct needs assessments and those sent out inserted in newsletters, follow-up feedback forms sent to center consumers, etc.

Addendum 2

Tool Kit for a Comprehensive System of Learning Supports

Rebuilding a system of supports for learning requires blueprint guides, materials, tools and other resources for strategic planning, implementation, and capacity building. Such resources also help to deepen learning about the substance and processes of the work to be done.

With this in mind, a "Rebuilding Kit" has been developed and will continue to evolve. It provides a wide range of detailed resource materials (e.g., exemplars, guides, aids, tools) ranging from guides for responding to frequently asked questions, tools for mapping and analyzing existing practices, and prototypes for expanding school improvement policy, framing intervention comprehensively, and rethinking infrastructure at all levels. Direct website addresses are provided for ready access.

This kit is divided into five sections.

Section A provides brief documents clarifying the imperative for rebuilding and providing a big picture (including exemplars and guides) for policy makers, administrators, and other stakeholders to adapt in moving forward with a comprehensive system of learning supports. For example, it contains:

- Brief overviews of rationale and responses to frequently asked questions about rebuilding student and learning supports
- Examples of policy formulations at school, district, county, and state levels
- Prototypes of guidelines and standards
- Prototype for a school district proposal

Section B offers a variety of tools for initial and ongoing planning of the rebuilding process. For example, it contains resources related to:

- Reframing intervention
- Reworking infrastructure
- Capacity building

Section C offers brief guidance and blueprint notes, specific tools, and training material related to phasing-in the new system and providing ongoing capacity building.

Section D provides some introductory resources for planning and implementing essential systemic changes.

Section E provides access to a readily accessed topical online Quick Find clearinghouse with a menu of over 130 specific Quick Finds. Among the topics covered are disaster response, classroom management, motivation (including engagement and re-engagement in classroom learning), social and emotional development, specific types of student problems, and much more. Some of the Quick Finds provide links directly to staff/stakeholder development and training aids and tutorials and continuing education modules.

Current Contents of Tool Kit

Section A

Rationale and Responses to Frequently Asked Questions about Rebuilding Student Supports

- >School Improvement? . . . fully addressing barriers to learning and teaching is the next step! <http://smhp.psych.ucla.edu/pdfdocs/schoolimprovement.pdf>
- >Assuring No Child is Left Behind; Enhancing Our Learning Support System by Building a Comprehensive Approach that Closes the Achievement Gap and Ensures Every Student has an Equal Opportunity to Succeed at School
<http://smhp.psych.ucla.edu/summit2002/assuringnochild.pdf>
- >Two related "White Papers" with a set of talking points that can be used for brief presentations to administrators, school boards, etc.
<http://smhp.psych.ucla.edu/pdfdocs/Report/newdirectionsforschoolandcommunity.pdf>
- >So you Want Higher Achievement Scores? It's Time to Rethink Learning Supports. From the Journal of the National Association of State Boards of Education.
<http://smhp.psych.ucla.edu/summit2002/schoolboard.pdf>
- >Developing a Comprehensive System to Address Barriers to Learning and Teaching: Keeping the Big Picture in Focus
<http://smhp.psych.ucla.edu/pdfdocs/studentssupport/toolkit/keepinginmind.pdf>
- >Notes for Q & A
 - These brief sets of notes address five frequently asked questions that arise in discussing efforts to ensure schools have a Comprehensive Learning Supports System in place.
 - Why is a Comprehensive Learning Supports System an imperative?*
 - What needs to be done to make such a component a reality?*
 - What does such a component need to look like at a school?*
 - What's the research-base for such a component?*
 - What will it cost?*
 - All five questions are addressed in two overlapping sets of notes:
 - > Why a Comprehensive Learning Supports System?
<http://smhp.psych.ucla.edu/summit2002/q&a.pdf>
 - > Why Address What's Missing in School Improvement Planning?
<http://smhp.psych.ucla.edu/summit2002/Q&ASchoolImprove.pdf>
 - Four other brief documents embellish the answers:
 - > What will it Cost? - No New Dollars!
<http://smhp.psych.ucla.edu/summit2002/whatwillitcost.pdf>
 - > What's the Research-base for Moving Toward a Comprehensive System of Learning Supports?:
<http://smhp.psych.ucla.edu/summit2002/WhatstheEvidenceBase.pdf>
 - > Data Related to the Need for New Directions for School Improvement
<http://smhp.psych.ucla.edu/summit2002/data.pdf>
 - > Data on the Plateau or Leveling Off Effect of Achievement Test Scores
<http://smhp.psych.ucla.edu/summit2002/plateau.pdf>

Examples of Policy Formulations at school, district, county, and state levels

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aida.pdf>

Prototypes of Guidelines and Standards

>*Prototype Guidelines for a Learning Supports Component* -- In considering policy, this concise outline of guidelines covering the nature and scope of a learning supports component can be helpful.

<http://smhp.psych.ucla.edu/pdfdocs/studentsupportguidelines.pdf>

There is a supporting document outlining the rationale and research behind each of the guidelines.

<http://smhp.psych.ucla.edu/summit2002/guidelinessupportdoc.pdf>

>*Overview of Standards and Accountability to Encompass a Learning Supports Component* -- Establishing standards is another facet of ensuring high levels of attention and support for development of comprehensive, multifaceted approaches to address barriers to learning and teaching. To illustrate a starting point in developing such a set of standards, included in this resource are:

- the prototype guidelines for a student support component
- a set of standards with quality indicators
- the Quality Student Support Criteria and Rubrics from the Hawai'i Department of Education's document entitled: Standards Implementation Design System.

Also included is an expanded framework for school accountability to account for a learning supports component.

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidc.pdf>

A Prototype for a School District Proposal

<http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidj.pdf>

Section B

Reframing Intervention

>*Moving toward a Comprehensive System of Learning Supports: Mapping & Analyzing Learning Supports* -- A tool outlining a six step process that can be used by school improvement planners and decision makers to chart all current activities and resource use (e.g., school, district, community) as a basis for evaluating the current state of development, doing a gap analysis, and setting priorities for moving forward.

<http://smhp.psych.ucla.edu/summit2002/tool%20mapping%20current%20status.pdf>

>*Response to Intervention* -- Feature article in Center Newsletter/Journal

<http://smhp.psych.ucla.edu/pdfdocs/Newsletter/fall06.pdf>

>*Natural Opportunities to Promote Social-Emotional Learning and MH* -- Featured article in Center Newsletter/Journal

<http://smhp.psych.ucla.edu/pdfdocs/Newsletter/fall03.pdf>

Reworking Infrastructure

>*Infrastructure: Is What We Have What We Need?* -- A tool outlining a four step process that can be used by planners and decision makers to map and analyze current infrastructure. <http://smhp.psych.ucla.edu/summit2002/tool%20infrastructure.pdf>

>*Notes on Infrastructure at a Small School* -- Obviously, a small school has less staff and other resources than most larger schools. Nevertheless, the three major functions necessary for school improvement remain the same in all schools, namely (1) improving instruction, (2) providing learning supports to address barriers to learning and teaching, and (3) enhancing management and governance. These notes highlights the needed roles and functions that call for a change in current operational and organizational infrastructure at the school site. [http://smhp.psych.ucla.edu/pdfdocs/infra small school notes.pdf](http://smhp.psych.ucla.edu/pdfdocs/infra%20small%20school%20notes.pdf)

>*Notes on Infrastructure for Learning Supports at District, Regional, and State Offices* -- Highlights roles and functions related to developing a comprehensive learning supports system that call for a change in current operational and organizational infrastructure at these levels. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidk.pdf>

>*Resource Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports* -- Pulls together the Center's work on resource-oriented mechanisms designed to ensure schools pay systematic attention to how they use resources for addressing barriers to learning and promoting healthy development.

http://smhp.psych.ucla.edu/pdfdocs/Report/resource_oriented_teams.pdf

>*One Page Handout on What is a Learning Supports Resource Team?* -- Basic description of the purpose, composition, and functions of a school site resource-oriented team mechanism <http://smhp.psych.ucla.edu/pdfdocs/resource%20coord%20team.pdf>

>*Guide to enhancing school-community infrastructure and weaving resources together* -- Discusses school-community collaboratives as key mechanisms for braiding school and community resources and stresses ways to optimize the functioning of such groups. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidg.pdf>

Capacity Building

>*Job descriptions for learning support component leadership at a school site* -- Examples of job descriptions are provided for both an administrative and staff lead for a learning supports component. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidd.pdf>

>*Notes about Reframing the Roles and Functions of Student Support Staff in terms of Levels of Competence and Professional Development* -- Presents a framework of areas of function, levels of professional development, and the nature and scope of competencies. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aide.pdf>

>*Benchmark Checklist for Monitoring and Reviewing Progress in Developing a Comprehensive System to Address Barriers to Learning and Teaching* -- The checklist is designed to aid those involved in the process of restructuring education support programs and developing a Learning Supports (Enabling) Component. This tool was developed as a formative evaluation instrument for use by Steering Groups, Organization Facilitators, and other change agents. It aids in focusing problem solving discussions and planning next steps. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/benchmarktool.pdf>

>*Monitoring Progress in Developing a Comprehensive System to Address Barriers to Learning and Teaching - Topical Guide for Self-Evaluation* -- This outline is intended to provide a focus for informal self-evaluation of progress in developing a comprehensive, multifaceted, and cohesive approach to address barriers to student learning. Think in terms of four levels: school, complex of schools, district, and state. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/selfevaltool.pdf>

>*Using Federal Education Legislation in Moving Toward a Comprehensive Multifaceted, and Integrated Approach to Addressing Barriers to Learning* -- Discusses those facets of the "No Child Left Behind Act" and the "Individuals with Disabilities Education Act" that cover coalescing student/learning supports <http://smhp.psych.ucla.edu/pdfdocs/federallegislation.pdf>

>*Presentation Handouts/Slides on: Enhancing School Improvement: Addressing Barriers to Learning and Reducing the Achievement Gap*

Section C

Planning Phase-in

>*Guide on how to phase-in a learning supports component* -- Discusses phasing-in throughout a district or in one school - includes an outline of steps, a calendar for integrating the work into school improvement planning, and a monitoring outline and set of benchmarks. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidb.pdf>

>*Draft of a five year plan for phasing-in a learning supports component* -- This example is one school's draft of a 5 year plan for developing a comprehensive, multifaceted approach to address barriers to learning (an enabling or Learning Supports component). The sketch is a bit rough, but it provides a sense of one site's thinking and could readily be adapted. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/draft5year.pdf>

>*Action Planning Guide: Making it Happen* -- Contains an overview of key facets and steps related to action planning, worksheets, and a group guide. <http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/overviewofkeyfacets.pdf>

Ongoing Capacity Building

>*Guide to resource mapping and management to address barriers to learning: An intervention for systemic change* -- Discusses the purposes, processes, and products of mapping resources and provide a set of self study surveys for a learning supports component.

<http://smhp.psych.ucla.edu/pdfdocs/resourcemapping/resourcemappingandmanagement.pdf>

>*Self-study Surveys* -- Includes a discussion of comprehensive, integrated approaches for addressing barriers to learning followed by a set of surveys covering six program areas and the leadership and coordination systems every school must evolve to enable learning effectively. Areas covered are (1) classroom-focused enabling, (2) crisis assistance and prevention, (3) support for transitions, (4) home involvement in schooling, (5) student and family assistance programs and services, and (6) community outreach for involvement and support (including volunteers). In addition, there is a survey of mechanisms for leadership and coordination of enabling activity, and a survey of School-Community Partnerships. <http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>

>*Notes on Capacity Building in Stages for Rebuilding Supports for Learning* -- Key aids for capacity building are organized with respect to three stages: Stage I: Understanding Some Basics and Tools for Enhancing Readiness and Momentum; Stage II: Initial Capacity Building; and Stage III: Development <http://smhp.psych.ucla.edu/summit2002/NewDirectionsSomeResources.pdf>

Section D

>*Tool for Assessing Readiness for Systemic Change*

<http://smhp.psych.ucla.edu/summit2002/assessingreadiness.pdf>

>*Systemic Change for School Improvement* -- [Excerpts from a 2006 article by the Center co-directors published in the Journal of Educational and Psychological Consultation]

Focuses on the problem of expanding school improvement planning to better address how schools and districts intend to accomplish designated changes. Specifically, some basic considerations related to systemic change are framed and outlined, along a set of proposed policy actions. <http://smhp.psych.ucla.edu/pdfdocs/systemic/systemicchange.pdf>

>*Change Agent Mechanisms for School Improvement: Infrastructure not Individuals* --

Provides some basic information about systemic change roles and functions related to promoting, facilitating, sustaining, and replicating innovations throughout a school district. The emphasis is on developing and staffing a set of change agent mechanisms that are interconnected to form an infrastructure for systemic change

<http://smhp.psych.ucla.edu/pdfdocs/systemic/changeagents.pdf>

>*Sustaining and Scale-up: It's About Systemic Change* -- Featured article in Center

Newsletter/Journal <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/Fall04.pdf>

>*Guide to rethinking a school board's committee structure to focus on rebuilding supports for learning* --

The document is meant to encourage school boards to take another critical step in improving schools, specifically by focusing on how the district and each school addresses barriers to learning and teaching. The discussion explores (a) why school boards need to increase their focus on addressing barriers to learning and teaching, (b) the benefits accrued from doing so, (c) ways to build an enhanced focus on addressing barriers into a school board's committee structure, (d) lessons learned from a major district where the board created a committee dedicated to improving how current resources are expended to address barriers to learning and teaching.

<http://smhp.psych.ucla.edu/pdfdocs/studentssupport/toolkit/aidh.pdf>

Section E

Quick Find Online Clearinghouse -- <http://smhp.psych.ucla.edu/websrch.htm#quickfind>

The Center at UCLA has an online clearinghouse that is accessed through a menu of major topics. Topics on the menu are listed alphabetically. Each Quick Find is a gateway to a host of resources. There are links to all that has been developed by the Center and to other key materials, resources, references, empirically supported programs, and centers specializing in the topic and related topics. See the list on the following pages.

Current Quick Find Topics

- >After-School Programs (And Evaluation)
- >Alternative Schools and Alternative Education
- >Anger Management
- >Anxiety
- >Assessment & Screening
- >Attention Deficit Hyperactivity Disorder (ADHD)
- >Autism: Educating Children
- >Barriers to Learning
- >Behavior and Mass Media
- >Behavior Problems and Conduct Disorders
- >Bullying
- >Burnout
- >Business Support for Schools
- >Case/Care Management
- >Change Agent/Organizational Facilitator
- >Child Abuse and Neglect
- >Children and Poverty
- >Children of Alcoholics & Substance Abusers
- >Childhood Development
- >Chronic Illness: Information and Coping
- >Classroom Climate/Culture
- >Classroom Management
- >Classroom-focused Enabling
- >Collaboration - School, Community, Interagency
- >Community Outreach for Involvement and Support
- >Conduct Disorders and Behavior Problems
- >Confidentiality (incl. Interagency Release Forms)
- >Conflict Resolution in School
- >Cost-Benefit Analysis Relevant to Addressing Barriers to Learning
- >Crisis Prevention and Response
- >Cultural Competence and Related Issues
- >Data Management Systems for Schools and Clinics
- >Day Treatment
- >Depression
- >Disciplinary Practices
- >Discipline Codes and Policies
- >Domestic Violence
- >Dropout Prevention
- >Early Childhood Development
- >Early Intervention
- >Eating Disorders -
- >Education, Health, and Mental Health Reports
- >Emotionally Disturbed Children
- >Empirically-Supported Interventions for Children's Mental Health
- >Enabling Component: Addressing Barriers to Learning by Enabling Students to Succeed
- >Environments that Support Learning
- >Ethical/Legal/Consumer Issues
- >Evaluation of programs addressing barriers to learning
- >Fact Sheets related to MH in Schools and Addressing Barriers to Learning
- >Family Counseling and Support
- >Financing and Funding - general material
- >Foster Care
- >Funding Sources - Surfin' for Funds (a pdf document)
- >Gangs
- >Gay, Lesbian, Bisexual Issues
- >Grade Retention/Social Promotion
- >Grief and Bereavement
- >Group Counseling
- >Guidelines, Frameworks, Standards
- >Hate Groups: Helping Students and Preventing Hate Crime
- >Homeless Children and Youth - Education
- >Homework Help for Educators, Students, Parents
- >Hotlines
- >Hyperactivity
- >IDEA and Accommodations/Inclusion
- >Immigrant Students and Mental Health
- >International links to Mental Health in Schools
- >Involving Stakeholders
- >Juvenile Justice Systems - Mental Health Needs
- >Learning Supports: Addressing Barriers to Learning by Enabling Students
- >Legal and Ethical Issues in School Health/ Mental Health
- >Legislation Related to Student Support & Mental Health in Schools
- >Mapping Existing School and Community Resources for Addressing Barriers to Learning
- >Media's Effect on Behavior
- >Medicaid and Managed Care for School Based Mental Health
- >Medication (see Psychotropic Medication)
- >Memoranda of Agreements (including joint agency agreements, MOU's)
- >Mental Health Curriculum
- >Mental Health in Schools - A Sampling of References
- >Mental Health in Schools in Other Countries
- >Mental Health Related Software & Multimedia
- >Mentoring
- >Model Programs Information -
- >Motivation
- >Native American Students
- >Needs and Assets Assessment and Mapping
- >Oppositional Defiant Disorder
- >Parent/Home Involvement in Schools
- >Parenting Skills and Parenting Education
- >Peer Relationships and Peer Counseling
- >Physical and Somatic Complaints
- >Policy Related to MH in Schools and Addressing Barriers to Learning
- >Post-traumatic Stress
- >Poverty -
- >Prevention for Students At Risk

- >Psychotropic Medications
- >References for Mental Health in Schools
- >Resilience/Protective Factors
- >Rural School Mental Health
- >Safe Schools and Violence Prevention
- >School and Community Collaboration
- >School Avoidance
- >School-Based Health Centers
- >School Climate/Culture
- >School Improvement Planning - Analyses from the UCLA Center
- >School-Linked Services
- >Self-Esteem
- >Small Class Size
- >Social Promotion/Grade Retention
- >Social and Emotional Development and Social Skills
- >Staffing Student Support Services: New Directions
- >Stakeholders, Involving
- >Standards (Guidelines, Frameworks related to Addressing Barriers to Learning)
- >Statistical Information on Health, Mental Health, and Education Related Topics
- >Stigma Reduction
- >Student and Family Assistance Programs and Services - Outcomes
- >Substance Abuse
- >Suicide Prevention
- >Support for Transitions (see: Transition Programs/Grade Articulation/Welcome)
- >Sustainability of Initiatives
- >Systemic Change and Schools
- >Systems of Care
- >Technology as an Intervention Too
- >Teen Pregnancy
- >Therapeutic Specialties
- >Threat Assessment: Resources and Cautions
- >Tolerance
- >Transition Programs/Grade Articulation/Welcome
- >Traumatic Brain Injury - Implications for School
- >Tutoring
- >Violence Prevention and Safe Schools
- >Visually/Aurally Impaired Students and Mental Health
- >Volunteers in Schools
- >Youth Development
- >Zero Tolerance

Special Report for 2008

Overview of the Center's Work and Impact for the Year 2008

The year 2008 provides a nice snapshot of the Center work and impact. So as our special study for the year, we have chosen to highlight what was accomplished over the 12 month period.

We begin by reiterating our Center aims and focus.

What the Center Strives to Accomplish

We strive to enhance understanding of and commitment to successful and innovative policies and programs for mental health in schools as a basis for advancing the field. Key to this is strengthening the dedication to and capability for addressing student mental health and psychosocial concerns. This requires reaching a wide range of stakeholders (e.g., local, state, regional, national, and international representatives from public and private sectors – including government bodies, NGOs, agencies, service providers, associations, guilds, school administrators, teachers, and support staff, parents and other child caretakers, consumers, students, other community resources, institutions of higher education).

Our work focuses on fundamental issues shaping formulation of MH and educational policy/programs. Analyses of these issues requires differentiating among the perspectives of stakeholders. Variations in their perspectives result in variations in breadth of focus of the policies and programs they advocate and develop. In particular, policies and programs are profoundly shaped by (1) which children and adolescents are being focused on when MH is discussed; (2) what decision makers mean when they use the term *mental health*, (3) what they mean when they say *mental health in schools*, and (4) how they think school and community resources should be linked to address these matters. (We have detailed all this and provided supporting evidence in the 2005 proposal to HRSA.)

Also, consistent with public health policy and practice, our focus stresses (a) achieving results, (b) involving and mobilizing consumers and enhancing partnerships with home, school, and community, (c) confronting equity and diversity considerations, (d) balancing efforts to address problems with health promotion and asset development, and (e) attending to evidence-based strategies.

Furthermore, we continue to focus on providing major updates and analyses related to the overall status of the field and address the policy and program implications of (a) school climate and student engagement in understanding student motivation and problems, (b) empirically-supported MH programs and practices & factors affecting large-scale implementation, and (c) data and info sources relevant to advancing MH in schools.

All our work is geared to enhancing in strategic ways an enhanced focus on MH in schools at all levels (local, state, regional, national, and even international). As stressed in the 2005 proposal, to have a significant impact across the country, the Center (a) packages relevant info and resources that have a national scope but are readily adaptable for local use, (b) uses a range of delivery systems that disseminate in ways that enhance communication and sharing, (c) outreaches to the widest spectrum of stakeholders who can affect policy and practice at all levels and in all states and territories, and (d) establishes infrastructures and mechanisms to facilitate communication, connection, collaboration, and special initiatives that promote diffusion. Related to all this is the extensive use of technological processes, including internet (e.g., website, listservs, webinars) and a special focus on distance consultation and learning, and other means to enhance equitable access and cost-efficient processes.

Progress Related to Specific Goals and Objectives

Our overlapping goals are to:

- (1) elevate commitment to enhancing the MH and general well-being of children, adolescents, families through advancing policy/programs for MH in schools
- (2) enrich policy formulation and program models for addressing MH and psychosocial concerns in schools
- (3) build the capacity of schools and communities for evolving comprehensive, multifaceted, and integrated approaches to MH in schools
- (4) build the capacity of schools and communities for strengthening school-wide approaches for fostering a climate to promote MH and well-being and prevent and ameliorate problems
- (5) build the capacity of schools to address a wide range of behavioral, emotional, motivational, and learning problems and to promote healthy social-emotional development, emphasizing empirically supported approaches

Overlapping objectives and related strategies arising from these goals include:

- (a) keeping abreast of key matters related to advancing MH in schools on national and state levels; identifying, gathering, and organizing relevant info and resources; and conducting analyses related to programs/policies
- (b) developing major reports, resources, and other documents relevant to advancing MH in schools (including updated syntheses, analyses, guidebooks, training aids, and social marketing resources) designed to 1) guide capacity building for strengthening positive school climate, 2) enhance understanding of how schools and communities can link to evolve effective approaches to MH in schools, and 3) improve school-based systems, programs, and practices designed to address students' behavioral, emotional, motivational, and learning problems and promote the healthy social-emotional development
- (c) distributing major reports and resources widely and to targeted groups through key dissemination and diffusion networks
- (d) promoting diffusion and increasing mechanisms for diffusion and action
- (e) mobilizing key leaders and expanding the infrastructure for advancing MH in schools
- (f) pursuing Center quality improvement and impact evaluation

For specific data, see the figures for the latest 12 month period in the Tables presented in the Overview of Progress section at the beginning of this document. Also see the Exhibits at the end of this special report for a sample of recent feedback about the Center's impact and a list of recent publications and other documents and resource materials.

Significant progress related to the above overlapping goals and objectives can be seen in what has been accomplished in the period from January 1, 2008 through December, 2008. These accomplishments are grouped below under the following categories of interrelated activity:

*Strategic Work Across the Country

*Development and diffusion of Major Policy and Program Analyses

- *Development and diffusion of Other Resources
- *Use of Regular Center Mechanisms
- *Development and Use of Networks
- *International sharing

Strategic Work Across the Country

In pursuing all five goals, we use direct interactions, including email, phone and in-person conferences, leadership institutes and follow-up workshops across the country. The focal point for this strategic work in any locale is first general outreach to create readiness and then increasingly targeted efforts to establish commitment and build capacity in response to requests from state departments of education, state departments of MH, school districts, cities, legislatures, and school boards. In addition, considerable email and phone conference activity continues to be used to enhance major networking efforts. These efforts span extensive outreach, planning, preparation, and follow-up (including development of special resources materials and website supports and technical assistance). Because of the strategic nature of the work, we are able not only to disseminate products but to pursue diffusion of resources in ways designed to maximize understanding and use. A few examples of the activity this past year:

- Leadership Institutes for
 - >> state level agencies in Lansing, Michigan
 - >> deans/chairs and teams from schools/departments of education designed specifically around the matter of “Enhancing Preparation Programs for School Personnel in Keeping with New Directions for Addressing Barriers to Learning and Teaching” (In anticipation of this, we did two 3 hour sessions with the Teacher Education Program at UCLA and gathered input from these beginning teachers (N=56) about what they think needs to be added to their preservice professional preparation.)
 - >> National Advisory Group for Scholastic’s Rebuilding for Learning Initiative in New York City
- A series of workshops to support implementation of comprehensive system of learning supports at the Iowa state department and at Area Educational Agencies
- Worked throughout the year with the California Department of Mental Health on the prevention and early intervention/school facets of the state’s Mental Health Services Act
- Worked with Jackie Jackson (former Director for Title I at USDOE) on developing three 50 minute videotaped sessions devoted to addressing barriers to learning for the online course for the National Association of State Title I Directors (NASTID). Traveled to Indianapolis to do the taping. Follow-up work included review and helping with editing. See <http://www.nastidonline.com/coursedetails.html>
- Worked with the Los Angeles Unified School District as subdistrict 4 pursues development of multiple small schools on a single site.
- Provided advice and feedback for the Jed Foundation related to its development of a *Student Resource Guide* and a *Parent Resource Guide* designed to provide high school seniors, college freshmen, and their parents with information to “safeguard their mental health through the college transition and beyond.” This project is a collaborative effort between the Jed Foundation and the American Psychiatric Foundation.
- Began two new initiatives by generating policy reports focused on (1) district

superintendents and (2) higher education's personnel preparation. The reports are:
>> *Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say They Need to Move Forward* – online at <http://smhp.psych.ucla.edu/pdfdocs/superintendentssay.pdf>
>> *Preparing All Education Personnel to Address Barriers to Learning and Teaching* – online at <http://smhp.psych.ucla.edu/pdfdocs/preparingall.pdf>

- Conducted a session at the Center for a group of elementary school counselors from a Southern California school district in relation to their funded federal school counselor grant. The grant was developed based on our frameworks.
- Presented at the annual meeting of the California Association for Boards of Education
- Planned with Bridgeport, CT. related to “Integration of Schools and Mental Health Systems” project and committed to a couple of trips there to help them create readiness and commitment and capacity building.
- Interchanges with many school districts (and specific schools), regional and state education and mental health agencies, and special consultations at the Center (e.g., for a program evaluator from Georgia, for a district superintendent from Wisconsin, community organizer from Compton CA., international visitors, etc.)

Development and Diffusion of Major Policy and Program Analyses

Below is the set of *major policy reports* developed this year. Each has been widely disseminated and used in the above strategic diffusion activities. All are online for continuing free and ready access and can be requested in hardcopy at cost. Each makes a significant contribution in supporting efforts to accomplish the overlapping goals and objectives cited above.

“Integration of Schools and Mental Health Systems: An Overview of the State Grants for the U. S. Department of Education Program”

“Toward next steps in school improvement: Addressing barriers to learning and teaching”

“Preparing all education personnel to address barriers to learning and teaching

“Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say they Need to Move Forward”

“Community Schools: Working Toward Institutional Transformation”

“Moving toward a comprehensive system of learning supports: The Next Evolutionary Stage in School Improvement Policy and Practice”

“Prevention and Early Intervention in California's Mental Health Services Act: A Summary of School-based Programs in Ten County Plans”

Development and Diffusion of Other Resources

Presented at the end of this special report is the extensive list of written products generated during 2008 (e.g., Policy Reports, Issue Briefs, Policy-related Quick Finds and Resource Aids, Practice Notes, Guidance Notes, Fact Sheets, & Info Resources, Books, Chapters, Articles, etc.). In the period from January through December 2008, Center staff produced

policy and practice analysis reports and continued to update and produce new resources and guides based on analyses of pressing concerns. This includes: 8 major policy and practice analysis reports; 37 new or updated resource and training aids; 6 planning guides; 7 more in the series of guidance notes, fact sheets, information resources, and policy notes; 1 major book put online for free access; 8 major works published or in press (2 books, 6 chapters in books; 4 other articles and a dozen features have appeared in the Center's own quarterly journal; an invited article in the AAP newsletter; 2 new Quick Finds; 3 new hot topics; and, based on what has been learned, every month we improve a subset of previously developed resources (including the 12 Monthly Themes for improving MH in schools). The Tool Kit for rebuilding student supports also has been further upgraded and will be a major resource for the Scholastic Initiative as it has been for the New Directions Initiative. In addition to these products, in response to many requests for copies of the handouts used in Center presentations, we have reworked and added more online power point and PDF presentation resources. These are organized into sets of online modules accessed at: <http://smhp.psych.ucla.edu/presentations.htm>

Use of Regular Center Mechanisms

The following include longstanding and new ways we have provided information, ideas, and assistance to elevate commitment (goal 1), enrich policy formulation and program models (goal 2), and build capacity (goals 3, 4, 5):

Center website – our site is widely acknowledged as an outstanding resource; the data each year indicate increasing use. For 2008, we had an average of 1,100 unique visitors per day, 2,046,000 successful hits per year, and 521,668 PDF downloads. The site lists and provides annotated information on all products and publications. We have become aware that our website is being listed across the country by state departments of education and mental health, school districts and county mental health agencies, universities, and others (see Exhibit at end of this special report)

- Quarterly Journal – every three months the journal was sent directly to over 10,000 on our regular email listserv and an additional 4,000 on our special list of state and district superintendents; it is also archived on our website for electronic access, free downloading, and sharing. Each issue had a featured lead article and policy and practice discussions and resources.
- Monthly Electronic Newsletters – used for outreach, information sharing, communication, etc. (sent to 10,000 and widely forwarded by recipients)
- Weekly Practitioners' Listserv – designed to allow practitioners to share their ideas and experiences (current enrollment = 1,000)
- Net Exchange – allows interaction with the Center and with other users on specific topics of interest
- Monthly Themes for Schools – schools have a yearly rhythm (changing with the cycle and demands of the school calendar). In keeping with this, each month the Center uses the website and electronic newsletter to present some ideas and activities for enhancing support for students, their families, and the staff at schools. Also provided are links to other resources for more indepth follow up.
- Periodic Hot Topics – online information and resources on a topic of current interest
- Ongoing Issues – online analysis briefs delineating ongoing issues relevant to MH

in schools and addressing barriers to learning and teaching

- Technical Assistance and Consultation Cadre – in addition to providing regular technical assistance on request, the Center has continued to promote development and use of our online resources (including the Quick Find Online Clearinghouse and the Gateway to a World of Resources) and a growing Consultation Cadre of colleagues across the country who have expertise they are willing to share at no cost.

To highlight how we have evolved our dissemination of major reports, we can describe recent efforts. We begin by sharing each new report or resource as an email attachment sent to the approximately 10,000 on our regular email listserv and an additional 4,000 on our special list of state and district superintendents. We put it online for ready access and free downloading and advertised it on the What's New page of the website. We also mail bound hard copies to key leaders who have an interest in mental health in schools and addressing barriers to learning. For 2008, new and updated information and resources were shared each month via over 456,000 direct electronic and 5,580 hardcopy mailings to key leaders/stakeholders (including other centers, associations, etc).

In addition to sharing major reports directly through the listservs and on our website, we develop and send out a news release to multiple listservs (e.g., APA division 53, SAMHSA, EDC, Public Education Network, Institute for Educational Leadership, Edutopia, National Mental Health Association, American School Health Association, American School Counselor Association, School Social Work Association of America, CDC's Division of Adolescent School Health, National Association of State Directors of Education, CCSSO, and many more). The news release has a PDF version attached and also contains the URL for downloading from our website. We also receive special requests from organizations for multiple copies.

All our resources are described and where appropriate sent to those who receive our electronic journal. We put all resources online for ready access and free downloading and advertise it on the *What's New* page of the website.

Many of our resources also are included in the ERIC Clearinghouse.

Of course, we have no way of knowing how many times the electronic copies we send out are passed on to others or how often hardcopies and published works are replicated and circulated. Our experience suggests that the ripple effect probably is quite large. Contributing to this is the increasing listing of our website by state departments of education and mental health, school districts and county mental health agencies, universities, and others. Thus, it is likely that these reports and other resources from the Center not only are disseminated far and wide, but that they reach the audience for whom they were intended.

Development of and Participation in Networks to Enhance Dissemination and Action

Networks are critical to enhancing impact. As in previous years, the Center not only participated in various networks, it has continued to grow the ones it has established over the years. For specifics, see the Exhibit on the next page.

International sharing

As the Center stature has grown, so have the requests for information and support from around the world. This includes those who are on our email list and those who make regular requests for resources and TA from around the world.

Exhibit

Networks to Enhance Dissemination and Action

We participate in a substantial number of formal networks including:

- *National Initiative to Improve Adolescent Health (NIAH)*. This initiative is co-sponsored by HRSA and CDC. The Center Co-Directors are currently members of the leadership team and diffusion work group. They also were part of NIAH's Partnership Workgroup, helped develop the Action Worksheet: "Keep Young Drivers Safe and Healthy," and assisted with planning for the grantee meeting in 2008. In April, they went to DC to meet with NIAH partners.
- *Call to Action Campaign*. This Center initiated campaign focuses on linking organizations that provide learning supports in schools with a view to increasing a united effort to advance policy and practice relevant to mental health in schools and addressing barriers to learning and teaching. In 2008, this initiative continued to mobilize those concerned about mental health in schools to participate in school improvement locally and nationally.
- *National Initiative: New Directions for Student Support*. Among other accomplishments, this initiative which the Center facilitates has built a leadership network across the country. The initiative currently also has over 30 organizations as co-sponsors.
- *Public-Private Collaboration Scholastic, Inc.* Through this collaboration, we have begun establishing a formal working relationship with the Council for Chief State School Officers (CCSSO) and the American Association of School Administrators (AASA) and will be working in-depth with an increasing number of state education agencies and associations.
- *Policy Leadership Cadre for Mental Health in Schools*. The Center facilitates this network which is designed to expand, link, and build the capacity of the pool of *persons* who provide *policy* leadership for MH in schools at national, state, regional, and local levels. Such leadership includes a policy focus on promoting social-emotional development and preventing psychosocial and MH problems, as well as policies related to treatment of mental illness
- *Consultation Cadre*. The Center continues to develop this group of professionals who volunteer to network with others and share what they know. Cadre members have indicated expertise related to major system concerns, a variety of program and processing issues, and almost every type of psychosocial problem. They work in urban and rural areas across the country.
- *Net Exchange*. This web-based mechanism builds on the *Practitioner Listserv* interchanges and encourages those who want to exchange and share to send in comments, info, and resources.
- *Coalition for Community Schools*. We accepted an invitation to be on the Advisory Board. This coalition puts us into a growing network of *policy-oriented organizations* who have a stake in addressing barriers to development, learning, and teaching, as well as concern for promoting healthy development.

(cont.)

- *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning.* The Center continues to provide information to this broad-based, group of organizations. The Coalition's aim is to stimulate strategic efforts to foster policy integration and close policy gaps as ways to deal with the marginalization and fragmentation that dominates a great deal of prevailing practice.
- *School Intervention Interest Group (SIIG).* This network is part of the Society for Community Research & Action (SCRA) Division 27 of the American Psychological Association. Our Center hosts the webpages for this group.
- *Safe Schools/Healthy Students Technical Assistance Partner.* Beside our direct contact with projects, another way the Center aids this federal interagency initiative is through collaborating with the initiative's SAMHSA funded technical assistance provider, the National Center for Mental Health Promotion and Youth Violence Prevention at EDC.
- *Integrating Schools and Mental Health Systems.* We continue to outreach and provide resources for grantees of this U. S. Department of Education initiative.
- *National School Climate Council.* This network was formed by the National School Climate Center of the Center for Social and Emotional Education. As the name indicates, the aim is to advance work on enhancing school climate. This year we provided extensive support for the development of school climate standards which will be introduced in Ohio and shared widely.
- *State Adolescent Health Coordinators website and listserv –* The Center works on maintaining these resources.
- *National School Health, Mental Health, Wellness, and Safety Initiative.* Dr. Taylor is on the steering group.
- *National School Mental Health Collaborative.* We continue to participate in conference calls with a wide range of partners involved in this network.
- *National Civil Rights Project.* Met with the co-directors to discuss mutual interests and possible ways to support each other's work in areas of overlap.
- *Center Advisory Group.* We communicate regularly (including sending a formal monthly report) with our Advisory Group (including our sister Center, project officer, and others at HRSA). Members of the advisory group represent a wide range of researchers, training and technical assistance centers, and leaders in education a state and district levels.

A Brief Summary of Project Accomplishments During 2008

For purposes of this continuation proposal, it can be noted briefly that during 2008 the Center continued the accelerating rate of progress manifested over the last few years. This has been the case for each of the five overlapping goals and their objectives. We have encountered no significant barriers. Indeed, the work continues to be refined as will be evident in our discussion of project plans for the coming year.

Evaluation findings indicate the Center is having a significant impact on advancing policy and practice. We should note that, during the year, we had a HRSA Performance Review. Because of the Center's ongoing and extensive monitoring and yearly Impact Evaluation, the review team was easily able to understand the nature, scope, and progress the Center has made. The two reviewers were extremely impressed the Center's activity and impact.

Key to our progress has been the development and diffusion of comprehensive system and program frameworks that approach mental health and psychosocial concerns in ways that integrally connect with school improvement efforts. Also, critical has been the expansion of our institutional and individual consumer base, widespread outreach to disseminate resources and provide training and TA (including preparing adaptable resources and establishing a extensive clearinghouse for online access, providing statewide summits and Leadership Institutes at all levels, etc.), and the facilitation of initiatives and networking involving organizations across the country in working for new directions. These strategies are designed, over time, to enhance school-community collaboration through reducing marginalization, fragmentation, and counterproductive competition in school districts, at school sites, and at health and social service agencies. Our emphasis on these matters continues to be cited (with reference to our Center) in the U.S. Department of Education's grant program *for Integration of Schools and Mental Health Systems*.

As always, we continue to update, expand, and provide instant and free access to our Online resource Clearinghouse. Info and resources on existing and emerging programs and policies relevant to enhancing MH in schools were analyzed and highlighted in our monthly electronic newsletter and quarterly online journal (both of which also are archived for access through the Center's website). We also continued with the widespread circulation of the seminal report: *The Current Status of Mental Health in Schools: A Policy and Practice Analysis* and completed the book-length special resource for advancing the field which was put online for free access in early 2008. And, we completed a version of these works that will be published by Corwin Press in 2009.

The co-directors continue to emphasize a strategic approach in all the Center work. In the period from January through December 2008, Center staff worked on developing new and updating previously developed products. (As detailed in *sections a and e*, over 80 products were worked on and circulated.) The Tool Kit for rebuilding student supports also was upgraded and is a major resource for the Scholastic and New Directions Initiatives.

All our work has been shared through the Center's regular delivery mechanisms (website, electronic and hardcopy newsletters) and through presentations, Leadership Institutes, live and electronic workshops, and various forms of TA, training, and consultation. Networks have been used to enhance dissemination and promote diffusion. For example, new and updated information and resources were shared via over 456,000 direct electronic and 5,580 hardcopy mailings to key leaders/stakeholders (including other centers, associations, etc). This included resources we developed as aids for social marketing and outreach campaigns.

Over the year, the staff had numerous requests and follow-up interchanges to consolidate efforts related to developing readiness for and implementing systemic changes. This activity included state departments of education in states across the country (e.g., Iowa, Louisiana, Vermont, Ohio, New Jersey, Connecticut, New York) and with other planners and policy makers related to advancing agenda for MH in schools (e.g., in Oregon, Iowa, Ohio, Hawaii, Texas, New Jersey, Wisconsin, California, Connecticut, New York, Pennsylvania, etc.).

With respect to evaluation, quality improvement data were gathered every week. At midyear, we began our impact evaluation update. What we are finding indicates the Center is having a significant influence on policy and practice across the country. The Center is reaching into and is being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served. (Consumers include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; university center administrators and faculty; administrators of national education reform organization; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations, and much more.)

Those using the Center have drawn on its many resources and forms of input (e.g., information, analyses, ideas, resources) and have sought assistance to increase their impact at national, state, and local levels. They report a range of focus that spans efforts to enhance policy, program development, practice, technical assistance, training, research; build capacity and infrastructure; and develop productive networks. To these ends, they have interacted with the Center to strengthen their performance and impact, and they have involved Center staff directly in developmental and systemic change activities. With respect to promoting systemic changes, the Center has continued to work strategically at sites across the country to enhance school-community collaboration through reducing marginalization, fragmentation, unproductive redundancy, and counter-productive competition in school districts, at school sites, and at health and social service agencies.

As has been the case, feedback on all facets of Center activity continues to be extremely positive, with consumers highly satisfied with the amount and quality of what the Center does and with the accessibility of Center resources and staff and with the timeliness and appropriateness of response. The Center is used frequently and recommended to others. And, of great significance, almost all strategic users report the Center is meeting their needs.

The route to having an impact on policy and practice begins with insightful analyses of policy, practice, research, and training. The next step involves wide dissemination directly and through various training and technical assistance delivery mechanisms and the development of networks. This blends into strategic efforts to create readiness for systemic change (e.g., in terms of enhancing motivation, capability, operational infrastructure). Readiness is followed by prototype design and initial implementation of changes, sometimes with a circumscribed focus and sometimes with the intent of making large-scale systemic changes. Eventually, the focus shifts to institutionalization (widespread and sustained change) and renewal.

As the evidence presented throughout our Evaluation of Impact Report indicates, our products and processes have been highly effective in moving through the first phases. By now, we already have and are continuing to devote considerable energy to creating readiness for systemic change and are focused on design and initial implementation in various venues. Based on our impact evaluation studies, it is clear the Center's efforts already are having an impact across the country. Strategic collaborators report that their work with the Center has resulted in a variety of policy and practice outcomes. These span from helping to maintain existing initiatives to influencing and shaping policy for fundamental changes in approaches to MH in schools. With respect to programs, practices, training, and research, the Center's work is reported as providing standards, direction, and guidance for enhancing ongoing efforts and generating new ways of understanding system, program, and person problems and addressing them. Also attributed to the Center's work are changes in policy, infrastructure, and a variety of capacity and network building outcomes. These include enhanced services, supporting model design work at state and local levels, system-wide changes, resource mapping and analysis as an intervention, infrastructure mechanisms such as resource oriented teams and school community collaboratives, building networks and enhancing partnerships, approaching

sustainability as a systemic change process, preparing training materials that others adopt/adapt, expansion of resource libraries, establishing national, regional, and local networks (e.g., the *Policy Leadership Cadre for Mental Health in Schools*, the *National Initiative: New Directions for Student Support*, and the public-private collaboration with the Community Affairs Unit of *Scholastic, Inc.*), and much more.

Another indication of our growing impact is the increasing frequency with which we receive invitations to enhance professional development resources and do special activities related to mental health in schools (e.g., invites to participate in webinars, serve on panels and boards, review proposals and proposed publications, speak, write chapters and articles, and so forth). Of special note is the public-private collaboration we have established with Scholastic, Inc. We have prepared a special set of materials which Scholastic has published for this initiative and have begun establishing a formal working relationship with the Council for Chief State School Officers (CCSSO) and the American Association of School Administrators (AASA). As part of this Rebuilding for Learning Initiative, we will soon begin conducting a series of Leadership Institutes for major organizations and high level policy makers and leaders across the country. These will be followed up with Scholastic financed support for systemic changes in state departments, districts, and schools. Planning for all this is already underway with the Louisiana State Department of Education. This work will build on the extensive work underway in Iowa and what continues to transpire in Hawaii, Ohio, Illinois, New York, and so forth.

And, the impact is growing as we become increasingly strategic in our work with leaders concerned with enhancing MH in schools, school reform, and school-community partnerships – especially those leaders who have adopted some form of the concept of an enabling component to address barriers to learning as a primary component of reform and as an umbrella for enhancing MH in schools.

Given all this, we anticipate an accelerated impact of the Center’s work in the next few years as a result of work related to the *National Initiative: New Directions for Student Support*, the *Scholastic* initiative, the Center’s *Call to Action* campaign, and our involvement with other federal and state initiatives. And, of course, if the reauthorization of the federal education act incorporates Center recommendations the impact will be exponential. The aim of all this is for a fundamental transformation in how schools address mental health and psychosocial concerns. We have described this in a recent policy report as “the next evolutionary stage in school improvement policy and practice.”

Plans for the Upcoming Budget Year

We will continue to pursue the types of activity implemented this year. This will include (a) strategic work across the country, (b) development of policy reports, issue briefs, and policy-related quick finds, (c) strategic dissemination of various special guides to stimulate action, (d) publication of book chapters, journal articles, etc., (e) development and diffusion of special resources, (f) use of regular center mechanisms, and (g) international interchanges.

To compensate for the dearth of attention the field has devoted in the past, we will pay special attention those in late adolescence and entering young adulthood.

And, as necessary, we will be responsive as we have in the past to the need to assist when national and regional major emergencies arise that affect schools and students. In this respect, we will continue to monitor the economic downturn with a view to analyzing and reporting on how the well being of students/families is affected, the type of impact it is having on school supports, and what needs to be done.

A few specifics of note:

- Of particular importance in the coming years is the work we will be doing with Scholastic, Inc. to reach and collaborate with key policy and planning decision makers as described

above. This will involve a series of Leadership Institutes and follow-up work with state departments of education, regional education agencies, and school districts, with outreach to mental health agencies.

- We will further our expanding focus on older adolescents and young adults (e.g., transition age youth; those between 16-24 who have left school; college students). This includes enhancing relevant resources, outreach, and (as noted below) a policy and program analysis.
- Planned policy and program analyses include:
 - >> a study of small schools and learning supports (single and multisite campuses) – the emphasis will be on clarifying implications for designing and implementing effective student/learning supports to address mental health and psychosocial concerns. This will be based on data we are gathering from across the country and on our related on-the-ground work with the Los Angeles Unified School District’s development of a small school model that uses a multisite campus. (This is an especially important study since our initial review of such models indicates a significant lack of attention and guidance for how small schools can effectively address behavior, learning, and emotional problems.)
 - >> a study of state departments of education with respect to their approach to mental health, psychosocial problems, and student/learning supports,
 - >> a study of transition supports for youth (16-24) with respect to work, career, and higher education
 - >> based on our continuing work with California’s Department of Mental Health, we will do further analyses of the impact of the Mental Health Services Act and clarify implications for mental health in schools across the country.
 - >> others to be determined
- Of course, we will also continue to
 - >> update reports and other resources and generate new ones for diffusion designed to generally advance the status of MH in schools (e.g., resources related to rethinking student support staff roles and functions, developing infrastructure for enhancing MH in schools, system change strategies, sustainability of innovations)
 - >> build on previous work related to reviewing policies and programs to identify and analyze direct and indirect influences on MH in schools and the degree to which pieces can be woven together to enhance a comprehensive approach
 - >> summarize and report what we find as quickly as feasible.
- Noteworthy findings will be translated into publications for electronic and print journals, chapters, etc..

And, we will continue to advance the work of all those with whom we have developed a strategic relationship with a view to advancing the field.

Exhibit

Sample of 2008 Feedback about Center Impact

For this special study, we reviewed feedback received in 2008 to provide a snapshot of (1) how others help to *disseminate* our work and (2) how the work is *used*. Below are comments sent to us. And, because of the relevance to both dissemination and diffusion, (3) we also list other listservs that have referenced our work and websites that we have learned have provided a link to our Center.

All our resources are put online so anyone could access, download, and forward them at no cost. We directly distribute each electronically to from 10,000-15,000 consumers. While there is no way to know how many recipients share the work with others, the following comments indicate a considerable amount of sharing and use. We like to think those taking time to send feedback are a representative sample.

(1) Dissemination

In 2008, we prepared a special book-length work entitled *Mental Health in School & School Improvement: Current Status, Concerns, and New Directions*. The following comments indicate the work was widely shared.

“You raise many good issues related to school and community policy. I’ll pass it on to others at SAMHSA.” G. Ritchie

“We will post it in our New & Reminders e-newsletters which goes to all AASA members.” A. Vogt

“We have distributed the information through the Ohio Mental Health Network for School Success” K. Reitz

“I applaud your making the decision to provide so much of your materials via the Internet and at no cost, removing as many barriers as possible to disseminating and making sure the material gets into the hands – not to mention minds and hearts – of as many people as possible. That’s another reason that I am happy to share new about your work with our IEL readers (a good 1/3 of whom are policy folks, in addition to the researchers and practitioners who make up the bulk of our readers.)” D.Slaughter

“We will promote this in our newsletter and our website.” D. Haber (EDC)

“We will post this on our state department of education website and in our superintendents’ newsletter.” M. Rush

“We have forwarded this to our listserv.” S. Wooley (ASHA),

“I am on the American Psychological Association Evidence Based Practices Task Force for Children and Adolescents. I will cite your work in the report we are producing.” T Kratochwill

“I met with school administrators and faculty from the University of DE about this area of interventions so your work was timely and well received by the entire group.” D. Tynan

“I am forwarding this information to all of our district psychologists.” S. Cohen

“I will send this on to relevant faculty so they know about it.” D. Stipek

“We’ll cite it frequently as the best report on the state of school-based mental health.” G. Sugai

“I will pass this information on to several listservs that I contribution to.” J. Storandt

“I will include it in our electronic newsletter.” J. Shine (SSWAA)

“We will feature this in our next “School Climate Matters” newsletter.” J. Cohen

“We will add your new resource to Intercamhs website and keep your site and listserv connected to our activities.” R. Rowling

“We will disseminate it through the Community of Practice, that should be good access to a range of stakeholders.” J. Cashman

“We’d like to promote this on our Center’s website.” B. Bumbarger

“[This] “wonderful resource was brought to my attention by a local school social worker which means your excellent work is getting out into the field.” C. Franklin

Feedback about other resources sent out in 2008 supports the above. Here is a sample compiled from several other policy and practice reports and announcements.

“I am a school principal and I just wanted to say thank you for sharing such great resources. When can I get some assistance in implementing some of these ideas in my school and in our community? I am forwarding this email to others and I am hoping that we can at least have some discussion about this – especially the barriers to learning and teaching.” C. Stanley, Milwaukee

“You always put together such good information in a readable and doable application. Would you be able to send me 40 copies to use in our summer administrative retreat?” M. Cameron (Deming, NM)

“This shows very nicely how the comprehensive approach could be considered as prevention and early intervention. It does an excellent job as a foundation for schools and districts to move forward with a comprehensive approach.” W. Reeland

(2) Use in Others’ work

About the online book:

“I plan to incorporate the resource in a course I teach.” E. Shapiro

“I shared the new publication the moment I received it. Already it is informing some of our work here in NY and in Ohio.” H. Lawson

“I look forward to using it in a proposal we are submitting. I forwarded it to several groups, including the NC Collaborative on Children, Youth and Families. A week doesn’t go by without me referring several people to the Center’s website. In any presentation I make, I always have a handout with the web address.” K. Letchworth

“I am going to direct my students to it.” J. Durlak

“I am reviewing the information in anticipation of an upcoming strategic planning meeting for the School Age Committee of the Illinois Children’s Mental Health Partnership.” L. Betz

“Could anyone in DC make a presentation to a coalition and highlight your report, particularly the call to action.” J. Abreu (Mental Health America)

“I just met with a subcommittee in our Iowa legislature on how we move forward with children’s mental health and I continue to serve on our MH Commission. This is useful information.” C. Smith

“Excellent report! I’m sending it out to the College of Education here at Midwestern State.” (TX)

“I want to commend and thank you for your document. It is a great first-step in trying to find a common ground and a firm starting point for discussion and consensus in ways to provide better service to children with mental health needs..” (NY)

“I will include a link to this report and share it with a group of superintendents I’m speaking to.” (OH)

“I’ve supervised a mental health program for our district since 1986 and what you do at UCLA is a wonderful dissemination of support and information.” (TX)

Feedback on the Website

“You have an excellent website and very helpful practical publications. I am very impressed with the quality and relevance of the work you produce. I have shared your website and publications with colleagues. (IN)

Other Resources, Technical Assistance, & Consultation

“I recently visited your website, signed up for your enews letter and found a great deal of philosophical alignment with how we think about student supports. I will also share the resources from your Center with my colleagues working on the College Ready strategy who are focused on student supports and transitions related to high school populations. I was very helpful to learn more about how you think about comprehensive student supports for k-12 populations and systems. I will be sure that my colleagues also have a copy of the latest quarterly, as your six factors and accompanying matrix will likely resonate.” S. Patrick (Gates Foundation)

“We will incorporate this into the School Counseling program here.” (CA)

“I changed my book order for the fall to include material on teaching children who are lost in the system. I will be sharing this with my colleagues. (CA)

“Your website is magnificent. It is filled with helpful information, the place I’ve gone to for several years to support and enrich my work as a school social workers. Your resources, articles, publications and tools are top quality, relevant and

useful. I continue to share the website with colleagues. At a time of increasingly complex needs in the schools and decreasing resources, your site is incredibly important.” (MI)

“As part of my teaching, I am requiring that all graduate students subscribe to the UCLA Mental Health email and research the resources on your website.” (CA)

“I’m sending you our School based Mental Health Tool Kit for Cuyahoga County Schools Districts and the annual report for the Cleveland Municipal School District’s School-based Mental Health initiative. We relied heavily on materials from your website. The tool kit is being mailed out to every superintendent and pupil personnel director in Cuyahoga County plus all Community (Public Charter) schools.” (OH)

“The Center has been a valuable asset in my presentations to various groups inclusive of parents, different mental health disciplines, and administrators who are concerned about the future of mental health in schools. Thanks for keeping me abreast of the current ideas.” (MA)

“I really appreciate the personal response to inquiry and assistance with contacting other school districts for further information. Your online resources are very complete, and it helped to be directed to the specific resources that applied to our needs.” (CA)

“Thank you for putting our question out about mental health risk/assessment documentation forms in student cum files [on the Practitioners’ Listerv]. We so appreciated the responses we received. These offered great information as well as issues to consider. We now have some better direction in pursuing development of our policy/procedures on this topic.” (NE)

“I am with the state department of education and we are developing benchmark outcome measures for program evaluation. I have a great deal of respect for your work and am familiar with “The Implementation Guide to Learning Supports in the Classroom and Schoolwide. (MD)

“I have 3 binders I have created in my office of your materials; the UCLA Center does phenomenal work. I am working on a plan to incorporate your materials and your tech support for the districts my office services and will let you

know when it is finalized. Thank you for all the good services and policy work. No one understands student support services the way your organization does.” (CA)

“Thank you for developing a extensive site for schools. I have used many of your toolkits and technical packets in my position as Transition Counselor for our district.” (NY)

“These are incredible resources. I am planning to share them with the Assistant Superintendents and others in San Mateo County.” (CA)

“As a school social worker and district-level administrator, I have always promoted school mental health and comprehensive plans to deliver services. I have printed out the information from your last email on Berkeley’s success and plan to share with those in higher levels here in the district.” (CA)

“Thank you for the school community self-survey and the community outreach self survey. Both these tools will assist our communities core management team further their objectives. I am faxing our self-studies to your office for review, suggestion, or information you may be able to share.” (IL)

“I so appreciate your tenacity, research and generosity helping us identify other barriers to student learning, models to develop in our school communities and pathways to follow in order to systemically address teaching and learning. I will be contacting my colleagues at the state department to let them know that we talked.” (WA)

“I am on the School Task Group of the regional Children’ Policy Executive Team. I wasn’t aware of how much you have been doing. Your approach is broad and intended to provide support for the development of whole community collaboratives, part of which is providing mental health in schools.” (TX)

“Thank you so much for taking the time to read about my project and for responding. Your feedback is greatly appreciated..” (NJ)

“I find the information from the Center for Mental Health in Schools at UCLA very interesting I also believe this information could be helpful to students and staff at various schools.” (Superintendent, LAUSD)

(3) Listservs that Have Referred to Our Work and Websites with a General Link to the Center or with Center Resources Highlighted as a Link

Listservs/newsletters

Education Commission of the States
Public Education Network weekly
Healthy Start Field Office Email Blast
American Psychological Association, Division 53 listserv
Prevention and Intervention Network Newsletter, County Office of Education, Fresno County, CA
Coalition of Community Schools
National Center for Mental Health Promotion and Youth Violence Prevention e-newsletter
NSAA listserv
Research and Training Center, Portland OR
Texan Education Agency, Health and PE listserve
Council of Chief State School Officers
National Collaborative on Workforce & Disability for Youth, Institute for Educational Leadership
U. S. Department of Education

Websites

National Centers and Organizations

National Conference of State Legislatures
U. S. Department of Education
Maternal and Child Health Bureau
CDC
SAMHSA
American Association of School Administrators
National Association of Schools Psychologists
National Center for Mental Health and Juvenile Justice
National Dissemination Center for Children with Disabilities
Learn and Serve: America's National Service-Learning Clearinghouse
Education Development Center

IEL and Coalition for Community Schools
National Assembly on School Based Health Care
IDEA Partnership

State Departments and Organizations

Arizona Department of Education
California Department of Education
California Department of Mental Health
California Association of School Counselors
Florida Department of Education
Hawaii Department of Education.
Indiana State Department of Education
Iowa Department of Education
Michigan Department of Education
Michigan Association of Administrators of Special Education
New Jersey (State government website)
New York State Department of Education
New York State Office of Mental Health
Ohio Department of Mental Health
Pennsylvania Department of Education
Rhode Island Coordinated School Health
South Carolina Department of Juvenile Justice
South Dakota Department of Education
Tennessee Suicide Prevention Network
Texas Behavior Health Clearinghouse
Utah Department of Health
Virginia Department of Education
Washington Office of Public Instruction

School Districts and City and County Offices of Education

Orange County Department of Education (CA)

San Francisco Unified School District
Hillsboro School District (OR)
Los Banos Unified School District (CA)
Seattle Office for Education
New York City School District
Santa Cruz County Office of Education (CA)
Wake County Public Schools System (NC)

Higher Education

Michigan State University
University of Colorado
Kean University (NJ)
University of California, Los Angeles*
University of California, Santa Barbara
University of California, San Francisco
Georgetown University

Other

Center for Social and Emotional Education
Health, Mental Health and Safety Guidelines for Schools
California Institute for Mental Health
School Psychology Resources Online
Stauton Farm Foundation
Indiana Pathways to College
Children Youth and Families Education and Research Network
Youth Peace Education and Web Resources
Idaho Federation of Families for Children’s Mental Health
City of Long Beach (CA)
California School Health Centers Association
Tutor/Mental Connections
The Consortium on Trauma, Illness and Grief in Schools (NY)

*“Thank you for your presentation to our teacher preparation class. As a follow up students wrote reflections which led into a discussion barriers to learning that they have seen in the classrooms in which they observe. You helped them understand that in their upcoming teaching they will not be alone, but that there are others in schools to help them. They realize the importance of all of us collaborating in helping students learn and working together to create change.”

Exhibit

Listing of Recent Publications and Other Documents and Resource Materials

All of documents are available for free and ready access from the Center website and can be ordered in hardcopy at cost. See the resource list online at <http://smhp.psych.ucla.edu/selection.html> and also is appended to this application..

For the period January 2008 through December 2008, the following policy related resources were developed or updated, widely disseminated, and used in strategic diffusion activity, as well as widely disseminated through the Center's regular delivery mechanisms. Each makes a significant contribution in supporting efforts to accomplish the overlapping goals and objectives cited above

(a) Major Reports of Policy and Practice Analyses

- >Integration of Schools and Mental Health Systems: An Overview of the State Grants for the U. S. Department of Education Program
- >Toward next steps in school improvement: Addressing barriers to learning and teaching
- >Preparing all education personnel to address barriers to learning and teaching
- >Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say they Need to Move Forward
- >Community Schools: Working Toward Institutional Transformation
- >Moving toward a comprehensive system of learning supports: The Next Evolutionary Stage in School Improvement Policy and Practice
- >What is a Comprehensive Approach to Student Supports?
- >Prevention and Early Intervention in California's Mental Health Services Act: A Summary of School-based Programs in Ten County Plans

(b) Resource Packets & Training Aids

- >Mental Health in Schools: Becoming an Integrated Part of the School Improvement Agenda (Powerpoint Presentation)
- >Enhancing School Improvement: Addressing Barriers to Learning and Reducing the Achievement Gap (Powerpoint Presentation)
- >Addressing Barriers to Learning and Teaching to Enhance School Improvement (Powerpoint Presentation)
- >Online course (through the National Association of State Title I Directors) Academics and Beyond: Addressing Barriers to Learning and Teaching (video and powerpoint presentations)

Updated:

- >Assessing to Address Barriers to Learning
- >Cultural Concerns in Addressing Barriers to Learning
- >Working Collaboratives: From school-based teams to school-community-higher education connections
- >Suicide Prevention: Quick Training Aid
- >Understanding and minimizing staff burnout
- >Transitions: turning risks into opportunities for student support
- >Learning Problems and Learning disabilities
- >Confidentiality and informed consent
- >Early development and learning from the perspective of addressing barriers
- >Affect and mood problems related to school aged youth
- >Anxiety, fears, phobias, and related Problems: interventions and resources for school aged youth
- >Attention Problems: Interventions and Resources
- >Conduct and behavior problems in school aged youth
- >Social and interpersonal problems related to school aged youth
- >Teen pregnancy prevention and support
- >Responding to a crisis at a school
- >Students and psychotropic medication: The school's role
- >Substance abuse
- >Where to access statistical information relevant to addressing barriers to learning

- >Protective factors (Resiliency)
- >Autism Spectrum Disorders and Schools
- >Behavioral Initiatives in Broad Perspective
- >School-based health centers
- >Youngsters' mental health and psychosocial problems: what are the data
- >Addressing barriers to student learning & promoting healthy development: A usable research base
- >A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning
- >Addressing barriers to learning: New Directions for Mental Health in Schools
- >Mental Health of Children and Youth and the Role of Public Health Professionals
- >Integrating Mental Health in Schools: Schools, School-based Centers, and Community Programs Working Together
- >Financing Mental Health for Children and Adolescents
- >Mental Health and Schools Based Health Centers
- >Using Technology to Address Barriers to Learning
- >Thinking about and accessing policy related to addressing barriers to learning

(c) *Guidance Notes, Fact Sheets, & Info Resources*

- >Turning big classes into smaller units (Practice Note)
- >Volunteers as an invaluable resource (Practice Note)
- >Notes on Transition Planning for College (Practice Notes)
- >Diffusion: In pursuit of action (Info Resource)
- >Why School-owned Student Support Staff are So Important (Info Resource)
- >Engaging and Re-engaging Students in Learning at School (Guide for Practice)
- >Enhancing a School Board's Focus on Addressing Barriers to Learning and Teaching (Guidance Note)

(d) *Planning Guides*

- >Frameworks for Systemic Transformation of Student and Learning Supports
- >Turning a Project or Pilot into a catalyst for systemic change and sustainability
- >School-Community Partnership: A Guide (updated)
- >Enhancing classroom approaches for address barriers to learning: Classroom Focused Enabling (updated)
- >Fostering School, Family, and Community Involvement (revised) One of five guides for creating safe schools and communities for Hamilton Fish Institute on School and Community Violence and the Northwest Regional Education Laboratory
- >Enhancing School Staff Understanding of Mental Health and Psychosocial Concerns: A Guide (updated)

(e) *Hot Topic Series*

- >Security Measures at Schools: Mental Health Considerations
- >Impact of the Economic Crisis on Schools and Families
- >What is a School's Role in Addressing the Impact of Poverty?

(f) *Quick Finds*

- >Learning Problems and Learning Disabilities
- >Transition from Adolescence

(g) *Book Chapters and Journal Articles*

As noted, one indication of our impact is the frequency with which we receive invitations to do chapters and articles related to mental health in schools. As each is published, it contributes to efforts to achieve the overlapping goals.

Online book:

- >*Mental Health in School and School Improvement: Current Status, Concerns, and New Directions*

Published:

- > *Rebuilding for learning: Addressing barriers to learning and teaching and re-engaging students.* (Scholastic, Inc.)

Book in press:

- > *Mental Health in Schools: Moving Forward* (Corwin Press)

Chapters:

- > School-wide approaches to addressing barriers to learning and teaching. In B. Doll & J. Cummings (Eds.) *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children.* Thousand Oaks, CA: Corwin Press.
- > Best Practices in the Use of Resource Teams to Enhance Learning Supports. In Thomas, A. & Grimes, J. (Eds.) (2008) *Best Practices in School Psychology V.* Bethesda, MD. National Association of School Psychologists
- > School Improvement: A Systemic view of what's missing and what to do about it. In B. Despres (Ed.) *Systems thinkers in action: A field guide for effective change leadership in education.* Rowman & Littlefield Education
- > Ending the marginalization of mental health in schools: a comprehensive approach. (2009) In R. Christner & R. Mennuti (Eds.), *School-based mental health: a practitioner's guide to comparative practices.* Routledge Publishing.

Chapters in press:

- > Enhancing schools as caring environments. In R. Talley (Ed.). *Building community caregiving capacity.* Oxford University Press.
- > Placing prevention into the context of school improvement. In B. Doll (Ed). *Handbook of youth prevention science.* Lawrence Erlbaum Association, Inc.

Center Journal's Lead articles:

- > Winter: *Challenges and Opportunities in the Classroom*
- > Spring: *Rethinking How Schools Address Student Misbehavior and Disengagement*
- > Summer: *Personnel Development for Education: Does the Process Enhance How Schools Address Barriers to Learning and Teaching*
- > Fall: *School Dropout Prevention: A Civil Rights and Public Health Imperative*

In addition each issue, had a variety of other features.

See <http://smhp.psych.ucla.edu/news.htm>

Other Newsletter:

- > Requested article on *Dropout Prevention* prepared for the American Academy of Pediatric's Section on Developmental-Behavioral Pediatrics

Special Report (Thru December 2009)

Update on the Center's Work and Impact

As is evident from the many reports and resources the Center has generated over the years, the overall mission and aims are to improve outcomes for young people by enhancing school and community policies and practices. The core of the work focuses on addressing barriers to learning and development; such barriers encompass neighborhood, family, school, peer, and personal factors that interfere with emotional, physical, social, and economic well being. And because so many barriers arise from a lack of equity of opportunity, the Center's analyses and recommendations stress systemic and institutional changes that can improve interventions in ways that enhance equity and social justice. In this way, the work broadens the focus on mental health concerns and ensures that societal contributing factors (currently designated as social determinants) are appropriately attended to in discussions of mental health in schools. (See Exhibit on next page for the Center's specific goals and objectives).

From its inception, the Center has gathered evaluative data for purposes of enhancing its performance and impact. (see

<http://smhp.psych.ucla.edu/pdfdocs/evaluation/impactevalrept.pdf>).

Our first impact report was generated in 2002; it was updated in 2004, 2006, 2007, 2008, 2009, and now in 2010. Each year the Center's update includes a special report to highlight important benchmarks from the past year.

Our intent in the future is to continue to amass data related to Center efforts and impact and to update this document as a cumulative report. In addition, the Center will continue to send out frequent updates (e.g., monthly reports to the Center's Advisory Group members; progress reports on the National Initiative: New Directions for Student Supports). These provide a continuous perspective on the many activities and progress.

The present report is designed to highlight some benchmarks indicating the Center's escalating impact. The intent is to both share a current perspective on impact and provide a stimulus for discussion of how to enhance that impact. Feedback from the field is a core element of this year's special report. Over the year, the Center asks for and receives regular feedback. To elicit additional responses specifically on impact and need, the Center sent out a special request in the fall of 2009. To maximize responses, just two questions were asked: (1) What have you noted as the impact of the Center's work? and (2) What do you think is the single most important thing we should do in the coming year? Examples of feedback are incorporated throughout the report and in an Appendix.

A special note of appreciation from Joy Dryfoos:

"I just read over the monthly report....how far you have come!
I am impressed with the richness of info that you have made
available to the world...and the strong leadership you have
established.

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Center Goals and Objectives

Our overlapping goals are to:

- (1) elevate commitment to enhancing the MH and general well-being of children, adolescents, families through advancing policy/programs for MH in schools
- (2) enrich policy formulation and program models for addressing MH and psychosocial concerns in schools
- (3) build the capacity of schools and communities for evolving comprehensive, multifaceted, and integrated approaches to MH in schools
- (4) build the capacity of schools and communities for strengthening school-wide approaches for fostering a climate to promote MH and well-being and prevent and ameliorate problems
- (5) build the capacity of schools to address a wide range of behavioral, emotional, motivational, and learning problems and to promote healthy social-emotional development, emphasizing empirically supported approaches

Overlapping objectives and related strategies arising from these goals include:

- (a) keeping abreast of key matters related to advancing MH in schools on national and state levels; identifying, gathering, and organizing relevant info and resources; and conducting analyses related to programs/policies
- (b) developing major reports, resources, and other documents relevant to advancing MH in schools (including updated syntheses, analyses, guidebooks, training aids, and social marketing resources) designed to 1) guide capacity building for strengthening positive school climate, 2) enhance understanding of how schools and communities can link to evolve effective approaches to MH in schools, and 3) improve school-based systems, programs, and practices designed to address students' behavioral, emotional, motivational, and learning problems and promote the healthy social-emotional development
- (c) distributing major reports and resources widely and to targeted groups through key dissemination and diffusion networks
- (d) promoting diffusion and increasing mechanisms for diffusion and action
- (e) mobilizing key leaders and expanding the infrastructure for advancing MH in schools
- (f) pursuing Center quality improvement and impact evaluation

Significant progress related to the above overlapping goals and objectives can be seen in the Tables summarizing what has been accomplished in the period from January 1, 2009 through December, 2009 (see Appendix A). The tables enumerate longstanding and new regular Center mechanisms that provide information, ideas, and assistance to elevate commitment (Center goal 1), enrich policy formulation and program models (Center goal 2), and build capacity (Center goals 3, 4, 5).

WHERE'S IT HAPPENING & WHAT HAS BEEN LEARNED?

These are some of the most frequent questions asked about the Center's efforts to end the marginalization in policy and practice of student supports (and thus of mental health in schools). The following responds to those questions and provides a picture of the growing impact the Center is having across the country. Also underscored is the fact that the Center is on the cusp of making a major breakthrough in moving systemic changes forward.

Documentation and Resource Development

On our website, see (1) *Where's it Happening? Examples of New Directions for Student Support & Lessons Learned*. <http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm> , (2) the list of Center resources and publications <http://smhp.psych.ucla.edu/selection.html> , and (3) the Toolkit designed for *Rebuilding Student Supports into a Comprehensive System for Addressing Barriers to Learning & Teaching* <http://smhp.psych.ucla.edu/summit2002/resourceaids.htm> .

As can be seen in the section on *Where's it Happening?*, highlighted first are the most promising current "pioneering and trailblazing" efforts across the country that are increasing clarity about new directions. They represent the most ambitious and comprehensive "out-of-the-box thinking." Each addresses four key, interacting considerations that reflect Center policy and practice analyses and hands-on work clarifying what is key to transforming school systems. These considerations are:

- Revisiting school improvement policies to expand them in ways that will end the marginalization of student supports and thus of mental health in schools
- Adopting intervention frameworks that encompass a comprehensive and multifaceted continuum of interventions with the intent of guiding development of a cohesive enabling component at every school in the district
- Reframing the infrastructure at school, complex, and district levels to ensure effective leadership, redefine roles and functions, and establish resource oriented mechanisms
- Developing strategic approaches to enable effective systemic change and scale up.

These four considerations guide the special resources developed by the Center (see the resources, materials, and the toolkit).

(1) Examples of State Department Designs Based on the Center's Work

>>Iowa — Comprehensive System of Learning Supports

<http://smhp.psych.ucla.edu/summit2002/trailblazing2.htm#iowa>

>>Louisiana — <http://smhp.psych.ucla.edu/summit2002/trailblazing2.htm#louisiana>

(Also see the video message about Louisiana's Comprehensive Learning Supports System from State Superintendent Paul Pastorek on youtube <http://www.youtube.com/watch?v=-KuSDvtnayo>)

>>Ohio has adopted a Comprehensive System of Learning Supports Guidelines

http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/ohio_LEARNING_SUPPORTS_GUIDELINES_FINAL.pdf

>>Hawaii -- We were saddened when state superintendent, Pat Hamamoto, resigned.

It is noteworthy that she stated in her newspaper interview that bringing the school system out of Felix Consent Decree in 2002 was one of her earliest achievements as superintendent. "We really had to transform the system from a school system to a system that cared," Hamamoto said. "We've won awards for our Comprehensive Student Support System internationally and nationally. And it wasn't me. Others came up with it; others put it together. We just made sure it happened."

Given that the Comprehensive Student Support System (CSSS) is based on our work with Hawaii, we hope to reconnect with Hawaii's State Department CSSS initiative in the coming year –see

<http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/hilegislation.pdf>

Also see their brochure: *Comprehensive Student Support System (CSSS)*--
http://doe.k12.hi.us/programs/csss/csss_pamphlet.htm

>>Other states – Moving forward with respect to state education agencies, the Center is using the above pioneering efforts to stimulate interest of other states, and this is producing initial discussions with a number of states. In addition, the Center's public-private collaboration with Scholastic, Inc is focused on establishing a formal working relationship with the Council for Chief State School Officers (CCSSO). The work in Louisiana is providing a demonstration that CCSSO is following closely. It is anticipated that all this will lead to the Center expanding its series of Leadership Institutes to an ever widening group of high level policy makers and leaders across the country, and in turn, this will generate direct work with an increasing number of states in 2010 and beyond.

(2) School Districts Leading the Way

To advance work with school districts and their schools, the Center's collaboration with Scholastic Inc. generated a collaboration with the American Association of School Administrators (AASA) in the fall 2009. The work with AASA is designed to stimulate a range of opportunities focused on developing a comprehensive approach to addressing barriers to learning and teaching and re-engaging disconnected students. As a first step, four districts were chosen to become Lead Districts and are forming a collaborative for developing a comprehensive system of learning supports throughout their districts and for providing demonstrations for other districts, with the work guided by the Center. The districts are

>>Jefferson County Public Schools (KY)

>>Indian River County (FL)

>>Gainesville City Schools (GA)

>>Sabine Parish Schools (LA)

(3) Lessons Learned

The Center has worked with a variety of other states, districts, and localities and continues to do so. These are highlighted online at

<http://smhp.psych.ucla.edu/summit2002/lessonslearned.htm>

The various places presented provide relevant demonstrations of facets of new directions and offer insights and lessons learned that warrant the attention of anyone who is ready to rethink student supports.

All this work is updated and analyzed regularly on the Center website. See, for example,

National Initiative: New Directions for Student Support

<http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>

The exhibit on the next page provides an example of the Center's impact on federal policy.

One Example of How the U.S. Department of Education has Used Our Work

The following statement is included in the RFA for the Grant Program: *Integration of Schools and Mental Health Systems* – online at <http://www.ed.gov/programs/mentalhealth/2010-215m.doc> . It demonstrates that the Center is having an impact on federal policy.

“As described by the University of California, Los Angeles' Center for Mental Health, 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 [systems] approach and recognize that schools cannot alone address the complex mental health needs of students. ... 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.

The Grants for the Integration of Schools and Mental Health Systems program will enable schools to improve their approaches to meeting the mental health needs of children by increasing linkages to qualified community partners, such as local public mental health and local juvenile justice authorities, improving professional training, and accelerating and increasing the development and translation of evidence-based research into practice. These systemic changes will transform the way that schools currently understand and address children's mental health and will reflect a broader approach at the community and state levels. Through a comprehensive, integrated approach to children's mental health, our nation will be better able to address the mental health and developmental needs of all children.”

Examples of Feedback from the Center's National Initiative Work

>From Louisiana Dept. of Education: “First of all, I want to say thank you for assistance in making it possible for Louisiana to move forward on building a comprehensive statewide system of learning supports. The personal assistance from Scholastic, Howard Adelman, Linda Taylor and Rhonda Neal Waltman has been invaluable to getting us where we are today. We truly feel that this work will have a transformational impact on learning and teaching in Louisiana. ... The Cabinet members are overwhelmingly in support.”

>From Iowa State Department of Education: Iowa is applying for an NGA Center for Best Practices grant to support the development of state policies and practices that focus on dropout prevention and recovery. We will be using our Learning Supports framework and partnering with ICYD. I know I will be a frequent visitor to the policy documents on the UCLA website in the next couple of weeks.” “The good news is that we have had our hands full developing the statewide infrastructure for Learning Supports through the Iowa Core Curriculum. We are in the process of developing a self-study guide for Learning Supports that districts will use as they develop their plans for implementing the Core Curriculum. Learning Supports is one of three action steps in the second goal for the Core Curriculum. We are also developing an implementation guide that will go along with the self-study. We will meet with the Department of Education Communications person to get assistance with branding Learning Supports and developing brochure templates, PowerPoint templates., etc. We will be presenting Learning Supports to the Iowa Core Curriculum network trainers that are responsible for working with districts on the Iowa Core Curriculum.

>The Center connected Wyoming State Department of Education with leadership for Learning Supports in IA to help Wyoming begin building capacity for establishing a comprehensive system of student and learning supports. From Iowa: “Just wanted to let you know that I had a wonderful conversation today with [name] from the Wyoming DOE. She said that she had already spoken with you and that they are eager to get started. She asked if I would be willing to serve as a sounding board and resource as they develop a plan and indicated that she had already talked with both of you about that. It sounded like that might want someone from Iowa to come to Wyoming later down the road.... I am happy to help them in whatever way I can.”

>“To the Indiana State Board of Education from Gaylon Nettles, Director of the Office of Student Services from 2003 to 2009 and State Attendance Officer, Indiana Department of Education from 1989 to 2009:

There is much discussion concerning removing barriers to education. I am contacting you concerning a program that was brought to Indiana by the Indiana Department of Education and the Office of Student Services a few years ago called *New Directions for Student Support*. This initiative is supported by the National School Boards Association, the National Association of Secondary School Principals, and numerous other professional associations for school nurses, school psychologists, school counselors, and Pupil Services Administrators among others. The Indiana Initiative was conducted in Indianapolis by the UCLA Center for Mental Health in Schools. If you go to the Center website, link to New Directions it will lead you to substantive programs in other states. You will see the history in Indiana starting in 2004. It is a program intended to be locally driven. This initiative is

presently being used all over the United States and the Center can provide training and support to schools who need it. I am contacting you to encourage you to use your leadership and initiative as a legislative body to be proactive for the children. I encourage you to become part of a solution to education problems in this state.”

>“New Directions is beginning to catch on in Texas. I am in the last stages of negotiating a consultant contract to assist Wichita Falls ISD in implementing district wide. My colleague will be working with the teachers and I will be working with the administration.”

>“I have worked to keep the Center’s interconnected systems framework on the table as the Texas School Safety Center has built the best practices document. The link you created for me today went directly into the survey reports as a hyperlink. It will go out to all school nurses and guidance counselors in the state once the report is released and will become a part of the state mental health transformation website.”

>From the VT Dept. of Education, Student Support Division “We have completed the draft of the Vermont version of the self study of learning supports. We will be working with two rural elementary schools to pilot the process.”

About the Public-Private Collaboration with the
Community Affairs Division of Scholastic, Inc.
<http://smhp.psych.ucla.edu/rebuild/rebuilding.htm>

As part of the ***Rebuilding for Learning*** initiative, leaders of national, state, and large district education agencies and organizations are being provided with professional development and technical assistance resources to help them substantively rethink and comprehensively restructure how they address barriers to learning and teaching. Those who choose to move forward with systemic changes for addressing barriers to learning and teaching. will be provided ongoing learning opportunities to guide planning and implementation.

The intent is to enhance school improvement capacity building by offering information, guidance and support through the auspices of Scholastic and the UCLA Center for Mental Health in Schools.

- In person professional input and interchange (e.g. Rebuilding for Learning Institute and on-site technical assistance)
- Online professional development and guidance (e.g. continuing education and online technical assistance)
- Print and online supplemental resources

Rebuilding for Learning Institute — orients school leaders to the need for student learning supports, the full continuum of essential school-community interventions, and the core principles and tenets of comprehensive learning support systems. District or state leadership teams leave the Institute with an emerging "blueprint" that enables them to more deeply investigate student learning supports and the feasibility for instituting change in their districts or states.

Rebuilding for Learning Online Institute — available to Institute participants, this resource allows users to probe deeper with theory and practice content. The online resources are especially designed as aids for moving forward.

Technical Assistance — Institute participants pursuing implementation of comprehensive learning support systems have access to the initiative's team of specialists who are available to provide strategic guidance as districts move from planning to implementation.

Rebuilding for Learning Core Materials — provide administrators with information on student learning supports policies and practices. Core materials include the *Rebuilding for Learning Institute Handbook*. The handbook is provided to all in person institute participants.

Impact to Date:

- Development of leaders' handbook – *Rebuilding for Learning: Addressing Barriers to Learning and Teaching and Re-engaging Students* – online for downloading at no cost – go to <http://smhp.psych.ucla.edu/rebuild/rebuildingtoc.htm>
- Design work with Louisiana state department of education has moved to the stage of strategic and action plans for rolling out the work and taking it to scale.
- Initiative with the American Association of School Administrators (AASA) has established four lead districts: Jefferson County Public Schools (KY), Indian River County (FL), Gainesville City Schools (GA), and Sabine Parish Schools (LA).
- Webinar entitled: *Strengthening School Improvement: Developing a Comprehensive System of Learning Supports to Address Barriers to Learning and Teaching* online at <https://scholastic.webex.com/scholastic/lsr.php?AT=pb&SP=TC&rID=48915112&rKey=09f14db0881f5159&act=pb>
- Discussions with Council for Chief State School Officers (CCSSO) with respect to their Next Generation Learning initiative which includes a specific emphasis on Just-in-time Assessment and Powerful Systems of Intervention to Address Barriers to Learning

RECENT PUBLICATIONS

>*Mental health in schools: Engaging learners, preventing problems, and improving schools* (2010). Corwin Press. <http://www.corwin.com/booksProdDesc.nav?prodId=Book234072&>

A major void in the field has been the lack of a book that presents a cohesive perspective and that focuses on systemic transformation using the lenses of public education, public health, and equity of opportunity. Thus, the Center built on and extended its earlier analyses and recommendations to provide the field with this timely resource that addresses the growing concerns about the large numbers of children whose emotional, behavioral, and developmental problems are not being well addressed and often are exacerbated by their experiences at school. Early reports indicate that the book is being well-received by policy makers, faculty in professional preparation programs, and practitioners.

Another indication of the Center's impact is seen in the large number of requests to write chapters and journal articles, do keynote presentations and workshops at conferences, for school districts, and at universities. In general, workshops, conference keynotes, and other one-shot efforts are nice ways to meet people, but they seldom lead to major movement forward in advancing systemic changes in schools (policy, infrastructure, and comprehensive, multifaceted, and cohesive intervention approaches). Thus, the Center accepts only those designed to have a strategic, ongoing impact.

Here are examples of recent chapters and journal publications that were prepared with a view to their potential for strategic use:

- >>School Dropout Prevention: A Public Health Role for Primary Health Care Providers. *Developmental and Behavioral News*, Vol 18 (1), Spring 2009.
- >>Comprehensive Support for Remediating a Disconnect. *The School Administrator*. June 2009. Number 6 Vol. 66.
- >>Ending the Marginalization of Mental Health in Schools: A comprehensive Approach (2009). In R. Christner & R. Mennuti (Eds.). *School-based mental health: A practitioner's guide to comparative practices*. Routledge Publishing
- >>Placing prevention into the context of school improvement. (2010). In B. Doll (ed) *Handbook of youth prevention science*. Routledge Publishing.
- >>Expanding School Improvement Policy to Better Address Barriers to Learning and Integrate Public Health Concerns (in press). Prepared for a special issue of *Policy Futures in Education* that is being developed with a focus on examining health policies, practices and pedagogies.
- >>Creating Successful School Systems Requires Addressing Barriers to Learning and Teaching (in press). Prepared for the second edition of *Creating successful school systems: Voices from the university, the field, and the community* edited by Francis Duffy (Galudet U.) and Jack Dale (superintendent of the Fairfax County Public Schools, Virginia).
- >>Addressing Trauma and Other Barriers to Learning and Teaching: Developing a Comprehensive System of Intervention. Prepared for a book being edited by Robert Hull of Prince George County Public Schools.
- >>Native American Students and Higher Education: Transition Concerns and Supports (We have just been invited to do this article for a special issue of the *American Indian Culture and Research Journal*.)

As part of the initiative with AASA and Scholastic, the Center co-directors will do two sessions at the February 2010 AASA National Conference in Phoenix: (1) a special Thought Leader's session and (2) a related workshop on *Rethinking Student Supports*.

RECENT POLICY AND PRACTICE ANALYSIS REPORTS

Besides the formally published work, the Center's reports also are widely circulated and increasingly referenced. All this work focuses on factors that interfere with emotional, physical, social, and economic well being and how well schools and communities are doing in enhancing equity of opportunity. The analyses and recommendations stress systemic and institutional changes that can improve interventions in ways that enhance equity and social justice. In this way, the work broadens the focus on mental health concerns and ensures that societal contributing factors (currently designated as social determinants) are appropriately attended to in discussions of mental health in schools.

Examples of recent reports are:

- >>*Interventions to Support Readiness, Recruitment, Access, Transition, and Retention for Postsecondary Education Success: An Equity of Opportunity Policy and Practice Analysis* <http://smhp.psych.ucla.edu/pdfdocs/postsecondary.pdf>
- >>*State Education Agencies & Learning Supports: Enhancing School Improvement* <http://smhp.psych.ucla.edu/pdfdocs/seals.pdf>
- >>*Moving Toward a Comprehensive System of Learning Supports: The Next Evolutionary Stage in School Improvement Policy and Practice.* <http://smhp.psych.ucla.edu/pdfdocs/briefs/paradigmshift.pdf>
- >>*Community Schools: Working Toward Institutional Transformation.* <http://smhp.psych.ucla.edu/pdfdocs/csinstitutionaltrans.pdf>
- >>*Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say They Need to Move Forward* <http://smhp.psych.ucla.edu/pdfdocs/superintendentssay.pdf>
- >>*Preparing All Education Personnel to Address Barriers to Learning & Teaching* <http://smhp.psych.ucla.edu/pdfdocs/preparingall.pdf>
- >>*Learning Supports and Small Schools* <http://smhp.psych.ucla.edu/pdfdocs/learningsupportssmallschools.pdf>

OTHER RESOURCES

In the period from January through December 2009, Center staff produced policy and practice analysis reports and new resources and guides based on analyses of pressing concerns. Presented as Appendix C is the extensive catalogue of written products generated by the Center. These include Policy Reports, Issue Briefs, Policy-related Quick Finds and Resource Aids, Practice Notes, Guidance Notes, Fact Sheets, & Info Resources, Books, Chapters, Articles, etc...

In addition, we prepared and circulated (a) our regular weekly Mental Health in Schools Practitioner, (b) monthly ENEWS, and (c) Quarterly Journal/Newsletters. These are widely distributed electronically and archived on our website and are forwarded by recipients to colleagues across the country. And each month the online Monthly Themes for improving MH in schools were revised.

Some Highlights:

>*Major Update of Center Resources*

A key focus of our work this year was to update all of the Center produced resources (e.g., Introductory packets, Resource Aids, Training Resources, Guides, Quick Finds, etc.).

>*Expanded Tool Kit for Rebuilding for Learning*

The Tool Kit for rebuilding student supports has been further upgraded and is a major resource for the Scholastic and AASA collaborative work and the New Directions Initiative. For example, based on our work with the Louisiana State Department of Education, we added a generic outline of a design document, templates for preparing a design document, guidance notes for outside facilitators, guide for team designing a comprehensive system, a guide for strategic planning.

>*Enriched Quick Finds*

A new feature added to our online clearinghouse Quick Finds (over 130 alphabetized topics) is the inclusion of links to videos and archived webinars related to the topics. New quick finds were developed on social determinants; divorce; military families; racism; transition to college.

>*New Training and Presentation Resources*

In response to many requests for copies of the handouts used in Center presentations, we have reworked and added more online power point and PDF presentation resources. These are organized into sets of online modules accessed at: <http://smhp.psych.ucla.edu/presentations.htm> Also included is a webinar we did with Scholastic/AASA on "Strengthening School Improvement..."

>*New Guidance, Practice, and Policy Notes and Information Resources*

>>Guidance notes:

- Personalizing Personnel Development at Schools
- First steps at state ed agencies and school districts in developing a comp. system...
- Youth Participation
- Schools, Families, and Community Working Together: Building an Effective Collaborative
- Integrating Learning Support into Race to the Top

>>Policy Notes:

- Balancing cutbacks at schools...

>>Fact and Information Resources:

- Diffusion theory and knowledge dissemination...
- Data about youth in the US
- Intro to multi-level community based...
- Strengthening Health Care for Adolescents
- Barriers, Buffers, and Youth Development
- Leadership for a learning support system

>*New Hot Topics featured on our website*

- What is a school's role in addressing the impact of poverty
- Preparing Everyone for College

>*Young Adult Advisors Feature*

This year we established our young adult advisors group and featured online their input about concerns related to school transitions. [http://smhp.psych.ucla.edu/youthadvisor/summary\(10-09\).htm](http://smhp.psych.ucla.edu/youthadvisor/summary(10-09).htm)

Some Feedback on Center's Assistance and Resources

>>“Thank you for your efforts – a more coordinated, aligned effort to address barriers to learning is exactly what we need. Thank you for the resources you provide.” District Superintendent (WA)

>>“Thank you for the suggestions regarding the ESEA reauthorization. We appreciate your input and your consistent focus on removing barriers to learning.” Deputy Assistant Secretary, U. S. Dept of Education (DC)

>>“As you know we have been awarded two five-year cooperative agreements from the Maternal and Child Health Bureau to continue operating both of our centers. We are most grateful for your support in developing these two applications during early 2009. In 2010, we look forward to collaborating with you to advance the health agenda for adolescents and young adults during these complex economic times.” Professor and Director (CA)

>>“Each bulletin from the Center has been valuable to our district. We have been able to refocus our support system and direct services in more effective and efficient ways because of your crisp research reporting. In the Race to the Top material, the Center's advice provided substantial support and guidance to our planning team.” District Superintendent (RI)

>>“Thank you so much for the information related to School Improvement Grants. It is very well written and very useful. I appreciate it.” District Superintendent (CT)

>>“The piece you recently sent regarding the language for the School Improvement Grant was extremely timely. We will use it for Race to the Top too. Thanks for all you do. Your work and networking are very much appreciated.” State Department of Education (OH)

>>“I have referenced the UCLA Center for Mental Health in Schools Project newsletter in a listserv to our Special Education Local Plan Area and Special Education Administrators of County Offices (of Education). I share the information with my colleagues in the Learning Support and Partnerships Division of the California Department of Education (CDE), a partner in the Mental Health Services Act. Thank you for all your help in enhancing mental health prevention, intervention, treatment, and recovery and resiliency to our California students during a very difficult time.” State department of education administrator (CA)

>>“My organization provides training and support to schools and communities working on enhancing systems of care to improve outcomes for youth. Much of our model is based upon the work from the UCLA Center for Mental Health in Schools. ... I recommend that others check the Center website and in particular review the publication *Mental Health in School and School Improvement*.” Mental Health Prevention and Promotion (OH)

>>“Thank you for the ‘tools for practice’ school-community collaboration self survey and community outreach for involvement and support self study survey. Both these tools will assist our communities core management team further their objectives as leaders of collaborative efforts in Peoria. We are making significant progress in our efforts to provide learning supports through school and community collaborations. Our school board adopted a parent and community involvement policy.” School, Family and Community Partnerships Liaison/Coordinator (IL)

>>“I just wanted to comment on how fantastic your website is. In the UK a recent strand of funding has become available from the Department of Children, Schools and Families to run Targeted Mental Health initiatives providing specialist mental health services in schools and we are developing such a project. Your materials are a treasure trove in helping us to focus our thoughts and in developing an evaluation.” (UK)

>>[Forwarded by one colleague to another] “Here is the newsletter from UCLA ... And you will get a ton of useful information from these articles. I think if you send them the email addresses of your counselors, they will put you on their list-serve and they will mail this to you and your crew automatically.” (TX)

>>“I am a school social worker functioning as a coordinator for a Safe Schools Healthy Students Initiative. I have frequently used your web site to gather cutting edge information. Thank you for the resources you provide to those of us thirsting for more information regarding evidenced based school interventions.” (CA)

>>“I requested copies of materials that arrived promptly. I am very appreciative. Your center is a wonderful resource” Faculty, University training program, (CA)

>>“The Center continues to develop timely resources for district use in order to meet the increasing needs of our youth with mental illness. The materials developed assist in raising awareness at the local school district level and the resources provided are helpful for answering questions and developing "next steps." I am confident in the material provided by the Center and have used packets ranging from change in schools, transitions, and student supports.” Director, Special Education (MA)

>>“Your leads and support with our early childhood mental health initiative have been both timely and substantive. I have used your resources in year past as well, in connection with the development of a mental health-school collaboration grant, which was funded, and proved very successful.” Behavioral Health Services (NY)

>>“Thanks for guiding me to the power point presentations on your website. I particularly appreciate your approach regarding motivation. It seems to address a parallel in psychotherapy: the evolution of focus on behavioral health, reinforcement systems, goals and objectives, and the impact on the value and power of the relationship, the dynamic, intersubjective, empathically attuned (and intrinsically motivating) relationship. I plan to share a few of these with some principals of the schools to which I consult and I am sure that they will find them helpful. Your website is so rich and full now that it is easy to miss some of the jewels. Keep up the helpful and very thoughtful work. You have advanced this field and the lives of so many students.” Professor of Psychiatry (PA)

>>“It is my absolute pleasure to provide you with feedback. Indeed, it is the very least I can do to express my gratitude for the incredibly high quality of your many services. I have always and continue to marvel at the competence, timeliness and responsiveness to my specific requests for assistance. As well, the information provided on your website and newsletter, while sometimes overwhelming, is in my 15 years of experience with the Center, the most comprehensive, current, one-stop resource regarding information and issues vital to my daily practice. “ Safe Schools Consultant (VT)

>>“The Center has served as an invaluable resource to me and several colleagues. The Connecticut Department of Public Health (DPH) applied for and received federal funding under the State Agency Partnerships for Promoting Child and Adolescent Mental Health grant. A number of Center materials including but not limited to: *Countering the Over-*

pathologizing of Student's Feeling and Behaviors, Protective Factors and Resiliency, and Mental Health in Schools and Public Health were used to obtain essential background information that was used in the grant application as well as in the development of some *Building Bright Futures in Connecticut* (BBFCT), materials. Federal grant funds were used to develop and implement *BBFCT*, a healthy social-emotional training and education program focused on children and adolescents ages 5-21 that targets individuals in the state workforce/working in state funded programs with little or no mental health background. In addition, participation in the Practitioner Listserve has provided perspective on what is happening across the country that's reduced isolation and provided a forum for fresh ideas.” Department of Public Health (CT)

>>“As a prevention professional and school board member, you are my "go to" place/site for the latest evidence based information in the area of coordinated student supports that address barriers to learning. I am working hard to make the case, not only in the district where I am a board member, but in all of the school districts I partner with in my work. I use your model and research as my "mantra" at every turn - I am "getting there" in convincing school staff and community partners that we need to take a hard look at our delivery system and gaps as they relate to student supports and academic achievement. PLEASE keep doing what you're doing.” School Board Member (MN)

>>“The information and policy papers are very worthwhile as we continue to build “capacity” in our school community and share best practice and research. This has provided an invaluable resource to our Student Assistant Team.” School District administrator (MI)

>>“I find this article to be exceptional, on target, and what I am finding all over the country....”Policy leader (Public Education Network)

EXPANDED DISSEMINATION AS AN EXAMPLE OF THE IMPACT OF CENTER NETWORKING

As stressed in last year's report, the Center focuses extensively on network building. One result is that the Center and its website are widely referenced as a major resource and are included as a direct link from websites across the country. This is exponentially expanding the number of organizations and individuals who share and reference Center work, which enhances the reach, value, and impact of that work.

Some Examples

- >>The Comprehensive School Assistance Program at WestEd informed the Center: "We ... have written an abstract of your article *What is a Comprehensive Approach to Student Support?* and posted it on our website on school improvement. SchoolsMovingUp. Members number over 19,000 educators and researchers within and outside the United States."
- >>The Public Education Network Weekly NewsBlast frequently references Center work (with links)
- >>SchoolMentalHealth.org has included a considerable amount of Center material as links
- >>The State Adolescent Health Resource Center at the Konopka Institute quarterly e-adolescence regularly highlights Center resources for state Maternal and Child Health professionals
- >>U.S. Department of Education, Office of Safe and Drug Free Schools, Prevention News Update (email) recently included the announcement of the collaboration with the American Association of School Administrators. And included reference to the Louisiana Statement Department of Education design document for a Comprehensive Learning Supports Systems and the Iowa design document Development our Youth: Fulfilling a Promise, Investing in Iowa's Future. Also provided a description of the weekly Mental Health in School Practitioner Listserv and how to sign on.
- >>The Support for School Improvement e-Newsletter, a joint project of the Council of Chief State School Officers and the Center on Innovation and Improvement Center publications reference the Center policy reports related to school improvement
- >>America's Promise Alliance included the Center's Intro Packet on *Dropout Out Prevention* as a resource in *Grad Nation: A Guidebook to Help Communities Tackle the Dropout Crisis*
- >>The National Association of State Boards of Education included material from *Working Collaboratively: From School-based Teams to School-Community Higher Education Connections in Partners in Prevention: The Role of School-Community Partnerships in Dropout Prevention*
- >>Coalition of Community Schools Newsletter included *What is a Comprehensive Approach to Student Supports?* and their Email Blast forwards relevant messages from the Center message (e.g., Ohio State Board of Education Approves Comprehensive System of Learning Supports Guidelines).

- >>Educators and Schools in the NY state included the Center and its website as a major resource in *The Children's Plan*
- >>*Principals Australia* requested permission to include Center's document *Rethinking how schools address student misbehavior and disengagement*
- >>The Research and Training Center of Family Support and Children's Mental Health had included resources in its electronic newsletter (e.g., referenced *Connecting School, Families and Communities*)
- >>A consultant from the CA Department of Mental Health indicated: "I just forwarded your report [*Prevention and Early Intervention in California's Mental Health Services Act: A Summary of School-based Programs in Ten County Plans*] to the Early Mental Health Intervention Technical Assistance Consultants interested in school-based projects. This has been a very, very helpful resource to all of us here."
- >>An Education Consultant in TX emailed: "I spoke at the TX School Social Work conference and [gave them] a copy of the UCLA 4 pg doc "*School Improvement...fully addressing barriers to learning and teaching is the next step*". I mentioned smhp in my intro as a resource.
- >>A Mental Health Consultant indicated: "I have made a copy of the document to take to the district with which I contract to provide a mental health program; hopefully we can generate some more discussion about maximizing efforts for the whole child, even in these hard times. I appreciate the news you send my way."
- >>Many users make requests such as the following: "This is outstanding. [*Policy Note: Balancing Cut-backs at schools is essential to ensuring equity of opportunity*] Would it be possible to share this valuable info at a meeting I am attending?" (School Nurse, MA)
- >>The Mental Health Prevention and Promotion Organization in Ohio sent the following message out across the state:"My organization provides training and support to schools and communities working on enhancing systems of care to improve outcomes for youth. Much of our model is based upon the work from the UCLA Center for Mental Health in Schools In addition to outstanding research, they also do direct work with Los Angeles schools to promote and improve mental health outcomes for youth. I recommend you check their website and in particular review their publication *Mental Health in School and School Improvement*."
- >>From the NY State Student Support Services Center. "We are a statewide center of the New York State Education Department and we work to build the capacity of new York State schools to develop, enhance and sustain supportive environments and reduce barriers to learning that impact on academic achievement and citizenship. I have written a short description of your Center for our electronic newsletter."
- >>Many of the Center works are cited by others. A good example of how this can be important is seen in the Institute of Medicine report on prevention of mental disorders where the chapter on *Moving prevention from the fringes into the fabric of school improvement* was included, and this increased its visibility and influence.
- >>The National Initiative to Improve Adolescent Health (NIAAH) is of special importance to the Center. It is a collaborative effort to improve the health, safety, and well-being of

adolescents and young adults, launched by two federal agencies and encompasses an increasing range of national organizations who are advancing the goals of this national initiative. NIIAH provides a venue for enhancing the impact of all its participants. LEAHs (Leadership Education in Adolescent Health) are members of NIIAH. Here's an example of how this helps: Note from colleague who is a Professor of Pediatrics in NY – “We will certainly buy this [*Mental Health in Schools* book] for our LEAH library. I am forwarding this to my colleagues in LEAH. [as follows]

Dear LEAH project directors,

Those who know of the fabulous work that the School Mental Health Project has been doing for the last several years (<http://smhp.psych.ucla.edu/>) with support from the MCHB will be interested in this new book. Those who are not aware of the work that Howard Adelman and Linda Taylor have done are missing out on exciting information. Check out the website and consider buying the book for your LEAH library. Also, please pass this along to your Psychology, Social Work, Nursing, and Nutrition Discipline Coordinators, since those professions have lots of interactions with mental health issues in schools as well.”

Feedback on Impact of the Center's Support & Collaboration

>>“You have played an integral role in advancing the agenda through the NIIAH (National Initiative to Improve Adolescent Health) Network. You consistently provide leadership, identify and provide resources, develop materials, such as the dissemination/diffusion materials that are shaping our work, sharing of resource materials that are being used as I am preparing by speech for the American College Health, the intellectual support and guidance to me personally has been priceless. You are such collaborators that you greatly help to leverage existing resources so that we can maximize available resources.” LEAH Director (NY)

>>“We have found your work very useful in the evolution of our thinking and would like to invite you to join us in three ways as we move our work forward. First, the resources on our website will include an annotated bibliography of sustainability of reform and we would like to include a link to your work “Toward a scale-up model for replicating new approaches to schooling. ..Second we would like to invite you to join the researchers without borders community...Third, we will be convening an inperson meeting of individuals who have studied sustainability of innovation...” University Center Director (IL)

>>“[A colleague] highlighted a few areas of overlap with our emerging work focused on Postsecondary Success, and passed it on to me..... I recently visited your web site, signed up for your e-news letter and found a great deal of philosophical alignment with how we think about student supports. I will also share the resources from your Center with my colleagues working on the College Ready strategy here at the foundation who are focused on student supports and transitions related to high school populations..... While the work on our Postsecondary Success Team is more focused on out-of-school populations and on students in postsecondary systems, it was very helpful to learn more about how you think about comprehensive student supports for k-12 populations and systems, as described for example, in your quarterly newsletter: <http://smhp.psych.ucla.edu/> . I will be sure that my colleagues also have a copy of the latest quarterly, as your six factors and accompanying matrix will likely resonate...Again, thank you for sharing your Center's valuable resources with the foundation.” Project Officer (Gates Foundation)

>>“Just wanted to thank you again for your participation on the webinar. You all did a really wonderful job and your presentations complemented each other quite well.” Staff (National Conference of State Legislatures)

>>“We are planning on placing a mental health counselor and a professional school counselor in the schools. When we were talking about the project, I was able to say that I knew just who to contact and what research to check first. That is just how important your work have been to my career.” State School Counselor Association Immediate Past President, Professor Counseling and Educational Psychology (KS)

>>Re. The partnership with the Center for Social and Emotional Education in developing Standards for School Climate “Thank you... as always, I deeply appreciate your help, partnership and council.” Center Director (NY)

>>“Your detailed and powerful support letter provides exactly the kind of support we need and validates our subscription to your model of infusing mental health in school systems.” Professor and Center Director (OR)

>>“As the lead clinician whose responsibility it is to help develop a school based mental health program through a Safe Schools/Healthy Students grant, it is with great pleasure that I read your website. We look forward to developing a relationship with your Center and hope that we can utilize your expertise to help us further develop our own school mental health project. There is strong support in our community for this grant which includes an enhanced mentoring component. I invite you to consider a mentoring relationship to us. (OR)

>>“I would like you to know about our Healthy Start Student Support Center. We have some wonderful programs that support our students and I believe we are moving closer to a comprehensive school support model. ...I would like to be connected to your program and take advantage of your technical assistance.” Healthy Start Coordinator (CA)

>>“The National Association of School Psychologists is doing an online learning event on population-based mental health services. We are hoping that you might be willing to contribute to the event when the topic shifts to resource mapping. Thought it might be an opportunity to make participants aware of your website and the vast resources to remove barriers to learning. School Psychology Professor (IN)

>>“Mobile is applying for the SS/HS grant. I want to put in Student Learning Supports training for 24 schools and hope you will provide training.” Education consultant (AL)

>>“I wanted to let you know that our proposal to develop a Full Service elementary school was approved by the NY City Department of Education. We will be presenting to local politicians and community members. To date, everyone that we have shared the vision with has been completely amazed and impressed with the concept of addressing Barriers to Learning.” District Lead (NY)

PLANS FOR 2010

The Center will continue to (a) pursue strategic work across the country, (b) develop policy reports, issue briefs, and policy-related quick finds, (c) strategically disseminate various special guides to stimulate action, (d) publish (e.g., book chapters, journal articles), (e) develop and diffuse special resources, (f) use of regular center mechanisms to inform, assist, network, and facilitate interchanges at national, state, and local levels, and internationally. Special attention will be paid to

- a. updating reports and other resources and generating new ones for diffusion designed to generally advance the status of MH in schools (e.g., resources related to rethinking student support staff roles and functions, developing infrastructure for enhancing MH in schools, system change strategies, sustainability of innovations)
- b. building on previous work related to review of policies and programs to identify and analyze direct and indirect influences on MH in schools and the degree to which pieces can be woven together to enhance a comprehensive approach
- c. summarizing and reporting finding as quickly as feasible
- d. assisting when national and regional major emergencies arise that affect schools and students. (In this respect, the Center has and will continue to monitor the impact of the economic downturn with a view to analyzing and reporting on how the well-being of students/families is affected, the type of impact it is having on school supports, and what needs to be done.)

And, to compensate for the dearth of attention the field has devoted in the past, the Center plans to build on the work it has been doing to ensure attention is paid to those in late adolescence and entering young adulthood (e.g., transition age youth; those between 16-24 who have left school; college students). This includes enhancing relevant resources, outreach, and additional policy and program analyses.

Finally, with a view to further advancing the field, personalized attention will be given to advancing the work of all those with whom the Center has developed a strategic relationship.

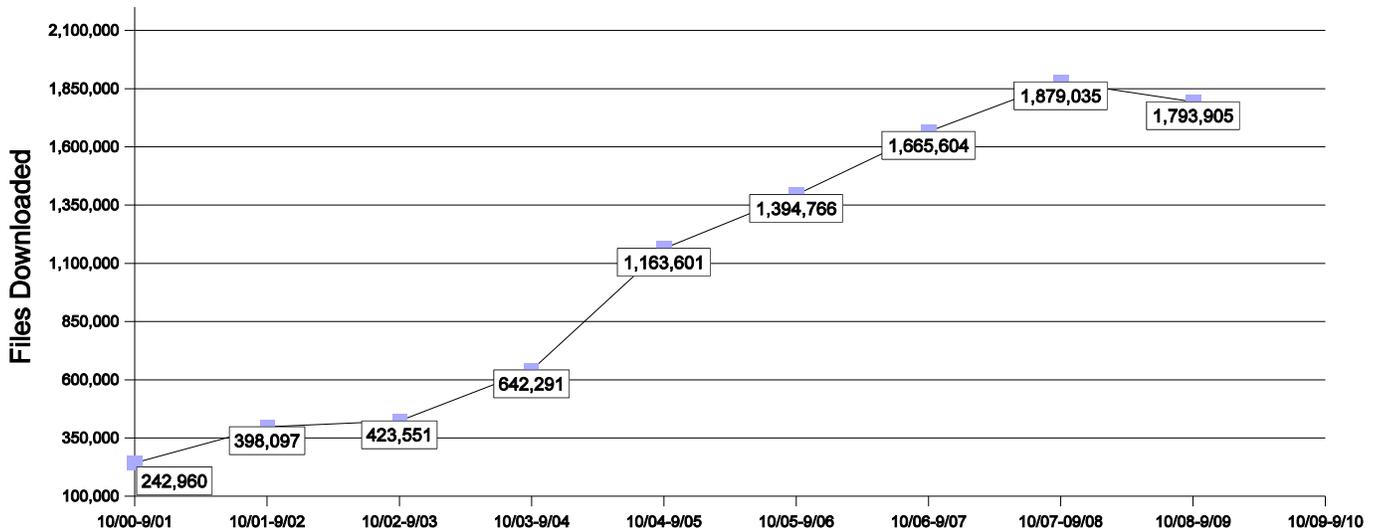
A few noteworthy specifics:

- a. Now that the collaboration with Scholastic, Inc. has stimulated action by AASA and is facilitating interest on the part of CCSSO, the Center will be able to reach and collaborate with many more high level policy and planning decision makers (e.g., at state departments of education, regional education agencies, and school districts, mental health agencies). The outreach will be followed-up with a range of capacity building activity (e.g., Leadership Institutes, webinars, a new online professional development course developed by Scholastic and the Center, expanded Toolkit, etc.)
- b. Future policy and program analyses being considered:
 - >> A study of state departments of education with respect to their approach to mental health, psychosocial problems, and student/learning supports,
 - >> Based on our continuing work with California's Department of Mental Health, we will do further analyses of the impact of the Mental Health Services Act and clarify implications for mental health in schools across the country (MH in School: Lessons Learned from Funded Projects in CA).
 - >> School restructuring: What is done to directly address barriers to learning and teaching?
 - >> How states are addressing social and emotional learning
 - >> others are under discussion
- c. Besides inclusion in Center reports, findings will be translated into publications for electronic and print journals, chapters, etc.

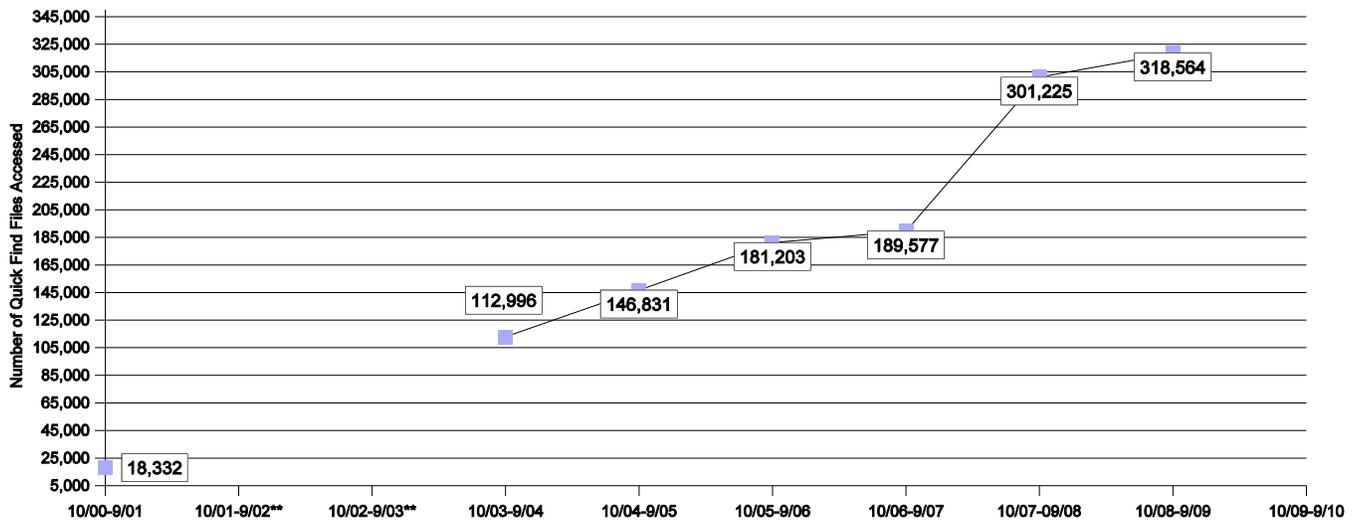
Appendix A

Tables

Web Site Number of Downloads



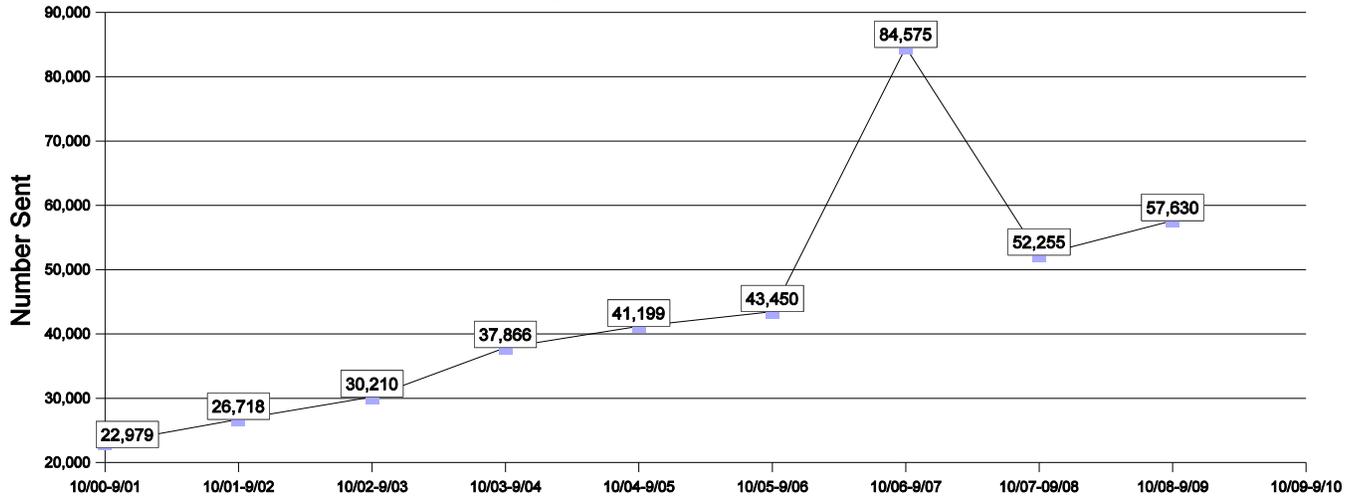
Web Site Quick Find* Topics Accessed



**Quick Find* is the Center Clearinghouse Online menu/resource locator. It groups material together by topic. Currently, there are over 130 topics on-line that include references to Center material and links to other internet based documents, publications, web sites, and agencies.

**The data for the 01/02 & 02/03 years were lost, but the trend was upward.

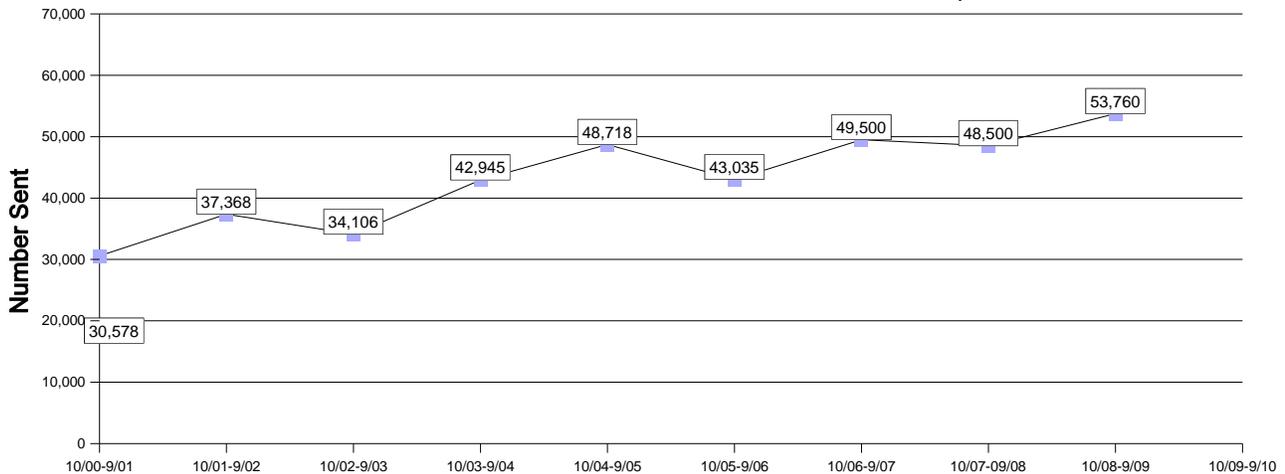
Quarterly Journal/Newsletter*



*These data represent the initial mailing of the Center’s quarterly journal/newsletter which currently is sent directly to over 10,500 individuals. Besides the initial mailing, copies also are sent out as part of inquiries to the Center, in response to specific technical assistance requests, and so forth. Some organizations ask for multiple copies to send on to their membership. Copies also are distributed at various conferences and workshops where Center materials are displayed. And, reports indicate that others are making copies and distributing them to colleagues. Here, too, given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. All editions are archived on the website for ready and ongoing access. Because of budget cuts, as of fall, 2007, hardcopies are no longer mailed.

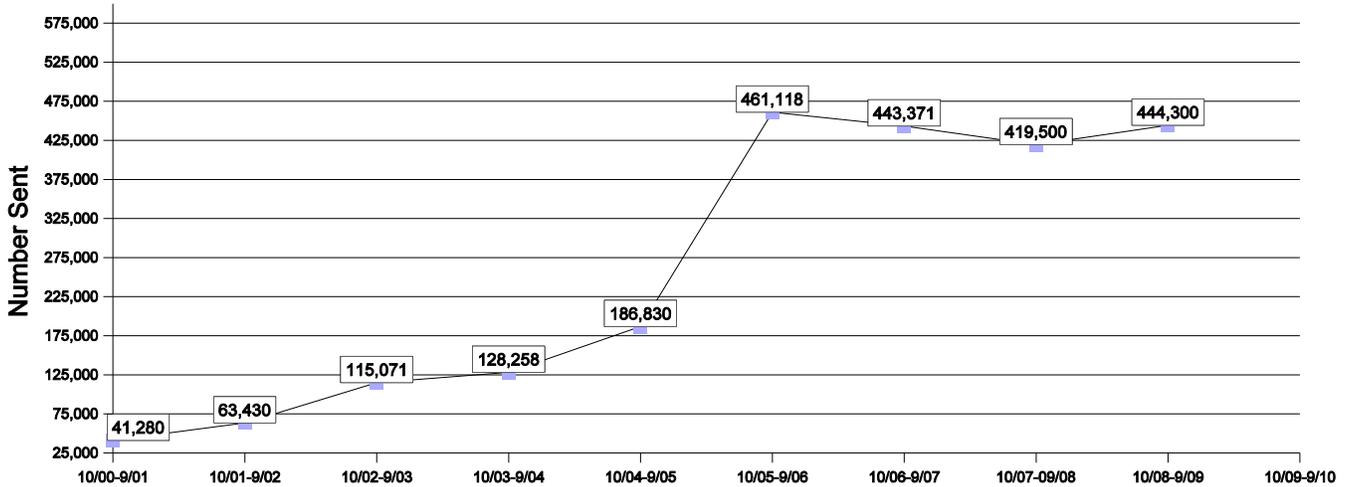
*This reflects not only dissemination efforts, but also the increasing focus by the Center on developing effective

Materials Distributed for Outreach and for Outreach Follow-up*



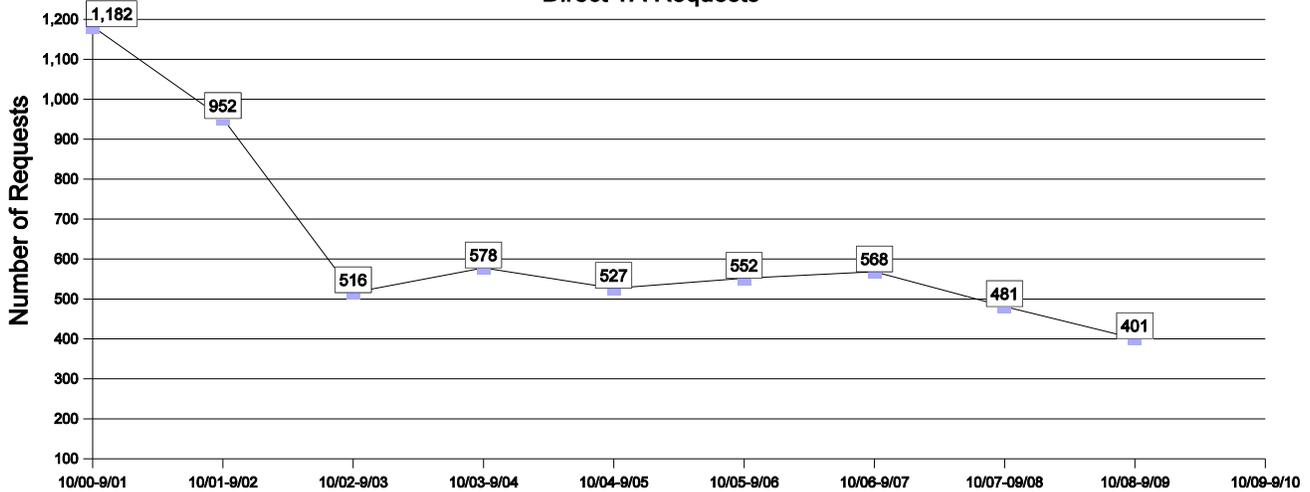
diffusion strategies. The figures encompass distribution of resources such as policy reports, guidebooks, introductory and resource aid packets, continuing education units, information, fact and practice notes, etc. These go to various centers, clearinghouses, federal agencies, and other potential dissemination agents, as well as to members of the Center’s advisory group, our sister Center, the participant organizations in the National Initiative to Improve Adolescent Health (NIAH), other key consultants, as well as what the Center distributes at workshops, conferences, and special meetings.

Direct Email Outreach (e.g., ENEWS, Practitioners Listserv, Updates)*



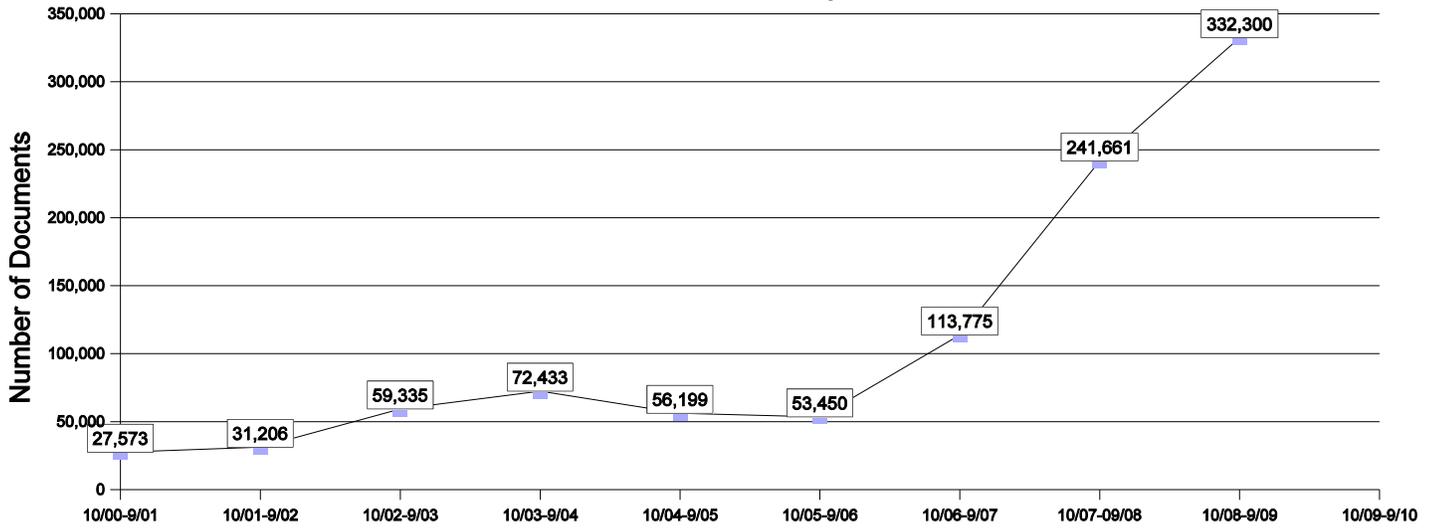
*As part of its strategy for diffusion, each year the Center has markedly increased its outreach with a strong emphasis on using email communications. Also, see the data on web site use (the web, of course, enables major electronic outreach and provides access to TA, training, materials, networking, etc.). ENEWS is the Center's monthly electronic news update developed and implemented in Sept. 1996. The listserv started with just over 200 and now is directly sent to over 9,000 individuals and organizations, and the list continues to grow. The latest issue is added to the website for others to access. Reports indicate that it is widely forwarded to organizational listservs. In addition, the Center sends out a weekly Practitioners' listserv which responds to requests and facilitates sharing; other networking listservs are sent out periodically (e.g., National Initiative for New Directions, Policy Leadership Cadre). Given the degree to which these are forwarded to others, there is no way to determine how many more are receiving these. Special ENEWS communications are sent whenever special announcements and special needs arise (e.g., this was used extensively in the Center's work in the aftermath of Hurricane Katrina and at other times of special need).

Direct TA Requests*



*In addition to the site-based practitioners who contact the Center for technical assistance, about half of the requests are from institutional representatives, including centers, organizations, agencies, school districts, and schools. While every contact has the potential to create a *ripple effect*, this is particularly so for the assistance provided organizations. The total number represents specific areas where assistance was provided; requests often ask for assistance and materials in more than one area. These figures do not include the unique form of TA provided through the Center's weekly Practitioners' Listserv. Note the drop and subsequent fluctuations in TA requests (which started in 1999). This reflects the impact of the Center's increased outreach (e.g., work around the country, the Practitioners' listserv, the enhancement of the website). In particular, as the website has expanded, those in need of technical assistance increasingly have been able to find what they need without calling directly. The Center receives constant inquiries about whether its documents can be copied and circulated. Moreover, feedback indicates that a significant amount of what the Center sends out is copied and shared – sometimes on a mass production scale. In addition, all documents are shared with other centers, organizations, and clearinghouses for distribution through their facilities. In addition, almost all Center documents are available for downloading in pdf format (readable by Adobe Acrobat, a free document browser) at no cost, and increasingly consumers are doing this rather than ordering hard copies. As a result of all this, as Center users increase, direct calls for TA increase at a slower rate.

Center Announcements & Surveys of Need*



*Refers to mailing of center announcements, direct needs assessments and those sent out inserted in newsletters, follow-up feedback forms sent to center consumers, etc.

Appendix B

Responses to the Request for Impact Feedback through December 2009

In the fall of 2009, the Center sent out a request for feedback. To maximize responses, just two questions were asked: (1) What have you noted as the impact of the Center's work? and (2) What do you think is the single most important thing we should do in the coming year?

The request contained the following reminder about the Center's work:

Just to remind you, the Center for Mental Health in Schools at UCLA is a policy and practice analysis center. As part of this work, we provide a wide range of resources and supports to the field (e.g., resource aids for policy makers, practitioners, researchers, and professional educators; a world class website which contains all that we have developed and is also designed as a major gateway to other resources; technical assistance; weekly community of practice listserv for school practitioners; monthly ENEWS; a quarterly newsletter/journal; timely listserv announcements about opportunities to advance the work, etc.).

In all that we do, we embed a full range of concerns about mental health in schools under a unifying approach to addressing barriers to learning and teaching and re-engaging disconnected students. A special focus is on promoting development of a comprehensive system of student and learning that weaves together school and community resources to ensure all children and youth have an equal opportunity to succeed at school.

The responses are organized in this appendix as follows:

I. Impact on Policy & Practice

In General

Specific Focus on Mental Health in Schools

Specific Focus on Comprehensive System of Learning Support

II. Suggested Priorities for 2010

In General

Related to Policy

Related to Practice

I. Impact on Policy & Practice

A. In General

“I’m thankful for your Center and its resource base and for your consistent push toward more humane schools. I think there is greater recognition of the whole child approach, not widespread but growing even in the face of the No Child Left Behind testing mania. Even ASCD has a Whole Child Initiative. More people understand the impact of mental health issues with youth though not a lot of educators express it or know how to implement better programming or have the power to. Parents are ahead of educators in this regard. There seems a growing interest in creating “one-stop service centers” in schooling as a necessary and efficient step for successful education of all ages.” Director, Design for Learning (MN)

“I would like to personally thank you for the timely topics and the expanded materials you provide to us at the LEA level. We have used the materials for information purposes with our parent community as well as training with our principals and psychologists. Your continued research efforts and sharing of best practices help those of us who are consumers of your information as there is no way we could interact with our students and provide a sufficient level of emotional and behavioral support which enables them to be successful in their academics. Thank you for taking the lead on this tremendously important undertaking.” Director, Student Support Services & Special Education (CA)

“A noticeable impact on what are considered acceptable policies and practices especially as U.S. shifts to more prevention/early intervention.” Program Manager, State Department of Health (NY)

“I like to think that the changes implemented this year in nite-time programs for families; more access of administrators, esp. principal, to children; book clubs sponsored by faculty; pairing up immigrant parents with other families; after-school “academies” for children to help raise state test scores are all happening because of your publications and coordination. You help us learn what works across the country.” School Nurse, Baltimore County Schools (MD)

“Two key indicators of impact: (1) Continuing, timely, and powerful dissemination of knowledge, including your own publications, E-NEWS, and the occasional policy alerts and briefs; (2) Your work with national associations in support of the four new district pilots.” Professor (NY)

“I really look forward to the email newsletter, share it with cohorts regarding current news items, places to find up to the minute articles in the various journals, and to stay on top of possible grants.” School Counselor (NY)

“I have used your website for many years and through several jobs. The website is a resource that I use regularly. I used your resources when I was asked to set up a Crisis Management Team in my school. I use your information when I need to get information together for teachers or parents. The website has information on just about anything that could come up in a school environment. It is also updated regularly. I have also recommended the website to many counselors, administrators and teachers. The Center’s work has had a great impact on my job and my ability to assist teachers, administrators and other counselors with many issues. Your website is the first place that I go for information. I have not found any one source of information about schools and mental health that even comes close to the Center. Keep up the good work. Your work is helping so many of us throughout the country to do a better job of educating and providing supports for our students.” Student Assistance Counselor, (NJ)

“The information you send out through email is very helpful. Providing webinars and power point presentation formats is also helpful. This information has been used in our county to educate folks about SEL that I feel will be relevant to US Dept of Ed Sec Duncan’s focus on school climate for learning. I have found the Center to be quick to respond to request though the information at times is “overwhelming” in terms of depth and length.” County Office of Education’s Partners in Health and Safety (CA)

“Providing a wealth of information and resources to school practitioners as to how to develop a systemic approach to reduce barriers to learning and increase student engagement. In addition to the resource bank, the approachability of the Professors Taylor and Adelman is beyond reproach.” District Superintendent (WI)

“We discuss the information to determine if we are meeting the needs of students in our district (public school in Indiana). We have increased counseling services for children at all levels (K-12) and increased services at our county detention center. I have personally shared information with the attorneys who defend juveniles.” Assistant Superintendent for Instruction, School District (IN)

“Our campus has developed a "Community Support Group" to reach out to the community. We are in the *beginning stage of developing goals*, and plan to use data/information from your program to determine what our campus can do to improve our relationship with the community.” RN, High School (TX)

“Professionals in the field are kept abreast of best practices and the work of other professionals in community-based programs. Your promotion of collaborative efforts is of particular importance. Please continue publication of ideas and trends while maintaining your value as a forum for exchange for all of our ideas and experiences.” Family Connection Regional Consultant (GA)

“I continue to sing your praises and refer many to your site. I recently referred the Pediatric Neurology Foundation to you also as he is trying to connect to school nurses nationally for educational outreach and linkage.” Director of Psychiatry, Children’s Hospital of Philadelphia (PA)

“For me, it [the impact] is bringing about awareness of your Center to the graduate students in school psychology. Continue all that you are doing in terms of research, providing resources, and communicating with educators.” Professor, School Psychology (CA)

“As I travel about, I hear more and more folks who have actually heard of smhp!...YEA! I reference your work in nearly every training I conduct...your resources are so practical and meaningful. As Title IV \$\$\$ dwindle, your work IS PREVENTION for education systems....I'm hopeful that more schools can connect with the Center's framework as the foundation to their Prevention efforts....(they won't mind losing money for ribbons and big multi-media presentations when they see student behaviors are more impacted on the educational environment of care and support!)” Education Consultant (TX)

“Tremendous clearinghouse of knowledge. Fabulous treasure-trove of links and cutting-edge information.” Prof. of Pediatrics, Past President Society for Adolescent Medicine (NY)

“Collaboration and sharing of ideas resources, and materials. New ideas on issues and themes that are common.” Guidance Counselor, School District (MA)

“The concept of building emotional support and strength for all children is one that is often overlooked. Without your voices, it would be even less visible (audible?). I have valued your focus on including all student services personnel in reform efforts as well as your clear identification of invisible barriers to achievement. As you know, I included one of your articles in my edited book *Taking Sides: Clashing Views in Special Education*. The response of my students to your work has been very positive. It has caused them to look at their own schools differently to seek the supports that all students need. I wanted them (and my other readers) to think long and hard about some of the (relatively) simple ways schools can anticipate problems and build resilience and re-engagement. Just Tuesday night, we discussed the futility of sending kids to the office and how this simply exacerbates disengagement. In my consulting practice, this same conversation occurs frequently. One astute teacher asked for support in positive behavior intervention rather than consequence-based interventions that resulted in a student reaching maximum penalty level during the first half hour — why, she said, should he even bother to think about school? Wise woman. A number of years ago, as a special ed director, I had the task of presenting the report of our guidance study task force right after a fascinating set of examples of our new English curriculum efforts. Somewhat dismayed, I felt there was no way to match the act I

followed — especially without betraying confidence. Not to worry, said one incredibly supportive school committee member — your work is visible in the number of children we save; in the number of times each parent can sleep easily, knowing there is a safety net. What more can any of us ask?” Associate Professor (MA)

“I appreciate the information and resources that you have available on your website. I stumbled upon it and was thrilled with all the information and resources you have for those of us employed in schools. School budgets are being cut yearly and currently even in the middle of the year in the State of Michigan, it is so important to be able to access current information and best practices in order to do what is best for our students. Your site is a great gift!” Counselor, School District (MI)

“I value the resources and the ability to have different issues put out nationally and get feedback on a concern or issue I am facing.” Social Worker

“I have enjoyed the communication and research you have done this past year. Topics have been very applicable and timely. Please keep up the great work!!” High School Social Worker (IL)

“I appreciate the information. I think that the information has helped in my role of a high school nurse within a community of 1000 + students.” School Nurse, University City (MO)

“For me it has been a wonderful resource, caused me to think about many issues, helped think about what work needs to be done and exposed me to things that are happening nationally. I value this resource.” Social Worker

“I’m listed within your practitioner and consultant cadre groups. For me, SMHP is one of the most practical and useful resource sites I use to understand what is really going on in this vital service for helping students in life as well as in school.” Program Director (AZ)

“You guys are a tremendous asset and I value your documents and newsletters. Please continue doing everything you do!” School Social Worker (IL)

“I have seen the visibility of the program increase in Southern California and Arizona at the level of local districts.” School Psychologist (CA)

“The information you provide has always been valuable and you are always there to answer additional questions I may have.” Public School District (NJ)

“I have most appreciated the research/news updates, a quick and easy way to stay connected to the field. Please continue your good work.” Director, School Readiness (CT)

“Access to information relating to our everyday roles is supportive, encouraging, and motivating.” School Social Worker (NJ)

“Informs practitioners and trainers as to latest research.” Professor, School Psychology (CA)

“As I live in Northern Greece I cannot say exactly what the impact to users in the U.S has been. But I am sure that your center is an important resource and support "buddy" for everyone. Since I discovered your website I don't feel "alone", it has been of great support and the banks of information are endless. I have recommended the centers' website to many parents, teachers, students and other professionals in Greece and we all agree, we need a center of your kind desperately in Greece.” Schools Psychologist, (Greece)

B. Specific Focus on Mental Health in Schools

“There has been a seismic shift in thinking around mental health in schools recently — as a result of the work of many organizations including UCLA, Cohen, WestEd, as well as ASCD and others, and the educational refocus on coming from the federal Education Department.” Director, Healthy School Communities, ASCD (VA)

Re: Michigan’s new Mental Health in Schools Policy. “Thanks for all your help, guidance and support through this process! You all do amazing work there [at the Center] and we hope to in some way follow in your footsteps!” Consultant, Michigan Department of Education/Michigan Department of Community Health

“The Center has served as an invaluable resource to me and several colleagues. The Connecticut Department of Public Health (DPH) applied for and received federal funding under the State Agency Partnerships for Promoting Child and Adolescent Mental Health grant. A number of Center materials including but not limited to: *Countering the Over-pathologizing of Student's Feeling and Behaviors*, *Protective Factors and Resiliency*, and *Mental Health in Schools and Public Health* were used to obtain essential background information that was used in the grant application as well as in the development of some *Building Bright Futures in Connecticut* (BBFCT), materials. Federal grant funds were used to develop and implement *BBFCT*, a healthy social-emotional training and education program focused on children and adolescents ages 5-21 that targets individuals in the state workforce/working in state funded programs with little or no mental health background. In addition, participation in the Practitioner Listserve has provided perspective on what is happening across the country that's reduced isolation and provided a forum for fresh ideas.” SW Consultant, Department of Public Health (CT)

“At the Arizona Department of Education, specifically the School Safety & Prevention Unit, we utilize the Center’s work (resources, papers, weblinks) to keep updated with mental health information as it impacts students throughout the states. This information is used in grant work and to support the work we are doing in our unit to provide resources for schools, parents, and organizations. The work that the Center presents touches every aspect of what we do in working with all youth — in a holistic approach. We also forward the Center’s work to our prevention contacts in the state. I believe the Center’s work has had a very positive impact in the way the public and people in the field view mental health, the barriers to learning, and student engagement.” Prevention Education Specialist, School Safety & Prevention, Department of Education (AZ)

“In our institute here, we conduct research and TA on issues of community based systems of care Champions for Inclusive Communities , otherwise known as ChampionInc.org on the web. We use a lot of the information you provide in our efforts to assist state and community level programs to utilize the best information available. (We credit you as source)” THANKS! Director, Early Intervention Research Institute, Utah State University (UT)

“Awareness of the resources available on your website has increased dramatically within the circles in which I travel. As awareness of the resources' availability has grown, people's awareness about mental health issues in schools and best practices has increased, too.” Child and Mental Health Advocate (TX)

“The Center continues to develop timely resources for district use in order to meet the increasing needs of our youth with mental illness. The materials developed assist in raising awareness at the local school district level and the resources provided are helpful for answering questions and developing ‘next steps.’ I am confident in the material provided by the Center and have used packets ranging from change in schools, transitions, and student supports.” Director, Special Education, School District (MA)

“The Center's work has importantly helped to educate me and members of our staff about mental

health/educational goals and strategies that need to be a meaningful facet of K-12 school life. the Centers work has helped to shape our own policy and practice efforts.” Center Director, (NY)

“In my experience, you provide a great treasure trove of thoughtfully compiled information and recommendations that helps practitioners in the schools to make a case for keeping mental health issues at the table when schools plan to remove barriers to learning. For some reason, the ideas of experienced employees are most always discounted by decision-makers unless there is copious data from the ‘experts’ to back them up. (And even then, school boards can make decisions based on their own schooling experiences several decades ago.) Your policy papers and reference materials magnify the voices of individual practitioners. School Psychologist (OR)

“I greatly appreciate the resources including handouts, literature, and templates. I am very fortunate to be working on a project I believe in so strongly. Addressing barriers to learning, enhancing protective factors, and making the mental health of our students a district priority will ensure progress towards the improved achievement of all students. The Center has provided me with the resources that I need to assist Scottsdale Unified School District in becoming the state leader in advancing and promoting quality mental health services for students and their families, thereby creating a more efficient workplace, a stronger community, and better outcomes for all students. I am very optimistic that this process will lead to an enhanced model of service delivery and high levels of customer satisfaction.” Clinical Services Director, Mental Health in the Schools (AZ)

“I think the center is providing educational materials to improve instruction in schools and to promote mental health services in the schools. I frequently use the materials to train our school staff, and improve the services I offer students and their families.” School Based Psychologist, New Port News (VA)

“The Center is an incredible go-to place for school employees in providing info/research on important issues. Your E-News and Mental Health in Schools Practitioner Listserve are excellent resources.” School social workers, School District (WA)

“I have noted the impact of the Center’s work as expanding school mental health professionals knowledge and access to your wonderful clearinghouse of information. I present nationally on our prevention programs and always tie it your website and resources as key tools for schools to use in their work. I always ask if folks are familiar with your site and there are one or two folks who raise their hand mirror my praise of it being an important, useful tool.” Youth Program Manager, Screening for Mental Health

“Keeping the issues front and center: mental health, connection of mental health and school world, intersection of health and education. Simple to use resources and tools for people doing the work.” Best practices in adolescent health Resource Center Director (MN)

“Please let me thank you for my input to what I value most about what your Center provides to mental health advocates throughout the nation: an educated, routinely updated, well researched resource for care providers to high risk kids where they can be served daily (schools).” Social Worker, Mission Possible (CA)

“The research, outcomes, data, you offer help support our work.(articles, studies)” Mental Health Consultant, Department of Education, Department of Community Health (MI)

“[With the Center’s help] School-based mental health is now an ‘Evidence-based Practice’. Director, County Mental Health and Developmental Disabilities, (IA)

“I appreciate the data on mental health research studies.” Coordinator School Health, County Schools (TN)

“It has helped guide the direction and sometimes validate what we do with mental health on school campuses for our district and partners.” Coordinator Safe Schools/Healthy Student, (CA)

“As the clinic coordinator of a very small SBHC located in a public alternative charter school I would like to thank you for allowing me to be a part of the list serv. The emails I receive with questions and available resources listed are often very useful to me and my school. I have accessed your site on many occasions. I have passed on many of the articles and resources listed to the rest of my school. The topics addressed are usually very pertinent to situations in my school and useful as the SBHC is often the entry point for kids needing additional mental/behavioral health support. I also appreciate your advocacy efforts to educate and gain support for mental health services within the school setting.” Clinic Coordinator, School Based Health Center (CO)

“The greatest impact for me is having a source of digested information about the latest issues and research in this area that comes to me in the form of a regular newsletter. In addition, no one else in California seems to be focusing on this particular area (mental health in schools), which is such an important topic, so it is also a great benefit that someone is simply doing this at all (bringing the information about this topic together and suggesting ways of dealing with it). It’s also good to know that you may be able to help me if I need technical assistance when dealing with a recalcitrant school district.” Attorney, Special Education Law (CA)

“The development of model delivery systems and dissemination of this information has been helpful.” School health advisor, Department of Public Health (MA)

C. Specific Focus on Comprehensive System of Learning Support

“Because of Iowa’s long-term partnership with the Center, Iowa has been able to begin to model a Learning Supports system at the state level that is being replicated at the AEA level (intermediary agencies between the state and LEAs). In addition, the information provided by the Center was helpful in crafting the Iowa proposal for Race to the Top. Every time that I visit the website I feel that I am opening a treasure chest. The wealth of resources available on the website at no cost are so helpful and it is always easy to find just what I need on a particular topic. Beyond what is available on the website, Drs Adelman and Taylor make themselves available for individual consultation. We absolutely could not engage in this level of statewide system change without the expertise, support, and encouragement that is provided through the Center and Drs Adelman and Taylor who provide a personal touch to everything they do.” Department of Education (IA)

“As a prevention professional and school board member, you are my "go to" place/site for the latest evidence based information in the area of coordinated student supports that address barriers to learning. I am working hard to make the case, not only in the district where I am a board member, but in all of the school districts I partner with in my work. I use your model and research as my "mantra" at every turn - I am "getting there" in convincing school staff and community partners that we need to take a hard look at our delivery system and gaps as they relate to student supports and academic achievement. PLEASE keep doing what you're doing.” School Board Member (MN)

“Each bulletin from the Center has been valuable to our district. We have been able to refocus our support system and direct services in more effective and efficient ways because of your crisp research reporting. In the Race to the Top material, the Center’s advice provided substantial support and guidance to our planning team.” District Superintendent (RI)

“Provides access to comprehensive resources that helps our high school develop effective policies and practices that improve student learning.” Program Manager, Youth Guidance

“Folks in TX are also talking a lot more about the full continuum of school services and supports rather than over-focusing on special education needs, and the phrase "barriers to learning" is actually creeping

into TX education lingo. While there is talk at the state level of promoting better resource coordination, there unfortunately remains no willingness to discuss true systemic reform.” Child and Mental Health Advocate (TX)

“I now teach your concepts and use your book in my school psychology program. I also talk about the schoolwide learning notion with my colleagues at LMU, to be used possibly in Catholic schools.” Program Director, University School Psychology Program (CA)

“The center has helped us update our Student Conduct and Discipline policy to address over-representation of minorities in disciplinary outcomes and establishing a tiered continuum of intervention (PBS). Program Manager, Portland Schools (OR)

“The impact on my community is an increased knowledge base on the many of the subjects you cover re: systems work, defining learning support systems and working the continued advocacy regarding the marginalization of support services.” Program Manager, County Office of Education (CA)

“The Center has more timely resources and research on comprehensive student support than anyone else. I am always sending their resources to my local grantees. It is great to have a high quality research and practice partner to refer to, and consult with, to add rigor to the answers to tough questions about student support. They have been a tried and true partner for the long haul!” Foundation Program Officer (CA)

“It is incredible research based information that you provide. I am always amazed at how timely the information is sent out and how very relevant. The ‘universal’ concerns that we all face in public education in dealing with our ‘at risk’ population of students ... is so clearly presented in a manner that provides a solution focus. I especially refer to the comprehensive system of learning supports.” Behavioral Specialist, Kalamazoo Public Schools (MI)

“You continue to provide a variety of informative articles, and a clear voice, pointing to the need for a comprehensive system of student and learning that weaves together school and community resources. I have put some of the links you share in my own library and point to them in my own advocacy.” Program Director (IL)

“The work you are doing and sharing with us has been extremely helpful as we reshape and develop RTI processes and structures, social and emotional learning programs, our attendance improvement program and how we work with children.” Counseling Coordinator, School District (WI)

“To raise awareness and increase knowledge about barriers to learning and systems for developing whole school/community approaches. The nature and amount of “tool kits” and other learning materials are also very important and have contributed greatly.” Professor (LA)

II. Suggested Priorities for 2010

A. In General

“Continue adding to your website and informing others of best practices and the latest research developments it enables us to provide best practices and make a difference in the lives of our students and families. Keep the information free and continue to provide resources that we can use right away in our schools.” Counselor, Public Schools (MI)

“Continue to send around resources (including work from other states/districts). Things that are happening/working nation-wide.” Mental Health Consultant, Department of Education, Department of Community Health (MI)

“Continue to provide suggestions, tools, technical assistance that help make the case for change to elevate and legitimize Learning Supports to the same level of concern and action as academics.”
Department of Education (IA)

“The information & links you send out on a regular basis is easily forwarded by me to others who over time get slowly drawn into your website and a better awareness of children's mental health issues, particularly as they relate to school success. I believe it is critical that this continues. The second most important thing I think you should do is send me a copy of the new (MH) book Child and Mental Health Advocate (TX)

“I am working on a Mental Health School policy. I would like to view an example of a rural school's mental health policy.” Coordinated School Health, County Schools (TN)

“I so enjoy the research that goes into the articles you send. They validate and guide what we do with our mental health programs.” Coordinator, Safe Schools/Healthy Students (CA)

“Stay afloat! Keep nurturing the awareness and the scope of understanding that there is "another way" ...I love reading about states that are embracing the framework on a large scale. It continues to give me hope.” Education Consultant (TX)

“Continue to send us the research that describes the realities of children (ADD, ADHD, Bi-polar, etc.). Also, any recommendations to support children, families, and communities dealing with high poverty (and all the ills that become present), and low expectations for self and others.” Assistant Superintendent of Instruction, School District (IN)

“Continue to raise awareness and provide resources for our school personnel to use as increasing numbers of students are presenting with serious problems. In our district we are currently in the middle of a high school-wide (2100 students) screening (Signs of Suicide) and resources are stretched to the limit. Some community support in the field of mental health has been received but so much more is needed. Thank you for the fine work you do and make available to all.” Director, Special Education, School District (MA)

“Continue the great work that supports integrated service systems.” Program Manager, Portland Schools (OR)

“Continue to send information to us in the coming year, I promise to download it and share it with my trainees and interns, as well as use it in presentations (with proper credit given, of course) to political bodies as well.” Social Worker (CA)

“Keep on doing what you're doing.” School Social Worker (NJ)

“Periodic updates on your four pilot school projects is paramount.” District Superintendent (WI)

“While it may not be the single most important thing you should do in the coming year, I would like to see a continued focus on: engaging children from highly-mobile families; and engaging (or re-engaging) students whose families do not appear to value traditional education. Thank you for all the great work coming out of your center. Your resources are appreciated here in the frontier of Montana.” School Nurse (MT)

“Continue doing what you're doing and offering what you're offering! Thanks” School social worker, Middle School (WA)

“Continue to be a resource for information, new programs, books, initiatives, findings, data, etc.” Professor of Pediatrics, Division of Adolescent Medicine (NY)

“Single most important thing we should do in the coming year is keep doing what you already are!! I have heard that the website can be confusing to folks, I personally think it is ok but I think it’s largely due to my comfort and familiarity build up over the past 6+ years I’ve been using it.” Youth Programs Manager, Screening for Mental Health

“Continue to help show how student supports can be developed and implemented in an effective RTI process. THANK YOU FOR ALL YOU ARE DOING! KEEP UP THE GREAT WORK AND SHARING!” Counseling Coordinator, School District (WI)

“Please keep doing what you are doing!! Awesome work.” Public Schools (MI)

“Continue providing this wonderful resource.” Career Counselor (AR)

“Continue posting resources for professional educators.” School based psychologist, Newport News (VA)

“Remain funded in this austere time. Your work is too important and too useful to not be available.” Director, Early Intervention Research Institute, Utah State University (UT)

“Continue your great work, of course. You are giving student support "champions" like myself much need ammunition in the "fight." We know a coordinated approach is much more efficient and effective, but change is hard...especially for public schools where "achievement" (teaching to the test) is the charge and adequate staffing is a challenge. We need to continue our work at a national and state policy level for sustainable funding and staff mandates for student supports. We expect test scores to rise, yet our students are struggling more than ever emotionally. In Minnesota, we have a terrible counselor to student ratio as it is, and in many cases a "dean system" (administrators) is replacing licensed school counselors. Even when there are licensed school counselors present, they are spread too thin - usually as testing coordinators - and can't meet the needs of the kids who need it the most. And, worst of all, in tight budget times student supports are often the first to go - it's abhorrent. I am typically not a proponent of mandates but in this case I think it's necessary. Community non-profits who can focus on positive youth development and capacity building in youth and families are also cutting staff and programs - it's more and more difficult for them to be effective partners because of funding. We also cannot continue our band-aid approach - the programmatic, grant funded approaches aren't sustainable and certainly don't provide the long term positive outcomes we want and need for our young people. We need a paradigm shift that addresses systemic issues (our own barriers to change) and environmental strategies as well as the resources and policies that provide sustainability.” School Board Member (MN)

“I’ve brought up the work of the center with different administrators who often have not heard of the work of the center. I find this frustrating because I think your work is addressing the exact questions many districts are dealing with. In light of this my suggestion for the most important thing to do in the upcoming year is marketing. Get your work under the noses of all districts administrators. I think spending more time getting out the word will help to spread the impact of the work.” School Counselor (WA)

B. Related to Policy

“Keep pushing the policy agenda for learning supports. We have a short window of opportunity with this administration.” Foundation Program Officer (CA)

“Continuing to shape state and federal policy and providing resources..as you are doing.. to support this work.” Center Director (NY)

“From my perspective, be very very visible in the reauthorizations of ESEA and IDEA. I have heard there is a movement to merge these two and right now, I’m ambivalent. On the negative side, the needs of the most vulnerable could be masked as they were decades ago. On the positive side, attention to those who struggle might reduce the number of the vulnerable. Keep up the good work. Let us all know when we should weigh in. Thanks so much for — and thanks so much for your work.” Associate Professor (MA)

“The public and policy makers need to be aware of the Center’s work and how much this work affects our students, teachers, and the field in general. This is extremely important work and should be utilized by professional educators, policy makers, mental health professionals, and those who make an impact in the lives of youth. Thank you for all of your work!” Prevention Education Specialist, School Safety & Prevention, Department of Education (AZ)

“Continue to be an advocate for SEL by providing information and updating your information in relationship to the changing issues education is facing.” County Office of Education (CA)

“How professionals in the field of mental health in schools can continue to provide quality mental health care in an atmosphere of increased need and decreased resources.” Social Work Consultant, Dept of Public Health (CT)

“Continue to reach out to policy makers and educators. Not just those who work in primary and secondary schools but those who train individuals who do this work. I think working with staff at institutions who train undergraduate and graduate level students is one of the best ways to move the field forward.” Program Manager, State Health Department (NY)

“The ongoing challenge as a school district is funding. We are charged with education. Although we know the importance of mental health for our children to obtain an education, when we are faced with decisions about losing a teacher or a social service staff person there is no choice available. I would personally like the Department of Health and Human Services that is charged with mental health to step up and service the children in our schools. That is what their budget is supposed to do. Together we could make a difference for our students. If our students need mental health services we should be able to refer them to a community health provider that comes to the school to provide the services. This seems like such a simple request but I have not been able to make it happen. Even as a past Safe Schools Healthy Students site, we can not get mental health providers into the school unless the school (or grant) pays them to come. If you could make this happen.....” School District (NJ)

“Focus on policy-makers because they are cutting funding for mental health AND schools.” County Mental Health and Developmental Disabilities (IA)

[Focus on] “The impact of the financial crisis of services provided on the schools and/or community agencies that serve children and youth.” Professor, School Psychology (CA)

“Share with your constituency the ways and means to achieve sustainability --- the funding crunch will be with us for the foreseeable future so we all must be learning how to continue the work in efficient and effective ways within the limited resource environment.” Family Connection Regional Consultant, (GA)

“Continue to promote the importance of having district administration support Mental Health in the Schools as a priority.” Clinical Services Director, Mental Health in the Schools (AZ)

“Embed the concept and issues around mental health in the broader school improvement context. Siloing mental health or student wellbeing under a purely “health for health sake” umbrella whilst continuing the promotion of student health can be self-limiting. Our focus at ASCD is to see health/learning/wellbeing as unified not separate.” Director, Healthy School Communities, ASCD (VA)

“How schools can effectively teach heterogeneous groups of children? What does heterogeneous mean across the country? How can teachers manage diverse reading levels in the classroom whose size continues to grow without additional qualified adult support? How can administrators plan adequately for teachers in schools where enrollment is a revolving door and the system shuts off hiring anyone but paid parent helpers? Mental Health ideas for k-2nd graders who clearly cannot function in a typical large classroomThe obese child in pre-k thru Gr.5. Mental Health impact on child’s readiness to learn. Bullying, name calling advice specifically for systems and classroom teachers.” School Nurse, Baltimore County Schools (MD)

“I think that it is vital to focus on the links between poor achievement, school factors and family and community factors. We need to have more automatic statements that point to the web of interaction between students and high achievement as well as low achievement. If I hear one more time about the gap disappearing with just having highly effective teachers for 5 years in a row, I will scream! If this is all it took, why is this such a rare experience in urban school districts across the country? I would like more information on the interaction between risk factors and poor achievement as well as protective factors and high achievement. I would then like more information on how family, community and school factors can be comprehensively addressed by educators and community partners/institutions. I am tired of the narrow lens that poor achievement is solely the school's fault as if education happens in a vacuum. I am also tired of the political response of putting a mayor in charge, when those results are not clear cut as being beneficial and when mayors are in charge and standards are lowered or statistics are skewed, how helpful is mayoral control? There are no federal standards that we are even talking about here. We are talking about state to state standards that are vastly different from each other.” School Psychologist (WI)

“I am a Student Assistance Counselor in a small middle/high school with a population of approximately 550 students. My school, like many others throughout the country, struggle to keep students engaged and in school. Zero Tolerance policies are clearly hurting the very students that we are trying to keep in school. Suspensions, in-school or out, only make things worse. Schools need alternatives to Zero Tolerance and punishments that keep students away from the classroom. These alternatives must be acceptable to parents because they sit on school boards, etc. Our school district allows students to have 12 unexcused absences from school each school year. Some of my students have already met that number. There are many reasons for the absences. Students may be ill but not be able to afford to go to the doctor to get a note so the absence is excused. They may have to stay home to babysit for a younger sibling. They may be home because a parent came home drunk and kept that child up all night and they got no sleep. It may also be that they used drugs the night before and they couldn’t drag themselves out of bed to go to school. Whatever the reason, those students are very difficult to teach for the remainder of the school year. Our school district has been lucky enough to receive grants to hire mental health professionals to work in our school. The students have access to those four counselors, as well as the Guidance counselors and me (substance abuse & mental health counseling). As counselors, we feel that we make an impact but we still can’t overcome the issues at home. We want them to care about grades and school success. We keep looking for ways to help these at-risk students stay in school. We work with them, addressing their mental health needs the best we can but we can only get them started. Parents need to follow-up with outside treatment but they rarely do. I keep telling my administration that if we take care of the mental health issues of these students, the grades will come. They haven’t become believers yet. I’m sorry this response is so long but this is what I see on a day to day basis. These are things that frustrate those of us who try to help these at-risk students. I know that you have lots of information on the website about these very problems but we need more ideas.” Student Assistance Counselor (NJ)

“My response to this comes without having to think at all: Please focus on the criminalization of students with mental health problems and learning disabilities. This is a horrible problem in Santa Barbara, where the schools purposefully flush poor-performing low income kids into the juvenile justice system or into County Office of Education-run “community day schools” full of gang kids. The

local districts often accomplish this through Truancy Programs in conjunction with DA's Offices, where children with disabilities are illegally referred straight to the DA instead of being assessed for disabilities as the schools are required to do under federal law when they are struggling in school. The local school districts improve their NCLB scores this way and County Office of Eds get lots of extra money for these kids, who then get a dumbed-down curriculum consisting of "packets" of work to do at home — and if they miss classes, they are put on probation, eventually sent to juvenile hall, and finish up school at a juvenile hall school. These "community day schools" have ridiculously low standards to meet under NCLB. We have had low-income families of children with disabilities have to leave town because of the truancy program, as the DA's office doesn't give a damn if the students have disabilities, can't read, have developed mental health problems and don't want to go to school because the schools treat them like bad people and ignore their disabilities. It's a perfect system for the schools to save money, but destroys kids' lives (and is illegal under the IDEA).

The other problem is the disaster of County Mental Health (the only option for low-income families). Our county is one of the worst in the state, but they are all bad. Most kids are treated so badly (punitively) by Mental Health - that they are better off not receiving services at all — even if the mental health problem is serious. Mental Health also tends to refer these kids, especially Hispanic boys, to law enforcement to get rid of them. This is a disgusting situation." Attorney, Special Education Law (CA)

C. Related to Practice

"Do more work on operationally defining the planning and implementation of Comprehensive Learning Supports models (ex: Louisiana) to facilitate replication. Also, continue what you've been doing." Professor of Psychiatry (LA)

"Establish a basic mental illness curriculum, age appropriate for K-12, including symptoms, frequency, onset ages, recovery data, and the names of famous people with each disorder. Teach to end stigma and delayed treatment." Mental Health Advocate & Educator

"Could you look into confidentiality as it applies to mental health services and school social work practice. As an active member of the IL chapter of my national organization (NASW), I have been trying to champion the cause of preserving our students' inherent worth and dignity by maintaining not just verbal confidentiality but visual confidentiality. At the school site I am assigned to I had an office for 8 years. This year I and 7 other social workers in our district lost their offices and are practicing in an open cubicle arrangement shared with academic counselors. My students have to parade past 4 adults before getting to my "space" and then are at risk of being barged in upon by any adult that finds a reason to come see me (i.e.: to borrow a pen). What are your thoughts?" High Schools Social Worker (IL)

"In the future, please continue to be student focused. Questions like: How can districts best serve students in tight economic times? Investigate effective meaningful practices learned and practiced in school that highly impact families. In this way schools can leverage practices to more widely impact the lives of the children they serve. Simple thought — thanks for asking — better still thanks for sharing all the work you have been sharing!" District Superintendent (RI)

"Reframe school mental health issues for public health people who are not in the education field but who want to or are trying to 'infiltrate' education systems. Your language seems really education oriented to some public health people I work with and they're not sure how they can use it. Keep up all the good work you're currently doing — it's top notch!" Adolescent health resource Center Director, (MN)

"I think for 2010 please focus on behavioral assessments and issues related to adolescents." School Nurse (MO)

“One long-term stumbling block in the mental health arena is the lack of an easily understood, jargon- and statistics-free "ruler" for measuring the effects of a mental health treatment. (Maybe ‘thermometer’ is a better image; it goes up, it goes down, the numbers indicating a fever are red - you can understand it at a glance.) Schools like to know that when they put out X dollars for mental health, it makes Y amount of improvement. Bonus points if whatever improves happens to increase student academic achievement as measured by whatever test the district/state/nation is using at the moment. Very hard to do, yes, but if such a measure could be found - and if mental health really is a keystone in the arch of what schools are trying to accomplish - then decision-makers would feel foolish for letting mental health issues slide in order to reduce overall expenses. Mental health would no longer be seen as an unnecessary ‘frill’ - a nice idea but not really needed because it doesn't help all that much.” School Psychologist (OR)

“What is needed are more concrete examples/steps to get started...for elementary, middle, and high schools...and at different level of resource availability (e.g. at private or charter schools where there are limited support staff). The forms in the back of the book are excellent, so have some completed ones to demonstrate using them to get the work going. Your concepts are great. Thanks!!” Program Director, School Psychology Training Program (CA)

“I am seeing a tremendous amount of cyberbullying, sexting in and out of school with classmates, and frank threats via videochatting (so no printed record as with instant messaging); these problems wreak havoc with a school environment and they are not easily remediated. Police involvement is not quite right, and questions abound regarding optimal school based interventions. Prevention of youth involvement in internet crimes (child pornography, set ups for sex, etc.) is a related area. Materials for principals, teachers, and for parent focused meetings, as well as a synthesis of what we know for school based professionals, as well as legal cases to date as case examples would be a great start!” Director of Psychiatry, Children’s Hospital of Philadelphia (PA)

I am interested in knowing about further grant opportunities. I would like to know if anyone is analyzing data regarding successful outcomes with their students.” Mental Health Therapist, School Initiative (OH)

“For *our* campus, specifically, it [the priority] would be to develop culturally specific ways to reach out to our Hispanic population.” School Nurse, High School (TX)

“The importance of Social/Emotional functioning and learning on academic performance, and bringing it to the same level of attention as Math, Reading, and Science has.” Guidance Counselor, Schools District (MA)

“Don't interpret what follows in a pejorative way: You need to work against your own scarcity and combat the idea that your work is restricted to what [you can do] I worry about sustainability and scale up, and both depend on a critical mass of leaders distributed strategically around the U.S. ... a group of leaders as consultant evaluators, technical assistance providers, etc needs to have what amounts to a common denominator of knowledge, sensitivities and skills, but also some degrees of freedom because of the need for adaptive competence. I know that you have done some of this, but I think you need to prioritize it now because of the open window (Obama). Notwithstanding differences among many of us who do this kind of work, I think all of us have arrived at the point where we truly need opportunities to interact regularly and formally and develop the new century agenda collaboratively. ... Thanks for all you are and do. You are indeed inspiring. Professor (NY)

“I would like to see your organization partner with others as a way to gain momentum. I am happy to facilitate that process as I work with many districts in Southern California and Arizona.” School Psychologist, (CA)

“Don’t forget that many of us live in small rural communities and often have to be creative to access services for our students.” Clinic Coordinator, Schools Based Health Center (CO)

“Continuing education for mental health workers in ethics. Board of Examiners in Counseling (AR)

“Provide funding opportunity notices; the funding stream both federal and state has changed dramatically including some long-term grants no longer available. Being creative will be the action phrase for 2010.” Program Manager, County Office of Education (CA)

“Since there is often an artificial barrier between emotional health ‘education’ and student ‘intervention’ services, I wish we could have an on-line ‘forum’ to explore strategies for bridging the gap between the two. I don’t find any current on-line ‘forum’ sites very useful for this purpose. Perhaps SMHP could periodically establish a ‘virtual conference’ where not only student services professionals, but also school administrators, and even parents, can be invited to weigh in with their views on the subject. Congratulations on your efforts to advance these necessary, but too often underfunded and unacknowledged school services.” Program Founder, (AZ)

“Stimulate the growth of ‘Learning circles’ in colleges, high schools, businesses, professional groups, non profits and schools, where groups of people look at your information, and that hosted by others, to build their own understanding of the problems and solutions, as well as a range of actions people and organizations and businesses can take to help kids have high quality learning and social emotional supports at schools, in the non school hours, and via the internet, without government funding or leadership. Here’s a project that started at DePaul University in Chicago this fall. It’s an example of what could be happening in many locations. <http://jhickey50.wordpress.com/> I attended a high school drop out summit in Illinois recently, which was co-hosted by Americas Promise and an organization called Birth to Work. <http://birth2work.org/main.php> I talked with their leader and asked if they were aware of your work, and they were not. I encourage you to take a look at what they do. They have some significant business involvement, via the Americas Promise network.” Program Director (IL)

“Providing information and expanding collaboration for student mental health needs.” Professor, School Psychology (CA)

“Address the role of other members of the school mental health delivery system...the dearth of information on the role of the school nurse on a trans-disciplinary team is truly neglectful. School nurses provide the greatest number of student health encounters in the schools, they are the entry point for all mental health concerns, and are professionals trained in providing mental and behavioral services, but there is no information on the role of the school nurse in primary, secondary or tertiary services.” School Health Advisor, Department of Public Health (MA)

“Identify best practices for working with difficult students with academic and or behavioral challenges.” Program Manager, Youth Guidance

“I really appreciate being kept up to date via your newsletter regarding schools and issues of mental health. I was wondering however, as time is often in short supply, if it would be possible to include a succinct summary of the material (perhaps at the beginning of the newsletter). Just a thought... thank you.” Social Worker, Public Schools (CT)

“My impression from reading all that you have sent to me is that it is important to your mission to remove the barriers to learning. What I would like to see more of is research pertinent to removing the barriers to learning for the DD population. Our kids are profoundly and severely delayed and we find it difficult to hire staff because no one wants to work with this population.” School Social Worker (CO)

“I’d like to see some documentation of the impact of traditional education as a factor in the mental health of youth. That is, years of being told by report cards and other means that you are dumb has to take a toll. Years of sitting passively without recognition of student’s interests and questions and the need for active learning must have a price in self-efficacy, self-determination and self-esteem. It ignores human development needs for direct involvement, to create, to be in charge, and for recognition. It says to children and youth that your little ideas aren’t worth addressing and that we’ll decide what counts in the larger scheme of preparing for adulthood. There must be a vibrant research base in psychological and sociological studies screaming for broader broadcast than obscure academic journals.” Center Director (MN)

“Offer resources and information on lay assessment and when to refer to professionals for teachers/school staff.” Director, Career Preparation, School District (CA)

“Some of the reports tend to be repeat themselves regarding barriers to learning, the information is out there, but sometimes it is so buried in several pages, it would be nice to get more streamlined, bullet points, here are ten things that can help to start to turn things around. Perhaps break up the large topic of barriers to learning into sub categories so one can find the smaller steps one can be personally responsible for to start change. Yes policy, procedures, and methods need to be revised, but there is a lot of wiggle room that individuals can do to champion change without waiting for the boards, legislature, etc to get with the program.” School Counselor (NY)

“I follow closely what is happening in the world regarding the children and adolescents. The picture is not a positive one. Centers like yours, must create international efforts to, a.) create more efficient education packets, short-term curriculum, to teach and guide children- how to protect themselves from the dangers around them and, b.) more practical parental training packs (short-term curriculum) regarding their role in protecting and guiding their child through the ages of 5-18 yrs. old. Time is our enemy, and such initiatives need to have a similarity in their objectives on an international level.” School Psychologist (Greece)

Appendix C

Center Catalogue of Resources (January, 2010)

APPENDED TO END OF FULL REPORT

Part III.

Concluding Summary

As is evident from the many reports and resources the Center has generated over the years, the overall mission and aims are to improve outcomes for young people by enhancing school and community policies and practices. The core of the work focuses on addressing barriers to learning and development; such barriers encompass neighborhood, family, school, peer, and personal factors that interfere with emotional, physical, social, and economic well being. And because so many barriers arise from a lack of equity of opportunity, the Center's analyses and recommendations stress systemic and institutional changes that can improve interventions in ways that enhance equity and social justice. In this way, the work broadens the focus on mental health concerns and ensures that societal contributing factors (currently designated as social determinants) are appropriately attended to in discussions of mental health in schools.

Available data indicate the Center is influencing policy and practice across the country. The Center is reaching into and is being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served.*

Those using the Center seek information, ideas, resources, analyses, and other forms of assistance to strengthen their performance and impact at national, state, and local levels. Center staff often are directly involved in the developmental and systemic change activities of leaders at all levels. The results of all this are enhanced policy, program development, practice, technical assistance, training, research, and capacity, infrastructure, and network building.

Respondent feedback on all facets of Center activity is extremely positive. Consumers indicate they are highly satisfied with the amount and quality of what the Center does and with the accessibility of Center resources and staff. Early data showed about 90% of all respondents indicating that it is extremely or very easy to access the Center's resources, and the percentages were even higher among strategic and frequent users. A similar pattern was found for ratings of timeliness and appropriateness of response, with 94% of all respondents rating this facet highly. These findings are consistent with the ongoing feedback we receive.

More importantly, consumers reported the Center met their needs. While 82.4% of all respondents indicated this, 98.7% of strategic users and 90% of frequent users responded that the Center met their needs. Even 76% of casual users said this was the case (and only 1.7% of the casual users indicated that their needs weren't met). Significantly in this respect, 99.4% of all respondents indicated that they would use the Center again and would recommend it to others. These findings also are consistent with the ongoing feedback we receive.

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

With respect to impact, as would be expected, degree of impact is strongly related to category of user. For example, early data indicated that the strategic user group reported the strongest impact (with as many as 60-77% reporting quite a bit of impact in some arenas). Self-identified strategic users also reported similarly strong impact in several arenas of their work. And, around 50% of frequent users indicated that they were having quite a bit of impact in all arenas. Surprisingly, even casual users indicated an impact (e.g., their ratings of impact in various arenas range from 10–33% indicating “quite a bit” and many more indicating “somewhat” of an impact).

Specific examples of impact over the years are offered throughout this report. Of particular importance to accelerating systemic change is the *National Initiative: New Directions for Student Support* and the collaboration with Scholastic Inc.’s Community Affairs Unit. This initiative is not only an example of the unique role the Center is playing across the nation, it also points to the Center’s potential for producing a major impact in every school.

Looking ahead, with a view to further advancing the field, personalized attention will be given to advancing the work of all those with whom the Center has developed a strategic relationship and to use regular center mechanisms to inform, assist, network, and facilitate interchanges at national, state, and local levels, and internationally. On a day by day basis, this means the Center will continue to (a) develop policy reports, issue briefs, and policy-related quick finds, (b) strategically disseminate various special guides to stimulate action, (c) publish (e.g., book chapters, journal articles, etc.), (d) develop and diffuse special resources, (e) inform, assist, network, and facilitate interchanges, and (f) pursue strategic work across the country.

Of special note, now that the collaboration with Scholastic, Inc. has stimulated action by the American Association of School Administrators (AASA) and is facilitating interest on the part of the Council for Chief State School Officers (CCSSO), the Center will be able to reach and collaborate with many more high level policy and planning decision makers (e.g., at state departments of education, regional education agencies, and school districts, mental health agencies). The outreach will be followed-up with a range of capacity building activity (e.g., Leadership Institutes, webinars, a new online professional development course developed by Scholastic and the Center, expanded Toolkit, etc.)

Also of special note, we will continue to compensate for the dearth of attention the field has devoted in the past to those in late adolescence and entering young adulthood (e.g., transition age youth; those between 16-24 who have left school; college students). The Center will build on the work it has been doing to enhance relevant Center resources, outreach, and additional policy and program analyses related to this population.

In sum, the Center is widely acknowledged as leading the way in key efforts to end the marginalization of mental health and psychosocial concerns in school improvement policy and practice. It’s impact is illustrated at state and local levels where its analyses and frameworks for moving forward have been and are being incorporated by state departments, districts, and schools. And all indications are that the rate of impact is accelerating.

Appendices

- A. Evaluation Instruments Used in Impact Study

- B. Highlights of Specific Achievements and Center Activity
Related to its Major Goals *During Years 1-10*

- C. Catalogue of Special Resource Materials
Developed by the Center

Appendix A

Evaluation Instruments Used in Impact Study

On the following pages are the latest revisions of the two instruments used in the impact study:

- Impact Evaluation Mail Questionnaire
- Impact Study Phone Survey Protocol
- Brief Survey Used for 10/05-9/06 Update

**UCLA Center for Mental Health in Schools
Impact Evaluation**

The Center is trying to determine the impact of our work.

Please take a few minutes to help us out by providing us with feedback.

>Send back your responses using this form OR

>fill out the online version (<http://smhp.psych.ucla.edu/eval2002.htm> OR

>call Perry Nelson at 310/825-3634 and we will enter your responses directly OR

>check here and we will give you a call. CALL ME_____.

EVEN PARTIAL RESPONSES WILL BE HELPFUL!

IF YOU CHOOSE NOT TO PROVIDE FEEDBACK, IT WILL STILL HELP US IF YOU SEND BACK THIS PAGE WITH THE FOLLOWING IDENTIFYING DATA FILLED OUT.

Date: _____	Your Name _____
Title _____	Role/Function _____
Agency _____	_____ Private? _____ Public?
Address _____	
City _____	State _____ Zip _____
Phone (____) _____	Fax (____) _____ E-Mail _____

Frequency and nature of contact with Center?

___ My contact has been of a casual nature (e.g., receive newsletter)

___ I have been in frequent contact (e.g., for TA, for resources, etc.)

___ I use the Center for strategic assistance (e.g., to help improve programs, systems, etc.)

Do you want to be dropped from our mailing list?

Yes No

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

UCLA Center for Mental Health in Schools (310) 825-3634 / smhp@ucla.edu http://smhp.psych.ucla.edu
--

USEFULNESS

How useful were any of these to you?	TA/ Consultation	Policy Reports	Other Resource Materials*	Electronic Newsletter (ENEWS)	Quarterly Hardcopy Newsletter	Practitioners Listserv	Work Related to New Directions for Student Support	Other Networking**	Support for Programs and/or Initiatives	Support for Systemic Changes
Quite a Bit										
Somewhat										
A Little										
Not at all										
Not Used										

IMPACT

Check, then rate any of the following functions that are part of the work you do.

DEGREE OF OUR CENTER'S IMPACT ON ANY OF YOUR JOB FUNCTIONS

	Quite a Bit	Somewhat	A Little	Not Yet	N/A
___ TA/Consultation					
___ Program Development					
___ Direct Practice					
___ Influencing Policy					
___ Training					
___ Research					
___ Facilitating Networking					
___ Initiating New Approaches & Ideas					
___ Infrastructure Development					
___ General Capacity Building					
Other? (Please specify)					

***Other Resource Materials** – refers to resource packets and aids, fact sheets, practice notes, guidebooks, concept papers, statements of principles and guidelines, critical issue and policy reports, continuing education modules, special training aids, published articles, chapters, and books, products related to research and development

Ways in which you have had contact with the Center: *(check all that apply)*

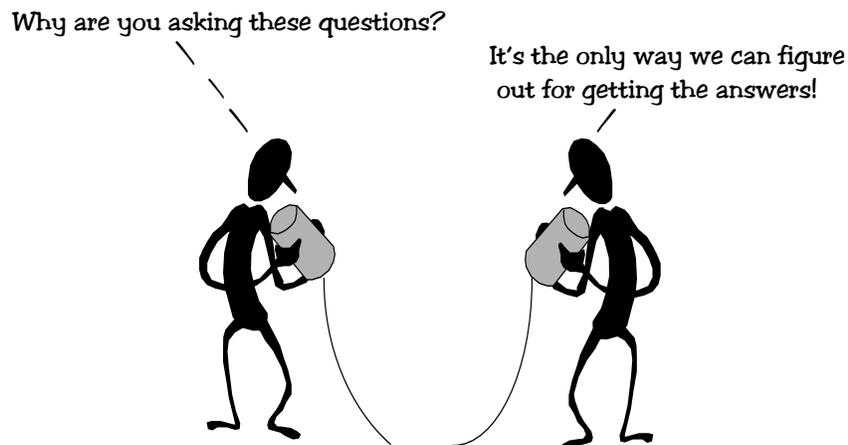
- Website
- Listserv (e.g., ENEWS, MH Practitioners, Policy Makers)
- Received direct mail or email
- Had contact at a presentation or special meetings
- Center staff came to us
- Center materials, special reports, publications, etc. came to us indirectly (e.g., shared by a colleague)
- We visited Center and/or a site with which the Center works
- Other (specify) _____

Satisfaction with Center *(circle rating)*

How easy was it to access the Center's resources?	Not at all	Somewhat	Very	Extremely Easy
How timely and appropriate was the Center's response to your requests?	Not at all	Somewhat	Very	Extremely Responsive
How well did the Center meet your needs?	Not at all	Somewhat	Very	Extremely Well

Based on your experience with the Center, would you use it again and/or recommend that others make contact? Yes No

Other comments?



Return to:

School Mental Health Project/
Center for Mental Health in Schools
UCLA/Department of Psychology
Box 951563
Los Angeles, CA 90095-1563

(fold on the dashed line, and seal at bottom)

Impact Phone Survey Protocol

Date: _____	Interviewer _____
Name _____	Title _____
Role/Function _____	
Agency _____	____ Private? ____ Public?
Address _____	
City _____	State _____ Zip _____
Phone (____) _____	Fax (____) _____ E-Mail _____
Nature of Contact w/Center: Frequent _____ Strategic _____	

Hi:

This is _____. I am calling from the UCLA Center for Mental Health in Schools.

A. If this is a follow-up to a returned survey

We want to thank you for returning the feedback survey. I am calling you now as part of a more in-depth follow-up to determine how well the Center is meeting needs around the country and what impact it is having. I would appreciate about 15 minutes of your time to get your perspective. If you are willing and this is a good time, we can do it now. (If willing but not a good time, reschedule.)

B. All Others

We are calling to determine how well the Center is meeting needs around the country and what impact it is having. I would appreciate about 15 minutes of your time to get your perspective. . If you are willing and this is a good time, we can do it now. (If willing but not a good time, reschedule.)

(1) Let's start with clarifying the ways in which you have had contact with the Center:
(check all that apply)

- Website
- Listserv (e.g., Monthly ENEWS, weekly Practitioners, Policy Makers)
- Received direct mail or email
- Had contact at a presentation or special meetings
- Center staff came to us
- Indirect contact through Center materials, special reports, publications, etc. (e.g., shared by a colleague)
- We visited Center and/or a site with which the Center works
- Other (specify) _____

(2) Now about your Satisfaction in Using the Center (circle rating)

How easy was it to access the Center's resources?

Not at all Somewhat Very Extremely Easy

How timely and appropriate was the Center's response to your requests?

Not at all Somewhat Very Extremely Responsive

How well did the Center meet your needs?

Not at all Somewhat Very Extremely Well

Based on your experience with the Center, would you use it again and/or recommend that others make contact? ____Yes ___No

3. Let's talk a bit about Use and Impact

It is important for the Center staff and others to understand how you used the Center resources and the impact of this use.

A. Please briefly describe your contact with the Center and what happened as a result.

[Prompt if necessary: *How did you use the resources? Did you disseminate any of them? To whom (include numbers if known)?*]

B. **Please briefly describe** what, if any, impact you have seen. *By impact, we mean having an effect on enhancing the work you and others are doing.*

[Prompt if necessary: Did it have an impact on your work? the work of others? If you disseminated the information and resources to others, what happened as a result?]

[If necessary, ask about the following specific areas of impact. ***Did the resources have an impact on:***

- | | |
|--|--|
| <input type="checkbox"/> Policy | <input type="checkbox"/> Enhancing Networking |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Initiating New Approaches and Ideas |
| <input type="checkbox"/> Staff Development | <input type="checkbox"/> Infrastructure Development |
| <input type="checkbox"/> Other Training | <input type="checkbox"/> General Capacity Building |
| <input type="checkbox"/> Ongoing Practice | |
| <input type="checkbox"/> Research | |

***Networking** -- refers to opportunities created by the Center for interacting at regional and national meetings, through participation in coalitions and special cadres, through Center operated listservs, through task workgroups and other collaborative connections, etc.

C. We need your **overall rating** of the Center's impact on enhancing the work you and others are doing. Has there been

Quite a bit of impact Somewhat of an impact A little bit of impact No Impact Yet

(4) Is there anything else you want to share as feedback?

(5) I really appreciate you helping out with this. If there is anything you need from the Center, I can pass along your request. (e.g., materials, additional TA).

[If they say no, ask:]

Well, let the Center know whenever you think they can help or when you need some resource material.

Brief Survey Used for 10/06-9/07 Update

The following was emailed to everyone on the Center's list (about 10,000). It also was placed on our website for online response or for downloading a hardcopy for response. (A direct link invitation to respond was placed at the top of the Center website's homepage. It stated: "Brief Impact Evaluation -- let us hear from you!")



About the Center's Impact

We hope you find our Center a useful resource.

To help us enhance our value, please take a few minutes to respond to the following two questions.

(1) Are you aware of any positive impact that our Center has produced?
YES NO

IF YES, please briefly describe the impact:

(2) From your perspective, what are some additional ways our Center might be able to increase its impact?

Thank you for responding.

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.

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095- 1563
Phone: (310) 825-3634 | Fax: (310) 206-5895 | E-mail: smhp@ucla.edu |
Website: <http://smhp.psych.ucla.edu>

Appendix B

Highlights of Specific Achievements and Center Activity Related to its Major Goals During Years 1-10

Goal 1: enhance availability of and access to resources to improve and advance MH in schools.

The Center's work continues to provide the field with (a) a growing set of specially prepared, inexpensive resource aids (Introductory, Resource, and Technical Aid Packets, Samplers) on key topics, (b) continuing education modules, guidebooks, and more, (c) a topical printed quarterly newsletter and an electronic monthly newsletter update, (d) special reports, (e) a regularly updated website that features topical information and ready access to helpful resources and technical assistance, (f) TA resources – including a Clearinghouse and Consultation Cadre, (g) targeted workshops, conferences, and presentations, and participation with major panels, forums, and organizations, (h) involvement in major systemic reform initiatives, (i) special partnership arrangements with key organizations and centers, and (j) papers/chapters for journal/book publication.

All of this activity is designed as forms of outreach to appropriate individuals and organizations and stresses use of delivery systems and strategies that provide free and ready access via the internet and through other clearinghouses

- The Center continues to expand outreach, using internet technology, to contact schools across the country. This has involved identifying school email addresses and sending an email message inviting them to sample Center resources. The first focus has been on schools in areas that have under-used the Center. In 2003-04, the Center used internet technology for outreach; emails were sent to 3,793 schools inviting them to sample Center resources. In addition, the Center outreached directly to about 10,000 student support administrators. Since then, outreach has been taken to another level. The Summits for New Directions for Student Support enabled outreach directly to superintendents, student support administrators, Title I, and special education administrators at state and local levels (about 10,000).
- The staff gathered and developed materials in keeping with needs assessment findings and latest developments in the field. For example, during the period from July, 2002 through April, 2004, 71 major documents were worked on. This included development of 46 new resources (all of which filled gaps in content focus) and upgrading of 25 works in the Center catalogue. A particular emphasis was on increasing the unique set of resources designated as *Quick Training Aids* and *Training Tutorials*. These are designed as guides for staff development or can be used as self-tutorials. For example, each Quick Training Aid has a brief overview of a topic, fact sheets/practice notes, relevant tools to use in working at schools, and a sampling of model programs and resources to adapt at a school. In addition, the Center continuously upgraded its packets. (See appended *Catalogue of Special Resource Materials Developed by the Center* for the titles of the various resources added during this period.)
- The Center significantly enhanced its delivery system by placing almost everything on the internet and communicating this fact widely. In addition, the Quick Find feature is expanded each week. This feature offers a fast and convenient way to access TA resources on designated topics/practices/concerns/issues. Each Quick Find includes selected materials from the Center and its clearinghouse, direct links to relevant publications and other resources on the internet, and direct links to other agencies and

websites that deal with the designated topic.

- The Center continuously improved access to the various facets of the website and expands the special features. Last year a new website feature was instituted entitled: *Monthly Ideas for Enhancing Support at School*. In recognition that schools have a yearly rhythm – a cycle that changes with the demands of the school calendar – each month the Center compiles ideas and activities for supporting students, families, and staff. For example, September featured “Getting Off to a Good Start;” October dealt with “Enabling School Adjustment;” November’s focus was on “Responding to Referrals in Ways that can “stem the tide.” In April, the focus was on: “Spring Can Be a High Risk Time for Students” – stressing ways to prevent and respond to stress-induced mental health problems including depression. This year a “Hot Topic” feature was added. The first of these focused on *Reengaging Students in Classroom Learning*; the current one is on *Student Promotion and Retention*.
- Throughout 2003-04, the Center incorporated a special focus on integrating mental health in schools into the goals and recommendations of the President’s New Freedom Commission on Mental Health. In the process, staff further pursued the problem of enhancing school efforts related to adolescent depression and other MH concerns. In this connection, various Center resources were updated and new resources developed, including: “Protective Factors/ Resilience,” “Social and Interpersonal Problems Related to School Age Youth,” “Students and Psychotropic Medication: The School’s Role,” the technical assistance sampler on “School Intervention to Prevent Youth Suicide.” A new Quick Training Aid was developed on “School Interventions to Prevent and Respond to Adolescent Affect and Mood Problems.” These and other training materials related to suicide prevention and mood and affect problems are highlighted on the website (especially as part of the “Monthly Website Feature on Enhancing Support at the School”) and directly circulated through the Practitioners listserv, quarterly newsletter, monthly electronic news, various TA activities, and in training sessions across the country. In specific connection to the *New Freedom Initiative*, several special documents were developed including a brief on “Integrating Agendas for Mental Health in Schools into the Recommendations of the President’s New Freedom Commission on Mental Health,” a resource synthesis, and a related gap analysis. The process of developing and sharing these involved direct mailings to around 2,500 professionals. All these materials are highlighted on the website and directly circulated through the Practitioners listserv, quarterly newsletter, monthly electronic news, various TA activities, and in training sessions across the country.
- To enhance consumer access to a wider range of resources, the Center continued to update its extensive internet map called: *Gateway to a World of Resources for Enhancing MH in Schools*. This is a links “map” that provides quick access to relevant resources on the internet. The map represents the next generation (beyond lists of links) for guiding users quickly to sites that are most likely to meet their needs. It also is a tool to facilitate various forms of networking and to help analyze strengths, weaknesses, and gaps/inequities in available resources. This gateway is designed as a starting point for enhancing collaborative partnerships among key groups with overlapping interests related to MH in schools. The five arenas of activity encompassed are: I. Comprehensive Focus on Mental Health in Schools, II. Concerns Related to Children’s Severe Mental Health Disorders, III. Concerns Related to Children’s Psychosocial Problems, IV. Positive Social/ Emotional Development and Prevention of

Psychosocial/MH Problems, and V. Others Focused on Addressing Barriers to Learning and Development. Within each of these arenas, four types of resources are mapped. These are: (1) Major Centers/Networks/ Initiatives/Projects/ Consumer Info Resources, (2) Major Resources for Information, Services, and/or Public Education (associations, and national organizations whose mission focuses on issues related to MH in schools; state and local associations can often be located through the national association website), (3) Government Agencies (major federal government resources for information, services, and/or public education, and (4) Listservs (Email discussion groups whose main focus is on matters relevant to MH in schools). Within each of these four sources for support, websites are clustered according to the concentration of immediate resources available to the user. In most cases only two groupings are provided at this time. In a few instances, three groupings were created. These are color coded, with the top grouping always representing sites with the highest concentration of info, resource materials, published documents, links, etc. Electronic copies are available to all who are interested in adapting this resource map.

- With a view to enhancing networks for sharing and disseminating resources, the Center initiated a process in May, 2001 designed to facilitate networking of Centers with overlapping interests across the country that have resources for TA and training. The Center maintained a listserv connecting them to enhance communication and collaboration. Experiences confirmed that building a working network of such centers requires a long-term effort.

Goal 2: enhance the capacity of systems/personnel. With respect to expanding direct TA/training activity and evolving networks and coalitions among school and community stakeholders, the Center continued to work up to the limits of its resources. This included providing major workshops related to state/school district initiatives in most states. The majority of the trips involved ongoing capacity building involvements, but several were new forays designed to shape policy and practice related to initiatives that have significant relevance to enhancing MH in schools (e.g., the Summits). Examples of regular Center efforts to build capacity through invited workshops included those conducted in districts across the country focused on frameworks for policy, practice, infrastructure, and system change. These stressed ways to encompass mental health under the umbrella of addressing barriers to learning and promoting healthy development, resource mapping and analysis as an intervention, infrastructure mechanisms such as resource oriented teams and school community collaboratives, approaching sustainability as a systemic change process, and much more.

- The Center blended such work into its collaboration with the federally funded Safe Schools/Healthy Students initiative's *Action Center* and then with the *National Center for Mental Health Promotion and Youth Violence Prevention* (established as a joint venture of EDC and AIR). The SS/HS initiative funded major projects in almost every state. As the funding for a cohort of projects approached the end, each was confronted with the problem of sustainability. To address the needs of projects, the Center designed a guidebook and set of tools (and prepared a special journal article at the request of the journal's editor). This guide stresses the importance of working on sustaining the Safe Schools/Healthy Students efforts as part of strategic systemic changes that will enhance the focus on MH in schools. The guidebook and tools represent a generic resource for a range of projects that are concerned with sustainability. Over a period of three years, the Center co-directors conducted workshops on sustainability at local, regional, and national sessions for the Safe Schools/Healthy Students projects and others.

- With respect to further enhancing networks to build capacity, the Center established the first TA and training listservs specifically for mental health practitioners in schools and for the Center’s consultation cadre members. Each week, the Center responds to specific requests from members of these two listservs and shares info sent in by members. The info is then put on the Center website for others to read and respond to. During the period under discussion, the active membership for the two listservs’ combined had risen to over 644 professionals around the country, and the participant list continued to grow. Other forms of sharing and disseminating resources, as noted above, included the networking with Centers across the country. Such networks have the potential to address many gaps in TA and training related to MH in schools through coordinated and collaborative use of sparse resources.
- In addition to ongoing activities related to building the capacity of systems and personnel, the Center specifically targeted teachers and other school staff who should be helping to reshape what goes on in classrooms to minimize MH problems and maximize social-emotional development. The Center continued to improve the content of two major, pioneering training prototype for such personnel. Both are packaged initially as continuing education modules for self-directed learning. One is entitled: *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling* (which comes with an accompanying set of readings and resource tools). The other is entitled: *Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools*. These works provided the content for developing Quick Training Aids and Training Tutorials. (To appreciate the nature and scope of all this work, review the documents on our website.) Ultimately, the intent is to facilitate use of the work not only for inservice, but also for preservice training of school personnel (including student support staff). The Center Co-directors also developed two online text books for school staff. *Revisiting Learning & Behavior Problems: Moving Schools Forward* and *New Directions for Student Support: Some Fundamentals*. Future plans called for exploring how to use these materials and other Center training resources in relation to distance learning technologies with a view to connecting with hard to reach constituencies, such as those in various rural areas and in frontier areas (e.g., in AK) and those who reside on Native American reservations.
- How much other centers valued the Center’s work was seen in various examples. For one, the national Policy Makers (now the IDEA) Partnership called on the Center to help develop a white paper for a shared agenda involving schools, families, and communities. This led to participation in evaluating grant proposals to six states that are to stimulate pursuit of such a shared agenda. Based on previous contacts with the funded states, the Center provided T.A. and training support as some proceeded.

Another example is seen in a special TA packet that the *Northwest Regional Educational Laboratory* asked the Center to develop. The work is: “Fostering School, Family, and Community Involvement” for safe schools (online at www.safetyzone.org). Also, the National Center for Health Education asked the Center to work with them on the development of a MH education package which they disseminated.

As part of the Summits, we began working with over 30 co-sponsors. The Coalition for Cohesive Policy in Addressing Barriers to Development and Learning amassed 31 member organizations. Collaborations were also developed with the National Center for Health Education, National Mental Health Association, Center for

Learning Excellence, Region VII Comprehensive Center, National Adolescent Health Information Center, Konopka, Institute, National Prevention Coalition, Coalition for Community Schools, and others.

The Center also took its turn in helping the National Assembly on School Based Health Care. For over a year, Center co-director Linda Taylor was co-chair of the Assembly's Technical Assistance and Training Advisory Panel and worked closely with the Coordinator of the National Assembly's Training and TA Center and the Chair of the Advisory Panel. In February 2003, she hosted them for a two day review and planning meeting at our Center. The focus was on the best way for the National Assembly to capitalize on its resources and enhance its linkages with various Training and TA partners.

Networking and communication also was facilitated by operating listservs and facilitating website development for groups such as the State Adolescent Health Coordinators. And, of course, the Center worked in multifaceted ways with its "sister" center at the University of Maryland at Baltimore.

Goal 3: enhance the role of schools in addressing MH, psychosocial, and related health concerns.

Over the years, the Center has worked on two core problems related to enhancing policy (and thus practice) for MH in schools. One problem has been the need to enhance the sparse and unconnected pool of leadership for MH in schools (conceived broadly). The other is the need to enhance clarity about the agenda and nature and scope of MH in schools and to use the information as a basis for advancing the field.

- Related to these problems, the Center began by organizing a national *Policy Leadership Cadre for Mental Health in Schools*. To help develop the capacity of this group, the Center facilitated the Cadre's work around several tasks. Given the need to enhance clarity about the field, one of their first tasks was to develop a document defining and delineating the concept of MH in Schools. As the facilitator for the Cadre, the Center prepared and circulated the seminal work which resulted – entitled *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*. (To appreciate the nature and scope of this major work, review it on the Center website.) The document is designed to enhance clarity and build 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. As such, it helps clarify models/frameworks/blueprints to ensure advancement of comprehensive approaches to MH in schools that mesh with and advance school/community reforms. This work is reflected in the guidelines project of the American Academy of Pediatrics and the National Association of School Nurses (funded by HRSA) and in the "Guidelines for a Student Support Component" developed as part of the *Summits Initiative*.
- Building on the above work, the Center engaged the Policy Leadership Cadre in efforts related to the *New Freedom Initiative*. As already indicated, this work was productive in suggesting to SAMHSA the many ways mental health in schools can be integrated into the initiative. Prior to this, the Center inaugurated Summits for *New Directions for Student Support*. In response to widespread interest for mounting a strategic initiative for new directions for student support, the Summits began in October 2002 with a national Summit,

followed by Regional Summits in 2003 in Baltimore (March), Chicago (May), and Kansas City (September). Since March 2003 four statewide summits have been held (Minnesota, Wisconsin, California, and Indiana). Inquiries have been received from NJ, CT, WY, NV, RI, OR, TX, and TN. Statewide summits are designed to encourage advocacy for and initiation of *New Directions for Student Support* and to build a leadership network. The focus also is on delineating specific action steps for getting from here to there. Throughout the process, efforts across the country to move in new directions are identified and showcased. Technical assistance and training for localities and states moving in new directions is provided. And, mutual support networks are developed for sharing of effective practices, lessons learned, and data on progress. The list of co-sponsoring organizations for this initiative continues to grow. And, the National Association of School Administrators asked the Center co-directors to return to keynote their national conference in October for a second year in a row. Clearly, the initiative got off to an amazingly good start, and there were excellent early signs of impact.

- In addition to the above, the Center helped draft AB2569 in California, an act designed to establish a Comprehensive Pupil Learning Support System (i.e., an enabling component) in every school. And, the Center worked with the State Department of Education in Iowa for a year and then helped draft their design document for a Learning Supports component (i.e., an enabling component). The Center also continued to work with those involved with the New American Schools' comprehensive school reform design known as the Urban Learning Center Model and all others who adopted some form of the concept of an enabling component as a primary component of reform and as an umbrella for enhancing MH in schools (e.g., schools that adopted the ULC Model as part of the Federal legislation for comprehensive school reform; the Wilder Foundations' Achievement Plus school model for Minnesota; Hawai'i's schools, etc.).
- Another aspect of the work related to this goal involved the Center's focus on school-community-family collaboration. For example, the Center worked to enhance collaborative efforts around the country, including providing advice and consultation to the 5 year, multimillion dollar Annenberg initiative on how to develop a sustainable, school-community model that can be replicated widely.

In all the above, Center staff strove to design the training as part of a broad, strategic push – moving schools forward to enhance the way they address MH and psychosocial concerns.

Finally, note that the Center's work increasingly was used to guide and support a variety of efforts to advance the field. Recognition of Center expertise was reflected in the fact that it was regularly included in almost every major effort to enhance MH for children and youth in general and related to MH in schools in particular. This included commissioned papers, expert panels, advisory boards, input to special commissions, etc.

Exhibit

Geographic Locales Contacting the Center
(Data Sample from October 2000 - March 2004)

Alabama

Birmingham
Madison
Mobile
Montgomery
Oneonta
Tuskegee

Alaska

Anchorage
Eagle Rock
Fairbanks
Juneau
Kodiak
Little Rock
Wasilla

Arizona

Bisbee
Casa Grande
Flagstaff
Green Valley
Holbrook
Litchfield Park
Phoenix
Pinetop
Whiteriver

Arkansas

Bee Branch
Little Rock
Maulmelle
Mountain Home
Springdale

California

Albany
Altadena
Bakersfield
Berkeley
Beverly Hills
Burbank
Burlingame
Burney
Calabasas
Camarillo
Carmichael
Carpinteria
Carlsbad
Carson
Cerritos
Chico
Chino
Chula Vista
Clovis
Compton
Concord
Costa Mesa
Covina
Cudahy
Del Mar
Downey
Duarte
Eagle Rock
Earlimart
Elk Grove

California (cont.)

Encinitas
Encino
Escondido
Eureka
Fairfield
Fair Oaks
Fortuna
Foster City
Fremont
Fresno
Glendale
Grenada Hills
Hayward
Huntington Beach
Inglewood
Irvine
Jamestown
La Fayette
Lake Forrest
Lancaster
LaVerne
Lennox
Lodi
Long Beach
Los Alamitos
Los Angeles
Los Gatos
Modesto
Montebello
Newhall
Novato
Oakland
Orange
Pacific Palisades
Palmdale
Palm Desert
Palos Verdes Estates
Paradise
Pasadena
Playa del Rey
Pomona
Porterville
Poway
Ramona
Rancho Cordova
Rancho Palos Verdes
Red Bluff
Redding
Redondo Beach
Rialto
Riverside
Roseville
Sacramento
Salinas
San Andreas
San Bernardino
San Carlos
San Diego
San Dimas
San Fernando
San Francisco
San Gabriel
San Jose
San Leandro
San Luis Obispo

California (cont.)

San Mateo
San Pedro
San Quentin
Santa Clara
Santa Cruz
Santa Monica
Santa Rosa
Saugus
Scotts Valley
Sonora
South Pasadena
Stockton
Sunnyvale
Susanville
Tujunga
Valencia
Van Nuys
Ventura
Vista
Watsonville
Whittier
Yorba Linda
Yreka

Colorado

Aurora
Boulder
Carbondale
Castle Rock
Centennial
Cortez
Denver
Fort Collins
Fountain
Ft. Collins
Greeley
Lakewood
Littleton
Longmont
Pueblo
Thornton

Connecticut

Bridgeport
Eastford
Fairfield
Farmington
Groton
Hartford
Middletown
Millford
New Britain
New Fairfield
New Haven
New Milford
Norwalk
Stamford
Weston
Wethersfield
Woodbridge

District of Columbia

Washington

Delaware

Georgetown
New Castle
Newark

Florida

Boca Raton
Coral Gables
Del Rey Beach
Fort Lauderdale
Gainesville
Hollandale
Jacksonville
Miami
Miami Beach
Orlando
Palm Beach
Palm Beach
Sarasota
Sanford
St. Augustine
St. Petersburg
Tallahassee
Tampa
Tarpon Springs
Viera
West Palm Beach

Georgia

Americus
Athens
Atlanta
Augusta
Brunswick
Columbus
Dalton
Gainesville
McDonough
Moultrie
Pelham
St. Marys
Thomasville

Guam

Tamuning

Hawaii

Ewa Beach
Haiku
Hilo
Honolulu
Kailua
Kaneohe
Kaunakakai
Kualapuu
Puunene
Waianae
Wahiawa
Wailuku

Idaho

Boise
Coeur d' Alene

Exhibit (cont.)**Illinois**

Alton
 Belleville
 Bensenville
 Bethalto
 Carbondale
 Carol Stream
 Chicago
 Darien
 Decatur
 E. Peoria
 Evanston
 Geneva
 Glenview
 Kankakee
 Mt. Vernon
 Normal
 Rock Island
 Vandalia
 Wheaton
 Wheeling

Indiana

Bloomington
 Evansville
 Indianapolis
 Judson
 Kendallville
 Muncie
 Rockville
 Schererville
 South Bend

Iowa

Ames
 Cedar Rapids
 Des Moines
 Iowa City
 Oelwein
 Waverly

Kansas

Emporia
 Hutchinson
 Kansas City
 Lawrence
 Manhattan
 Newton
 Topeka
 Wellington
 Wichita

Kentucky

Fort Thomas
 Frankfort
 Lexington
 Maysville
 Waddy

Louisiana

Baton Rouge
 Evangeline
 Many
 Metairie
 New Orleans
 Shreveport
 St. Francisville

Maine

Auburn
 Augusta
 Biddeford
 Brunswick
 East Machias
 Eliot
 Flint
 Jopsham
 Lisbon Falls
 North Berwick
 Rumford
 Scarborough
 South Paris
 Vassalboro

Maryland

Annapolis
 Baltimore
 Bethesda
 Chestertown
 Chevy Chase
 College Park
 Columbia
 Crownsville
 Easton
 Ellicott City
 Frederick
 Gaithersburg
 Landover
 Largo
 Owings Mills
 Princess Anne
 Rockville
 Salisbury
 Silver Springs
 Towson

Massachusetts

Boston
 Brockton
 Brookline
 Byfield
 Cambridge
 Chelmsford
 Chestnut Hill
 Devenscrest
 Dover
 Easthampton
 Fall River
 Harwich
 Hingham
 Jamaica Plain
 Leeds
 Lexington
 Lowell
 Lynn
 Malden
 Medford
 Methuen
 N. Eastham
 New Bedford
 Newton
 Northampton
 Peabody
 Roslindale
 Roxbury
 Townsend

Massachusetts (cont.)

Somerville
 Waltham
 Westwood

Michigan

Ann Arbor
 Bay City
 Birmingham
 Detroit
 East Lansing
 Eastpointe
 Ecorse
 Fair Haven
 Fayette
 Flint
 Grosse Pointe
 Grosse Point
 Howell
 Kalamazoo
 Lansing
 Novi
 Okemos
 Oxford
 Plymouth
 Riverview
 Royal Oak
 South Gate
 Southfield
 Traverse City
 Troy
 Warren
 Wayne
 Woody

Minnesota

Barrett
 Birchwood Village
 Brainerd
 Crookston
 Edina
 Elk River
 Fairfax
 Hackensack
 Maplewood
 Minneapolis
 Minnetonka
 Newhope
 New Ulm
 North Minneapolis
 Roseville
 Shoreview
 St. Louis Park
 St. Paul
 Virginia
 Winona

Mississippi

Brandon
 Madison
 South Haven
 Summit

Missouri

Carthage
 Columbia
 Kansas City
 Leeton
 Liberty
 Marshfield

Missouri (cont.)

Moberly
 Overland
 Springfield
 St. Charles
 St. Louis

Montana

Bigfork
 Billings
 East Helena
 Great Falls
 Missoula
 Stevensville

Nebraska

Lincoln
 Omaha

Nevada

Carson City
 Henderson
 Las Vegas
 Reno

New Hampshire

Concord
 Goffstown
 Merrimack
 Moultonborough
 Portsmouth

New Jersey

Allentown
 Camden
 Cherry Hill
 Edison
 Elizabeth
 Hackensack
 Haddonfield
 Highland Park
 Madison
 Mays Landing
 Millville
 Morristown
 Moorestown
 Mt. Holly
 New Brunswick
 Newark
 Nutley
 Paterson
 Pennsauken
 Piscataway
 Saddle Brook
 Trenton

New Mexico

Albuquerque
 Bayard
 Bernalillo
 Cloudcroft
 Espanola
 Farmington
 Hobbs
 Las Cruces
 Las Vegas
 Los Alamos
 Roswell
 Sandia Park
 Santa Fe
 Santa Theresa
 Tucumcari

Exhibit (cont.)**New York**

Albany
 Albion
 Amherst
 Arverne
 Auburn
 Bainbridge
 Batavia
 Bronx
 Bronxville
 Brooklyn
 Buffalo
 Centereach
 Cheektowaga
 Cobleskill
 Delmar
 Dryden
 East Syracuse
 Endicott
 Glens Falls
 Great Neck
 Hastings-on-Hudson
 Holbrook
 Horseheads
 Hudson Falls
 Ithaca
 Jamestown
 Little Falls
 Montgomery
 Morris
 Mt. Sinai
 Newburgh
 New Hyde Park
 New Paltz
 New York
 Oneida
 Penn Yann
 Potsdam
 Poughkeepsie
 Pulaski
 Rochester
 Rokonkoma
 Roosevelt
 S. Ozone Park
 Southold
 Spencerport
 Staten Island
 Suffern
 Syracuse
 Tarrytown
 Tonawanda
 Watertown
 Westbury
 West Nyack

North Carolina

Asheville
 Carrboro
 Cary
 Chapel Hill
 Charlotte
 Cullowhee
 Dublin
 Durham
 Fayetteville
 Goldsboro
 Greensboro
 Greenville
 Henderson
 Hendersonville

North Carolina (cont.)

Indian Trail
 Hickory
 Lumberto
 Newton
 Pinetops
 Raleigh
 Research Triangle
 Winston-Salem

North Dakota

Bismark
 Minot

Ohio

Amherst
 Batavia
 Cambridge
 Canton
 Chillicothe
 Cincinnati
 Cleveland Heights
 Columbus
 Dayton
 Elmwood Place
 Fairfield
 Kent
 Lakewood
 Logan
 Mason
 Novelty
 Oxford
 Springfield
 Tiffin
 Toledo
 Wooster
 Youngstown

Oklahoma

Lawton
 Oklahoma City
 Tahlequah

Oregon

Beaverton
 Coquille
 Eugene
 Hillsboro
 McMinnville
 Medford
 Portland
 Roseburg
 Salem
 Springfield
 St. Helens

Pennsylvania

Abington
 Broomall
 Chester
 Edinboro
 Elwyn
 Erie
 Hermitage
 Homestead
 Lancaster
 New Kensington
 Philadelphia
 Pittsburgh
 Reading
 Rosemont
 Somerset

Pennsylvania (cont.)

Springfield
 University Park
 Washington
 Waynesboro
 Wilkinsburg

Rhode Island

Barrington
 Coventry
 Cranston
 Jamestown
 North Scituate
 Providence
 Warwick

South Carolina

Aiken
 Charleston
 Clemson
 Columbia
 Sumter
 Winnsboro

South Dakota

Castlewood
 Deadwood
 Pierre
 Pine Ridge

Tennessee

Johnson City
 Lafayette
 Memphis
 Nashville
 Smithville

Texas

Abilene
 Austin
 Azle
 Corpus Christi
 Dallas
 Denton
 El Paso
 Flower Mound
 Galveston
 Houston
 Lewisville
 Lubbock
 Mansfield
 Rosharon
 San Antonio
 Waco

Utah

Blanding
 Magna
 Price
 Salt Lake City

Vermont

Burlington
 Enosburg Fall
 Jericho
 Middlebury
 Montpelier
 Randolph
 Wells River
 Williston

Virginia

Alexandria

Virginia (cont.)

Arlington
 Richmond
 Staunton
 Stuart
 Virginia Beach

Washington

Aberdeen
 Bellevue
 Bellingham
 Burien
 Cheney
 Concrete
 Deming
 Everett
 Everson
 Grand Coulee
 Grandview
 Gig Harbor
 Kenmore
 Kent
 Kirkland
 Lacey
 Lynden
 Lynnwood
 Marysville
 Mount Vernon
 Nine Mile Falls
 Nooksack
 Olympia
 Paco
 Port Angeles
 Pullman
 Puyallup
 Seattle
 Selah
 Sequim
 Spokane Valley
 Tacoma
 Tenino
 Vancouver
 Woodinville
 Yakima

West Virginia

Charleston
 Huntington
 Kingwood
 Morgantown
 Sephardstonw
 Cheyenne

Wisconsin

Beloit
 Green Bay
 Madison
 Mrshfield
 Merton
 Middleton
 Milwaukee
 Mosinee
 River Falls
 Sturtevant
 Whitewater

Wyoming

Cheyenne

Virgin Islands

St. Thomas
 Virginia Beach

Other Countries

Australia
 Canada
 China
 France
 India
 Iraq
 Israel
 Japan
 Korea
 Mexico
 Puerto Rico
 Spain
 Thailand
 United Kingdom
 US Armed Forces
 Virgin Islands

Appendix C

Catalogue of Special Resource Materials Developed by the Center



From the Center's Clearinghouse ...

Catalogue of Resources & Publications



Most resources developed by the Center can be downloaded at no cost at: <http://smhp.psych.ucla.edu>.

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

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SCHOOL MENTAL HEALTH PROJECT
CENTER FOR MENTAL HEALTH IN SCHOOLS

CATALOGUE OF RESOURCES & PUBLICATIONS BY FORMAT

BOOKS & MONOGRAPHS

RECENT CHAPTERS

SELECTED JOURNAL ARTICLES

POLICY & PROGRAM REPORTS & BRIEFS

FEATURED ARTICLES IN CENTER NEWSLETTER/JOURNAL

GUIDES TO POLICY AND PROGRAM DEVELOPMENT/PRACTICE

GUIDEBOOKS

GUIDANCE NOTES

PRACTICE NOTES

TOOLS

TRAINING & PRESENTATION RESOURCES

CONTINUING EDUCATION MODULES

QUICK TRAINING AIDS & TUTORIALS

FACT & INFORMATION RESOURCES

PRESENTATIONS HANDOUTS/SLIDES

RESOURCE PACKETS

INTRODUCTORY PACKETS ON SYSTEM, PROGRAM/PROCESS CONCERNS, & PSYCHOSOCIAL PROBLEMS

RESOURCE AND TECHNICAL AIDS

INITIATIVE & CENTER REPORTS

REPORTS FROM THE *NATIONAL INITIATIVE: NEW DIRECTIONS FOR STUDENT SUPPORT*

REPORTS FROM THE POLICY LEADERSHIP CADRE FOR MENTAL HEALTH IN SCHOOLS

REPORTS FROM THE *COALITION FOR COHESIVE POLICY IN ADDRESSING BARRIERS TO DEVELOPMENT & LEARNING*

CENTER IMPACT EVALUATION REPORT

ONLINE CLEARINGHOUSE QUICK FIND TOPICS

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POLICY & PROGRAM REPORTS & BRIEFS

I. Mental Health in Schools

- > Beyond Placement in the Least Restrictive Environment: The Concept of Least Intervention Needed and the Need for a Continuum of Community-School Programs
- > Youth Risk Taking Behavior: The Role of Schools
- > Building Collaboration for Mental Health Services in California Schools: What Will be Built?
- > Suicide Prevention in Schools
- > Should Policy Specify a Formal Role for Schools Related to Mental Health?
- > Screening Mental Health Problems in Schools
- > The Current Status of Mental Health in Schools: A Policy and Practice Analysis
- > Diversity Competence for Psychological Practitioners: Eliminating Disparities in Psychological Practices
- > Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health
- > Gap Analysis of the Resource Synthesis Related to integrating Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health
- > Mental Health of Children and Youth: The Important Role of Primary Care Health Professionals
- > Mental Health of Children and Youth and the Role of Public Health Professionals
- > Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together

- > Youngsters' Mental Health and Psychosocial Problems: What are the Data?
- > Financing Mental Health for Children & Adolescents
- > The Maternal and Child Health Bureau's Initiative for Mental Health in Schools
- > Mental Health in Schools: Reflections on the Past, Present, and Future

II. School Improvement and Restructuring Related to Addressing Barriers to Student Learning

A. Policy & Practice Analysis

- > Interventions to Support Readiness, Recruitment, Access, Transition, and Retention for Postsecondary Education Success: An Equity of Opportunity Policy and Practice Analysis
- > State Education Agencies & Learning Supports: Enhancing School Improvement
- > Learning Supports and Small Schools
- > Prevention and Early Intervention in California's Mental Health Services Act: A Summary of School-Based Programs in Ten County Plans
- > Integration of Schools and Mental Health Systems: An Overview of the State Grants from the U.S. Department of Education Program
- > Youth Gangs and Schools
- > School Attendance Problems: Are Current Policies & Practices Going in the Right Direction?
- > Preschool Programs: A Synthesis of Current Policy Issues
- > Grade Retention: What's the Prevailing Policy and What Needs to be Done?
- > Early Development and School Readiness from the Perspective of Addressing Barriers to Learning
- > Addressing Barriers to Student Learning & Promoting Healthy Development
- > Introduction to a component for Addressing Barriers to Student Learning
- > Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships
- > Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice
- > Schools as Caring, Learning Communities
- > Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions
- > Designing Schoolwide Programs in Title I Schools: Using the Non-Regulatory Guidance in Ways that Address Barriers to Learning and Teaching
- > Legislation in Need of Improvement: Reauthorizing the No Child Left Behind Act to Better Address Barriers to Learning
- > For Consideration in Reauthorizing the No Child Left Behind Act . . . Promoting a Systematic Focus on Learning Supports to Address Barriers to Learning and Teaching
- > School Improvement Planning: What's Missing?
- > Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development
- > Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component
- > Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base
- > Example of a Formal Proposal for Moving in New Directions for Student Support

B. Concept Papers and Proposals for Restructuring

(see also Books, Chapters, and Articles and Other Center Resources)

- > What is a Comprehensive Approach to Student Supports?
- > New Directions for Student Support (Concept Paper)
- > Assuring No Child is Left Behind
- > Two Examples of White Papers to Inform and Guide Policy Makers
- > So you Want Higher Achievement Scores? It's Time to Rethink Learning Supports
- > Q & A Talking Points
- > What Might a Fully Functioning Enabling or Learning Supports Component Look Like at a School?
- > Guidelines for a Student Support Component
 - >> Full Document and Summary Outline
- > Where's It Happening? New Directions for Student Support
- > Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports
- > Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning
 - >> Full Report and Executive Summary
- > Framing New Directions for School Counselors, Psychologists, & Social Workers

C. Calls to Action to Advance Efforts to Address Barriers to Student Learning:

- > An Open Letter to Congress: Reauthorizing the Elementary and Secondary Education Act to Better Address Barriers to Learning and Teaching
- > An Open letter To Mayors: discussion of a mayor's role in public education
- > School Improvement? . . . fully addressing barriers to learning and teaching is the next step!
- > Student Support Staff: Moving in New Directions through School Improvement

D. Systemic Change and Sustainability

- > Toolkit - Rebuilding Student Supports into a Comprehensive System for Addressing Barriers to Learning and Teaching
- > Moving Toward a Comprehensive System of Learning Supports: The Next Evolutionary Stage in School Improvement Policy and Practice
- > Community Schools: Working Toward Institutional Transformation
- > Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say They Need to Move Forward
- > Preparing All Education Personnel to Address Barriers to Learning & Teaching
- > New Directions for Student Support: Current State of the Art
- > Toward a School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching
- > New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going- to-Scale
- > Systemic Change for School Improvement: Designing, Implementing, and Sustaining Prototypes and Going to Scale
 - >> Full Report and Executive Summary
- > Organization Facilitators: A Key Change Agent for Systemic School and Community Changes
- > Toward Enhancing Resource Center Collaboration

FEATURED ARTICLES IN CENTER NEWSLETTER/JOURNAL

- > Addressing Disparities by Enhancing Equity of Opportunity at School (Winter, '10)
- > Strengthening Learning Supports at Schools This Year: Best Practices and Innovation (Fall, '09)
- > Youth Participation: Making It Real (Summer, '09)
- > Schools as Centers of the Community: Moving Forward in Hard Times (Spring, '09)
- > Special Edition: Opportunities for Change in Challenging Times: School Improvement and Learning Supports (Winter, '09)
- > School Dropout Prevention: A Civil Rights and Public Health Imperative (Fall, '08)
- > Personnel Development for Education: Does the Process Enhance How Schools Address Barriers to Learning and Teaching? (Summer, '08)
- > Rethinking How Schools Address Student Misbehavior & Disengagement (Spring, '08)
- > Challenges and Opportunities in the Classroom (Winter, '08)
- > Mental Health in Schools: Much More than Services for the Few (Fall, '07)
- > Evidence-Based Practices in Schools: Concerns About Fit and Implementation (Summer '07)
- > Engaging the Strengths of Families, Youth, and Communities in Rebuilding Learning Supports (Spring '07)
- > Open Letter to the Mayor (Winter '07)
- > Response to Intervention (Fall '06)
- > School Improvement: Where's Student Support? (Summer '06)
- > Concerns=Opportunities: Addressing Student Disengagement, Acting Out, and Dropouts by Moving in New Directions (Spring '06)
- > Working in Schools: Q and A (Winter '06)
- > Mental Health in Schools: An Opportunity to Influence Change in a Period of Transformation (Fall '05)
- > Complex Problems, Limited Solutions (Summer '05)
- > Who at the School Addresses Barriers to Learning and Teaching? (Spring '05)
- > Bullying and Addressing Barriers to Learning (Winter '05)
- > Sustainability & Scale-up: It's About Systemic Change (Fall '04)
- > Beyond Positive Behavior Support Initiatives (Summer '04)
- > Diversity and Professional Competence in Schools... a mental health perspective (Spring '04)
- > Integrating Agendas for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health (Winter '04)
- > Natural Opportunities to Promote Social-Emotional Learning and MH (Fall '03)
- > New Directions: Where's it Happening? (Summer, '03)
- > Safe Students/Healthy Schools: A Collaborative Process. (Spring, '03)
- > Needed: A Greater Role for Learning Support Staff in Inservice at Every School. (Winter, '03)
- > Summit on New Directions for Student Support. (Fall, '02)
- > Revisiting Learning Problems and Learning Disabilities.(Summer, '02)
- > School Staff Burnout. (Spring, '02)
- > Re-engaging Students in Learning at School. (Winter, '02)
- > Comprehensive & Multifaceted Guidelines for Mental Health in Schools. (Fall, '01)
- > CSSS - Hawai'i's Comprehensive Student Support System... a multifaceted approach that encompasses & enhances MH in schools. (Summer, '01)
- > Opening the Classroom Door (Spring, 01)
- > Mechanisms for Delivering MH in Schools (Winter, '01)
- > Addressing Barriers to Learning & Promoting Healthy Development: A Usable Research-Base (Fall, '00)
- > Substance Abuse Prevention: Toward Comprehensive, Multifaceted Approaches (Summer,'00)
- > Expanding the Framework for School Accountability (Spring, '00)
- > Connecting Counseling, Psychological, & Social Support Programs to School Reform (Winter, '00)
- > Promoting Youth Development and Addressing Barriers (Fall, '99)

- > Youth Suicide/Depression/Violence (Summer, '99)
- > Expanded School Reform (Spring, '99)
- > School-Community Partnerships from the School's Perspective (Winter, '99)
- > Denying Social Promotion Obligates Schools to Do More to Address Barriers to Learning (Fall, '98)
- > Open Letter to the Secretary of Education, Richard Riley (Summer '98)
- > Enabling Learning in the Classroom: A Primary Mental Health Concern (Spr98)
- > Accountability: Is it Becoming a Mantra? (Winter '98)
- > Easing the Impact of Student Mobility: Welcoming & Social Support (Fall '97)
- > Addressing Barriers to Learning: Closing Gaps in Policy & Practice (Sum '97)
- > Behavior Problems: What's a School to Do? (Spring '97)
- > Comprehensive Approaches & Mental Health in Schools (Winter '97)
- > Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions (Fall '96)
- > Labeling Troubled Youth: The Name Game (Summer '96)
- > School-Linked Services and Beyond (Spring '96)
- > Mental Health in Schools: Emerging Trends (Winter '96)

GUIDES TO POLICY AND PROGRAM DEVELOPMENT/PRACTICE

I. Guidebooks (also see Books)

- > Steps and Tools to Guide Planning and Implementation of a Comprehensive System to Address Barriers to Learning and Teaching
- > Fostering School, Family, and Community Involvement. Guidebook in series, Safe and Secure: Guides to Creating Safer Schools. Portland, OR: Northwest Regional Educational Laboratory & Hamilton Fish Institute. (2007)
- > Sustaining School and Community Efforts to Enhance Outcomes for Children and Youth: A Guidebook and Tool Kit
- > School-Community Partnerships: A Guide
- > What Schools Can Do to Welcome and Meet the Needs of All Students and Families (SP)
- > Mental Health and School-Based Health Centers
- > Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment
- > New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning
- > Getting from Here to There: A Guidebook for the Enabling Component
- > A Guide to the Enabling Component (one of the New American School Models)

II. Guidance Notes

- > Youth Participation: Making It Real
- > First Steps at State Education Agencies and School Districts in Developing a Comprehensive System of Learning Supports as an Essential Component for School Improvement and Student Success
- > Personalizing Personnel Development at Schools: A Focus on Student Engagement and Re-engagement
- > Schools, Families, and Community Working Together: Building an Effective Collaborative
- > What are Learning Supports?
- > Enhancing a School Board's Focus on Addressing Barriers to Learning & Teaching
- > Mapping & Analyzing Learning Supports (A School Improvement Tool for Moving toward a Comprehensive System of Learning Supports)
- > Leadership at a School Site for Developing a Comprehensive System of Learning Supports (Job Descriptions)

- > Benchmark Checklist for Monitoring and Reviewing Progress in Developing a Comprehensive System to Address Barriers to Learning and Teaching
- > Dissemination Focused on Diffusion: Some Guidelines
- > Engaging and Re-engaging Students in Learning at School
- > Turning a Project or Pilot into a Catalyst for Systemic Change and Sustainability
- > Is the School Year Off to a Good Start?
- > Schools Helping Students Deal with Loss
- > Addressing School Adjustment Problems
- > Dropout Prevention
- > Homework is a Mental Health Concern
- > Gateways to Resources for Enhancing Positive Outcomes for all Students
- > Integrating Learning Supports into the Infrastructure of a Small School
- > The Relationship of Response to Intervention and Systems of Learning Supports
- > Fully Integrating Student/Learning Supports into the School Improvement Agenda
- > Pursuing Opportunities for Moving Proactively from the Margins into the Mainstream of School Improvement
- > Life Beyond the "Project" — Fully Integrating the Effort into the School Improvement Agenda
- > What will it cost? - No New Dollars!
- > Infrastructure for Learning Supports at District, Regional, and State Offices
- > About Planning and Action for the Mental Health Needs of Students and School Staff in the Aftermath of a Natural Disaster

III. Practice Notes

- > Notes on Transition Planning for College
- > Volunteers as an Invaluable Resource
- > Guiding and Supporting Volunteers
- > Turning Big Classes into Smaller Units
- > Response to Intervention
- > About Motivation
- > Addressing School Adjustment Problems
- > Bullying: A Major Barrier to Student Learning
- > Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning
- > Countering the Over-pathologizing of Students' Feeling & Behavior: A Growing Concern Related to MH in Schools
- > Developing Systems at a School for Problem Identification, Triage, Referral, and Management of Care
- > Grief and Loss
- > Involving Parents in Counseling
- > Making MOUs Meaningful
- > Natural Opportunities to Promote Social-Emotional Learning and MH
- > Obesity and Mental Health
- > Prereferral Interventions
- > Prescription Drugs Abuse Among Youth
- > School Response to Natural Disasters
- > Suicidal Crisis
- > Supporting Successful Transition to Ninth Grade
- > Welcoming Strategies for Newly Arrived Students & Their Families
- > When a Student Seems Dangerous to Self or Others
- > Working with Disengaged Students

IV. Policy Notes

- > Balancing Cut-backs at Schools is Essential to Ensuring Equity of Opportunity

V. Tools

- > Toolkit: Rebuilding Student Supports into a Comprehensive System for Addressing Barriers to Learning and Teaching - (<http://smhp.psych.ucla.edu/toolkit.htm>)

This kit is divided into five sections.

Section A contains a set of brief documents clarifying the imperative for rebuilding and providing a big picture for policy makers, administrators, and other stakeholders. These include: briefs clarifying the rationale and frequently asked questions about rebuilding student supports; examples of policy formulations; prototypes of guidelines and standards; and a prototype for a school district proposal

Section B describes some planning tools for initial and ongoing planning of the rebuilding process. These include: reframing intervention; reworking infrastructure; and capacity building.

Section C includes tools related to phasing-in the new system such as: planning phase-in; and ongoing capacity building.

Section D contains some considerations about systemic change.

Section E highlights a topical Quick Find Clearinghouse that is readily accessed through a menu (direct website addresses are provided). The menu of over 130 specific Quick Finds covers topics related to disaster response, classroom management, motivation (including engagement and re-engagement in classroom learning), social and emotional development, and much more. Some of the Quick Finds provide links directly to staff/stakeholder development and training aids and tutorials and continuing education modules

TRAINING & PRESENTATION RESOURCES

I. Continuing Education Modules (also see Books, Chapters, and Articles)

- > Leadership Training: Moving in New Directions for Student Support
- > Revisiting Learning & Behavior Problems: Moving Schools Forward
- > Addressing Barriers to Learning: New Directions for Mental Health in Schools
- > Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools
- > Enhancing Classroom Approaches for Addressing Barriers to Learning:
 - Classroom-Focused Enabling
 - >> Accompanying Readings & Tools for Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling
- > Enhancing School Staff Understanding of MH and Psychosocial Concerns: A Guide
- > About Infrastructure Mechanisms for a Comprehensive Learning Support Component
- > Developing Resource-Oriented Mechanisms to Enhance learning Supports
- > Mental Health in Schools: New Roles for School Nurses

II. Quick Training Aids & Tutorials

- > Addressing Barriers to Learning: Overview of the Curriculum for an Enabling (or Learning Supports) Component
- > Assessing & Screening (SP)
- > Attention Problems in School
- > Behavior Problems at School
- > Bullying Prevention

- > Case Management in the School Context
- > Classroom Changes to Enhance and Re-engage Students in Learning
- > Community Outreach: School-Community Resources to Address Barriers to learning
- > Confidentiality (SP)
- > Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning
- > Crisis Assistance and Prevention: Reducing Barriers to Learning
- > Financing Strategies to Address Barriers to Learning
- > Home Involvement in Schooling
- > Re-engaging Students in Learning
- > School-Based Crisis Intervention (SP)
- > School Interventions to Prevent and Respond to Affect and Mood Problems
- > School Staff Burnout
- > Students & Family Assistance Programs and Services to Address Barriers to Learning
- > Suicide Prevention
- > Support for Transitions to Address Barriers to Learning
- > Violence Prevention

III. Fact & Information Resources

- > Leadership for a Learning Support System in State Departments of Education: Example Job Descriptions
- > Barriers, Buffers, & Youth Development
- > Strengthening Health Care for Adolescents
- > Data About Youth in the United States
- > What is a Comprehensive Approach to Student Supports?
- > Why School-owned Student Support Staff are So Important
- > Many Schools, Many Students: Equity in Addressing Barriers
- > Data Related to the Need for New Directions for School Improvement
- > Data on the Plateau or Leveling Off Effect of Achievement Test Scores
- > *Diffusion of Innovations and Science-Based Practices to Address Barriers to Learning & Improve Schools: A Series of Information Resources on Enabling System Change*
 - >> Brief Overview of a Major Review by Lawrence W. Green, Judith M. Ottoson, Cesar Garcya, and Robert A. Hiatt (2009) entitled: Diffusion Theory and Knowledge Dissemination, Utilization, and Integration in Public Health
 - >> Dissemination Focused on Diffusion: Some Guidelines
 - >> Diffusion: In Pursuit of Action
 - >> Excerpts from Child Trends' series of Research-to Results Briefs on Adopting, Implementing, Sustaining, and Replicating Evidence-Based Practices
 - >> Brief Overview of Major Concepts from E.M. Rogers' Work on Diffusion of Innovations
 - >> Some Key Terms Related to Enabling System Change
 - >> Systemic Change for School Improvement
 - >> Change Agent Mechanisms for School Improvement: Infrastructure not Individuals
 - >> Policy Implications for Advancing Systemic Change for School Improvement
 - >> Some Key References Related to Enabling System Change
 - >> Brief Overview of Malcolm Gladwell's Concept of the Tipping Point
 - >> Systemic Change and Empirically-Supported Practices: The Implementation Problem
 - >> Intro to Multi-Level Community Based Culturally Situated Interventions
 - >> Making and Disseminating Recommendations is Not Sufficient
- > Costs of Not Addressing Barriers to Learning
- > Some Base Line Data on School Mental Health Services
- > Why Address What's Missing in School Improvement Planning?

- > Frequently Asked Questions About Mental Health in Schools
- > The School's Role in Addressing Psychological Reactions to Loss
- > About Positive Psychology
- > About Empirically Supported Therapeutic Relationships
- > Using Federal Education Legislation in Moving Toward a Comprehensive, Multifaceted, and Integrated Approach to Addressing Barriers to Learning (e.g., Creating a Cohesive System of Learning Supports)
- > New Directions for Student Supports: Some Resources
- > Resources for Planning Mental Health in Schools
- > What Might a Fully Functioning Enabling or Learning Supports Component Look Like at a School
- > What is a Learning Support Resource Team?
- > Financing Mental Health for Children & Adolescents
- > Annotated "lists" of Empirically Supported/Evidence Based Interventions for School-aged Children and Adolescents
- > About School Engagement and Re-Engagement

IV. Presentations, Webinars, and Related Material (e.g., Powerpoint Slides, Handouts)

- > Addressing Barriers to Learning & Teaching and Re-engaging Disconnected Students
- > Strengthening School Improvement: ..Developing a Comprehensive System of Learning Supports to Address Barriers to Learning and Teaching (a powerpoint presentation by the American Association of School Administrators, Scholastic and the UCLA Center for Mental Health in Schools)
- > Enhancing School Improvement: Addressing Barriers to Learning and Reducing the Achievement Gap
- > Addressing Barriers to Learning and Teaching to Enhance School Improvement
- > Mental Health in Schools: Becoming an Integrated Part of the School Improvement Agenda
- > Youth Suicide Prevention: Mental Health and Public Health Perspectives (SP)
- > Academics and Beyond: Addressing Barriers to Learning and Teaching

RESOURCE PACKETS

I. Introductory Packets on System, Program/Process Concerns, & Psychosocial Problems

A. System Concerns

- > Financial Strategies to Aid in Addressing Barriers to Learning
- > Evaluation and Accountability: Getting Credit for All You Do
- > Working Collaboratively: From School-Based Teams to School-Community-Higher Education Connections
- > About Mental Health in Schools.

B. Program/Process Concerns

- > Violence Prevention and Safe Schools (SP)
- > Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs
- > Parent and Home Involvement in Schools (SP)
- > Confidentiality and Informed Consent (SP)
- > Understanding and Minimizing Staff Burnout
- > Assessing to Address Barriers to Learning
- > Cultural Concerns in Addressing Barriers to Learning
- > Early Development and Learning from the Perspective of Addressing Barriers
- > Transitions: Turning Risks into Opportunities for Student Support

C. Psychosocial Problems

- > Dropout Prevention
- > Learning Problems and Learning Disabilities
- > Teen Pregnancy Prevention and Support
- > Attention Problems: Intervention and Resources
- > Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth
- > Social and Interpersonal Problems Related to School Aged Youth
- > Affect and Mood Problems Related to School Aged Youth
- > Conduct and Behavior Problems in School Aged Youth

II. Resource and Technical Aids

A. Resource Aid Packets & Tools

- > Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching
- > Frameworks for Systemic Transformation of Student and Learning Supports
- > Screening/Assessing Students: Indicators and Tools (SP)
- > Responding to Crisis at a School (SP)
- > Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs
- > Students and Psychotropic Medication: The School's Role
- > Substance Abuse (SP)
- > Clearinghouse Catalogue (On-line)
- > Consultation Cadre (On-line)
- > Gateway of Internet Sites Relevant to Mental Health in Schools (On-line)

- > Organizations with Resources Relevant to Addressing Barriers to Learning: A Catalogue of Clearinghouse, Technical Assistance Centers, and Other Agencies
- > Where to Get Resource Materials to Address Barriers to Learning (includes a range of sample materials)
- > Where to Access Statistical Information Relevant to Addressing Barriers to Learning: An Annotated Reference List
- > Improving Teaching and Learning Supports by Addressing the Rhythm of a Year
- > Guidelines for a Student Support Component
- > Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health (see also Gap Analysis Report)
- > New Directions for Student Support: Rethinking Student Support to Enable Students to Learn and Schools to Teach
- > Catalogue of Internet Sites Relevant to Mental Health in Schools
- > Standards for an Enabling or Learning Supports Component
- > Standards & Quality Indicators for an Enabling or Learning Supports Component

B. Technical Aid Packets

- > School-Based Client Consultation, Referral, and Management of Care
- > School-Based Mutual Support Groups (For Parents, Staff, Older Students) (SP)
- > Volunteers to Help Teachers and School Address Barriers to Learning
- > Welcoming and Involving New Students and Families (SP)
- > Guiding Parents in Helping Children Learn (SP)
- > After-School Programs and Addressing Barriers to Learning
- > Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change

- > Evaluation and Accountability Related to Mental Health in Schools
- > Autism Spectrum Disorders and Schools

C. Technical Assistance Samplers

- > Thinking About and Accessing Policy Related to Addressing Barriers to Learning
- > Behavioral Initiatives in Broad Perspective
- > School-Based Health Centers
- > Protective Factors (Resiliency)
- > School Interventions to Prevent Youth Suicide
- > A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning (also see policy brief entitled: Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base)
- > Using Technology to Address Barriers to Learning
- > Sexual Minority Students

INITIATIVE & CENTER REPORTS

I. Reports from the *National Initiative: New Directions for Student Support*

In addition to the items below, other resources for the *Initiative* and reports on individual state activity are online at: <http://smhp.psych.ucla.edu/summit2002/ndannouncement>

A. Report from the National Meeting on Pioneer Initiatives to Reform Education Support Programs (May, 2000)

- > Center Report: Pioneer Initiatives to Reform Education Support Programs
- > Executive Summary: Pioneer Initiatives to Reform Education Support Programs
- > Resource Materials

B. National Summit New Directions for Student Support

- > Executive Summary and Full Report

II. Reports from the *Policy Leadership Cadre for Mental Health in Schools*

- > Expanding Policy Leadership for Mental Health in Schools
- > Report from the Regional Conferences
- > Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations
- > Report from the Texas Leadership Institute for Mental Health in Schools
- > An Initial Look at Texas Policy Related to Mental Health in Schools

III. Reports from the *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning*

- > Organizing Framework: Coalition for Cohesive Policy in Addressing Barriers to Development and Learning
- > Initial Tasks and Guiding Frameworks: Coalition for Cohesive Policy in Addressing Barriers to Development and Learning
- > The Policy Problem and a Resolution to Guide Organizations Working toward Policy Cohesion
- > Proposal for Policy Legislation: Restructuring Student Support Resources and Enhancing Their Connection with Community Resources

IV. *Center Impact Evaluation Report*

Some opportunities the Center Offers You



(1) Join the Practitioner Listserv

This listserv networks those working at school sites (those who are school-employed and those mental health practitioners who work for community agencies at school sites). It also provides a link with the Center's ongoing technical assistance and the Consultation Cadre. It enables sharing, supports efforts to enhance school priorities for MH, provides mechanisms for addressing issues, etc.

If you or any colleagues want to be added to this electronic network send us an email at smhp@ucla.edu or indicate below and fax or mail back this form.

Please add me to the *Practitioner Listserv* (provide email address below)
Also add the following individuals:

(2). Want to join the **Consultation Cadre**?

(See the Center Website for a description of this Group - <http://smhp.psych.ucla.edu>)

Please contact me about the **Consultation Cadre**.

(3) Want to Join the **Policy Leadership Cadre for Mental Health in Schools?**

(See the Center Website for a description of this Group)

Please contact me about the **Policy Leadership Cadre**.

(4) Want to receive our free **Newsletters**?

Send me the monthly electronic *ENEWS* (provide email address below)

Send me the quarterly topical *Addressing Barriers to Learning* (sent via email)
(provide email mailing address below)

(5) Want Technical Assistance or specific resources?

Indicate what you need below and we will contact you.

(6) As always, we welcome your feedback on any facets of the Center's Operations.

Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Website _____ Email: _____

Return this form by fax to (310)206-8701 or mail to the address listed below.

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.

For further information, you can contact the center at:

School Mental Health Project/Center for Mental Health in Schools, Box 951563, Department of Psychology, UCLA,
Los Angeles, CA 90095-1563 Ph: (310) 825-3634 | Toll Free: (866) 846-4843 | Fax: (310) 206-5895

E-mail: smhp@ucla.edu Website: <http://smhp.psych.ucla.edu/>



Resource & Publications

UCLA Center for Mental Health in Schools

Online the Resources & Publications can be accessed by format or topic. (<http://smhp.psych.ucla.edu>)

Formats

Books & Monographs

Recent Chapters

Selected Journal Articles

Policy & Program Reports & Briefs

Featured Articles in Center Newsletter/journal

Guides to Policy and Program Development/practice

- > Guidebooks
- > Guidance Notes
- > Practice Notes
- > Tools

Training & Presentation Resources

- > Continuing Education Modules
- > Quick Training Aids & Tutorials
- > Fact & Information Resources
- > Presentations Handouts/slides

Resource Packets

- > Introductory Packets on System, Program/process Concerns, & Psychosocial Problems
- > Resource and Technical Aids

Initiative & Center Reports

- > Reports from the National Initiative: New Directions for Student Support
- > Reports from the Policy Leadership Cadre for Mental Health in Schools
- > Reports from the Coalition for Cohesive Policy in Addressing Barriers to Development & Learning
- > Center Impact Evaluation Report

Online Clearinghouse Quick Find Topics

Note: Items indicating **(SP)** are available in both English and Spanish.

Topics

As a first step in looking for our resources & publications on a given topic, go to our QUICK FIND search drop down menu. This evolving tool for accessing our Online Clearinghouse provides information on a growing range of topics. Use it for easy access to resources & publications from our Center and for direct links to resources & publications from other sources.

Alternatively, go to the following:

I. Systemic Concerns

A. Policy Issues & Research Base

1. The Concept of MH in Schools
2. Addressing Barriers to Student Learning
3. MH in Schools & School Reform and Restructuring
4. Research Base
5. Rethinking Student Support
6. Integrating School and Community

B. Systemic Changes & Enhancing and Sustaining Systems/Programs/Services

1. Collaborative Teams
2. Mapping and Analyzing Resources
3. School-Community-Family Connections
4. Restructuring Student Support Programs
5. Financial Strategies
6. Evaluation, Quality Control, and Standards
7. Sustainability and Scale-Up
8. Reframing Staff Roles and Functions

C. Developing Comprehensive, Multifaceted, and Integrated Approaches

D. Building System Capacity and Networking

II. Program/Process Concerns

A. Program Areas

1. Classroom Enhancement & Youth Development
2. Support for Transitions
3. Crisis Response and Prevention
4. Home Involvement
5. Student and Family Assistance
6. Community Outreach (including Volunteer Participation)

B. Processes to Develop Comprehensive Approaches & School-Community Connections

1. Enabling Component
2. School-Based Health Centers
3. Financing

C. Staff Development Tools

III. Psychosocial & Mental Health Concerns

Current QuickFind Topics

The QuickFind search feature on our website provides easy access to resources from our Center and direct links to other resources. A topical menu is provided. Each QuickFind reflects a response to a technical assistance request on a given topic. The following are a recent list of topics, but additions are made regularly.

- Abuse (Including Sexual Assault & Harassment)
- After-School Programs (and Evaluation)
- Alternative Schools and Alternative Education
- Anger Management
- Anxiety
- Assessment & Screening
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism: Educating Children
- Barriers to Learning
- Behavior and Mass Media
- Behavior Problems and Conduct Disorders
- Bullying
- Burnout
- Business Support for Schools
- Case/Care Management
- Change Agent/Organizational Facilitator
- Child Abuse and Neglect
- Child Traumatic Stress
- Children and Poverty
- Children of Alcoholics & Substance Abusers
- Childhood Development
- Chronic Illness: Information and Coping
- Classroom Climate/Culture
- Classroom Management
- Classroom-focused Enabling
- Collaboration- School, Community, Interagency
- Community Outreach for Involvement and Support
- Conduct Disorders and Behavior Problems
- Confidentiality (incl. Interagency Release Forms)
- Conflict Resolution in Schools
- Cost-Benefit Analysis Relevant to Addressing Barriers to Learning
- Crisis Prevention and Response
- Cultural Competence and Related Issues
- Data Management Systems for Schools and Clinics
- Day Treatment
- Depression
- Disciplinary Practices
- Discipline Codes and Policies
- Diversity, Disparities, and Promoting Health Equitably
- Divorce & Children
- Domestic Violence
- Dropout Prevention
- Early Childhood Development
- Early Intervention
- Eating Disorders
- Education, Health, and Mental Health Reports
- Emotionally Disturbed Children
- Empirically-Supported Interventions for Children's Mental Health
- Enabling Component: Addressing Barriers to Learning by Enabling Students to Succeed
- Environments that Support Learning
- Ethical/Legal/Consumer Issues
- Evaluation of programs addressing barriers to learning
- Fact Sheets related to MH in Schools and Addressing Barriers to Learning
- Family Counseling and Support
- Financing and Funding - general material
- Funding Sources - Surfin' for Funds (a pdf document)
- Foster Care
- Gangs
- Gay, Lesbian, Bisexual Issues
- Grade Retention/Social Promotion
- Grief and Bereavement
- Group Counseling
- Guidelines, Frameworks, Standards
- Hate Groups: Helping Students and Preventing Hate Crime
- Homeless Children and Youth - Education
- Homework Help for Educators, Students, Parents
- Hotlines
- Hyperactivity
- IDEA and Accommodations/Inclusion
- Immigrant Students and Mental Health
- Impulse Control
- International links to Mental Health in Schools
- Involving Stakeholders
- Job Descriptions Related to Mental Health in Schools
- Juvenile Justice Systems - Mental Health Needs
- Learning Problems & Disabilities
- Learning Supports: Addressing Barriers to Learning by Enabling Students to Succeed
- Legal and Ethical Issues in School Health/Mental Health
- Legislation Related to Student Support & Mental Health in Schools
- Mapping Existing School and Community Resources for Addressing Barriers to Learning
- Media's Effect on Behavior
- Medicaid and Managed Care for School Based Mental Health
- Medication (see Psychotropic Medication)
- Memoranda of Agreements (including joint agency agreements, MOU's)
- Mental Health Curriculum
- Mental Health in Schools -- A Sampling of References
- Mental Health in Schools in Other Countries
- Mental Health Related Software & Multimedia
- Mentoring
- Military Families and Student Mental Health
- Model Programs Information
- Motivation
- Native American Students
- Needs and Assets Assessment and Mapping
- Oppositional Defiant Disorder
- Parent/Home Involvement in Schools
- Parenting Skills and Parenting Education
- Peer Relationships and Peer Counseling
- Physical and Somatic Complaints
- Policy Related to MH in Schools and Addressing Barriers to Learning
- Post-traumatic Stress
- Poverty
- Prevention for Students "At Risk"
- Psychotropic Medications
- Racism and Schools
- References for Mental Health in Schools
- Resilience/Protective Factors
- Response to Intervention (RTI)
- Rural School Mental Health
- Safe Schools and Violence Prevention
- School and Community Collaboration
- School Avoidance
- School-Based Health Centers
- School Climate/Culture
- School Improvement Planning - Analyses from the UCLA Center
- School-Linked Services
- Self-Esteem
- Small Class Size
- Social Promotion/Grade Retention
- Social and Emotional Development and Social Skills
- Social Determinants of Health, Mental Health, and Academic Achievements
- Staffing Student Support Services: New Directions
- Stakeholders, Involving
- Standards (Guidelines, Frameworks related to Addressing Barriers to Learning)
- Statistical Information on Health, Mental Health, and Education Related Topics
- Stigma Reduction
- Student and Family Assistance Programs and Services - Outcomes
- Substance Abuse
- Suicide Prevention
- Support for Transitions (see: Transition Programs/Grade Articulation/Welcome)
- Sustainability of Initiatives
- Systemic Change and Schools
- Systems of Care
- Technology as an Intervention Tool
- Teen Pregnancy
- Therapeutic Specialties
- Threat Assessment: Resources and Cautions
- Tolerance
- Transition from Adolescence
- Transition Programs/Grade Articulation/Welcome
- Transition to College
- Traumatic Brain Injury - Implications for School
- Tutoring
- Videos About Addressing Barriers to Learning and Teaching
- Violence Prevention and Safe Schools
- Visually/Aurally Impaired Students and Mental Health
- Volunteers in Schools
- Youth Development
- Zero Tolerance