Mental Health and School-Based Health Centers

Module I

Addressing the Problem of Limited Center Resources

Every Noble Work is at first impossible.
Thomas Carlyle

School-Based Health Centers are confronted with many challenges -- not enough money, too few staff, inadequate space, too many clients, difficulty working with school staff, and more. Obviously, there are no simple solutions to such complex concerns. But in terms of the mental health focus of a center, the key is to use the limited resources to foster enhanced coordination and integration of center, school, and community resources. This requires outreach and networking with other professionals at the school site, in the district, at other centers, and at universities. One extremely productive mechanism is a coordinating team consisting of center and interested school staff and community members.

Within the center, daily interactions and weekly meetings facilitate essential sharing and collaboration. To connect mental health professionals and other interested staff from centers located near each other, bimonthly meetings and periodic workshops addressing mental health concerns are invaluable.

Maintaining good working relationships is hard work, but the rewards are immense. Such networking stimulates cooperation and coordination; it also generates support and ideas for improving both the quality and quantity of school-based mental health interventions. Ironically, it often is the case that individuals who are too busy to take an hour to meet and plan spend countless hours trying to catch up.

Units:

A. Meeting the Challenge of Limited Financial Resources
B. Integrating Activity to Maximize Resource Use and Effectiveness
Coda: Enhancing Available Resources

Module I

Addressing the Problem of Limited Center Resources

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Unit IA
Meeting the Challenge of Limited Financial Resources

Centers, schools, districts, and communities vary tremendously with respect to accessibility to services. No locale has enough resources; some are relatively well off; some are extremely impoverished.

> For example, adolescent-focused substance abuse programs often do not exist in a locale or may only be accessible to those who can pay the costs directly or through third party payers. Where no-cost programs exist, long waiting lists are commonplace.

Limited availability is an unavoidable reality and an ongoing challenge to all health professionals.

Limited availability, of course, is directly related to financial support. In an era of dwindling support for many public agencies, the most fundamental challenge for most school-based health centers and a variety of other related programs is how to survive.

> Meeting this challenge involves expanding a center's base of support and organizing for advocacy and action. With respect to advocacy, the key is not to compete with related school and community programs but to move toward fully integrating with such efforts. The need is to convince policy makers that all elements can be woven together to address barriers to learning and enhance healthy development in ways that are essential to school success.

Finding the Funds

For most centers, finding the funds to underwrite its activities remains a struggle. Because no single funding source is reliable, many centers seek diversified financial support and draw from the public and private sector (i.e., from individuals, agencies, and foundations at local, state, and national levels).

Exhibit 6 outlines a range of funding sources for school-based health centers.

> As centers become more integrated into school and community programs, some support can be derived from the funding that underwrites these programs. An example of possibilities is seen in Resource Aid IA-1 which outlines sources of federal support available to school districts.

Exhibit 6: Funding Sources for School Based Health Programs
(prepared by Bernice Rosenthal, MPH, Baltimore City Health Dept.)

SOURCE OF FUNDS/ CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
General Funds: Local Health Dept. Budget	Determined by municipal government See local Health Departments	Budget for school nurses, aides, MDs, clerical, administration
Federal : EPSDT Administrative	Application to State EPSDT Office for administrative federal financial participation for expenditures related to outreach and case management that support the effort to assure that pregnant women and children with MA or likely to be eligible for MA receive preventive health services	Applied to school nurse salaries who provide administrative outreach and case management. Results in having local funds available for the SBC program.
MCH Title V (C and Y)	Application to agency delegated by State to distribute funds for primary health care for uninsured children.	Supports core staff in 3 school-based health centers.
STATE: Legislative	Bill initiated by state senator.	$41,000 for 1 PNP in designated school
HMO Reimbursement Out of Plan Family Planning Provider (SBHC)	Per State HMO contract, bill HMO for Family Planning services as out of plan provider.	Added to resource pool for expanding services in school clinics.
Pre-authorized services (SBHC)	Contract to complete EPSTD screens for HMO enrollees in SBHC schools.	Fee for service reimbursement.
Fee for service: School-Based Clinics (SBHCs)	Apply for Medicaid Provider status. Arrange for revenues to be retained by program without requirement to spend in year of receipt.	Used to expand staff with part-time NPS, Medical assistants, physician preceptors, and contracts for mental health clinicians.

(cont.)

Exhibit 6: Funding Sources for School Based Health Programs (cont.)

SOURCE OF FUNDS/ CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
Fee for service: School Nurse Programs	Apply for Medicaid provider number as LHD or LEA for medically necessary services provided in schools e.g. IEP nurse services.	Used to retain positions cut in local funds budget, provide education benefits for nurses, purchase equipment, add clerical support
Health Related services IEP/IFSP	Application to Medicaid as provider reimbursement for services provided to school children under IEP/IFSP. School Districts can apply directly for provider status or enter into a Letter of Agreement with a local health department and provides services as a clinic of local health dept. Uses specific LHD provider number. Agencies described above apply to state Medicaid.	Produces a significant revenue base that can support entire SBHC programs as is done by Baltimore County. Baltimore's MOU between Health and Education stipulates that revenues must be used to expand or initiate expanded health services in schools. 38 school nurse positions, CHN Supvr, 6 Aides, social workers, 57 school-based mental health clinics, assistive technology equipment and a portable Dental Sealant Program for elementary schools.
Case Management for Pediatric AIDS	Have school or clinic nurse provide case management for HIV positive children in schools through cooperation with local Pediatric AIDS Coordinator.	New option in Maryland.
Home-based services & Service Coordination services	Apply for or include in MA provider application.	Not used in Baltimore schools.
Targeted Case Management under Healthy Start	Available for school nurses who complete required assessments and follow-up for eligible children.	Not used

Another way for SBHCs to minimize the amount of budgetary support that must be raised each year involves attracting community resources to help the center carry out its work.

> With respect to seeking grants, remember that government agencies and most private foundations currently are not looking to underwrite long-term service programs, such as SBHCs. Thus, a SBHC should think in terms of proposing 2-3 year demonstration projects that can contribute to the center's mental health focus but which are designed specifically to address a particular agency's or foundation's priorities (e.g., projects to reduce dropout, substance abuse, gang violence, suicide; projects related to models for integrating center, school, and community resources).
>
> Every major funding source will send, upon request, a statement of current priorities and application procedures.

A variety of helpful resources related to financial concerns are provided in one of the specially prepared packets designated as *Accompanying Resources*. This resource aid, entitled *Financial Strategies to Aid in Addressing Barriers to Learning,* is outlined in the last section of this guidebook.

In addition to major financial underwriting, school-based health centers can enhance their resources through outreach that attracts local support.

Volunteer staff. Centers can increase the range of services and minimize costs by supplementing paid staff with volunteers. Indeed, the only way some centers can provide a significant focus on mental health is by using volunteer professionals directly or to supervise volunteer or paid paraprofessionals and trainees.

Agencies. It is a given that centers need to connect with local agencies and organizations that provide counseling services (e.g., county mental health, substance abuse programs, youth groups). Similarly, community agencies and organizations can be convinced about the benefits of outreaching to the school in ways that result in additional services at the school. For example, county mental health workers are coming to some centers to provide services to students who qualify for but are unlikely to travel to county programs.

Advisory boards. Community and professional advisory boards often are mandated for centers. Whether mandated or not, such advisory groups can be encouraged to play a role in advocating for additional programs and support. In addition, some advisory board members can be mobilized to use their networks to help recruit volunteers.

Adopters/sponsors. Individuals, local businesses (including corporations housed in the area), service clubs and other organizations can be recruited as sponsors. The success of adopt-a-school programs suggests the potential of "adopt-our-center" campaigns. Sponsors can help meet specific resource needs ranging from donating center furnishings to financial contributions. Sponsors may or may not choose to participate on advisory boards.

Excerpts from an article by Alpha Center in *State Initiative's Newsletter* (October, 1995)

School-Based Health Centers Search for Funding: Eye Managed Care Organizations as Partners

With the growing of Medicaid managed care, school-based health centers have seen their reimbursement dollars drop at an alarming rate. In 1994 alone, the Baltimore City Health Department witnessed declines in Medicaid revenue of 35 percent for its school-based health centers as a result of managed care. During that same year, school-based health centers in the Bronx estimated a loss of $30,000 in Medicaid revenue for services they provided to managed care enrollees.

It is a trend that proponents of school-based health centers are watching with great trepidation. But it is also motivating administrators of these centers to negotiate with managed care plans in hopes of not only stanching the revenue bleeding, but possibly securing a steady source of funding. At the same time, a partnership with managed care plans would help place school-based health centers in the mainstream of health care delivery and improve care coordination for school-aged children.

The majority of students seen in school-based health centers are uninsured, with between 30 percent and 35 percent of the students on Medicaid. But as more states expand Medicaid coverage to uninsured children, that will ensure that a larger pool of children in high schools will receive coverage. At the same time, however, more and more states are enrolling their Medicaid populations into managed care plans. "If school-based health centers do not become part of that system, they will cease to exist," predicts Karen Hacker, of the Boston Department of Health and Hospitals.

Financial survival isn't the only reason for linking with managed care. According to Donna Zimmerman, executive director of Health Start, Inc. in St. Paul, Minnesota, and president of the new National Assembly on School-Based Health Care, the advantages are three-fold. First, negotiating with managed care organizations to reimburse services provided at school-based health centers will stop a backward slide in overall reimbursements. The new relationship will also ensure that students don't have "to be taken out of a system of care that they've become accustomed to," says Zimmerman. Furthermore, a large managed care organization has greater resources that could be used to assist clinics with quality improvement programs or staffing.

(continued from preceding page)

But partnering with managed care organizations is not easy. The barriers are many, ranging from having to prove a school-based center's effectiveness to negotiating an acceptable reimbursement rate and developing more sophisticated billing and information systems. "Nobody's going to contract with them just because they're the good guys," says Sandra Maislen of the Boston-based Neighborhood Health Plan.

. . . Maislen's network is investing in school-based health centers. Maislen says the network is interested in working with the centers because the state has established standards for school-based health centers to make certain a basic quality of service is provided. The Neighborhood Health Plan views the schools as well-equipped to reach a population that has traditionally shied away from services. Twenty-two of the network's health centers have links with designated school-based sites throughout Boston, paying a capitated rate that takes into account such things as violence prevention. And the network is in the process of opening up the system so that any network member can receive care at any school-based health center and the services will be reimbursed.

"We are where the patients are," says Zimmerman. For managed care organizations that must meet Medicaid mandates to screen a certain percentage of adolescents, school-based health centers are uniquely positioned to help them attain that goal. "We provide very good access to Medicaid patients for the health plans, and we have access to whole families by virtue of the children being in the schools," Zimmerman adds.

Besides, for some problems an adolescent is more likely to seek advice or care from a provider based in the school than a health plan doctor. "It's unlikely that a teenager is going to say to a parent 'I've got a vaginal discharge, do you think I need to be tested?'" offers Maislen.

Maislen suggests that school-based health centers have to start thinking more strategically, marketing specific programs to HMOs. In Boston, programs targeted at Asthma management, preventing motor vehicle accidents and stopping violence would go a long way, says Maislen. Such preventive programs can stop such traumatic incidents from happening, and the costs associated with these services are far less than those for treating accident and shooting victims.

Focusing on partnerships with managed care plans isn't the only key to survival. The centers need to seek out partnerships with state governments and other organizations to build a network of support. Centers also need to build relations with other groups of providers to secure their place as alternate sites of care for adolescents. While successful negotiations could lead to more Medicaid revenue, those reimbursements will never be enough to fully fund center operations. According to Zimmerman, school-based health centers will always have to search out alternate sources of funding.

Optimizing the Use of the Center's Mental Health Professional

Given: School-based health centers have very limited funds.

Given: School-based health centers vary in how much of their funds can be devoted to mental health staffing.

Assumption: A center probably can initiate a meaningful mental health focus with a 10 hour per week mental health professional.

Observation: A professional with only 10 hours a week who is assigned 10 hours of direct service can serve only a small percentage of students.

Question: **How can a 10 (20, 30 or more) hour per week mental health professional best respond to the volume of psychosocial problems at the school?**

Note: The term **mental health professional** is used to designate the wide variety of center personnel whose responsibility it is to plan and implement a center's mental health focus. Such personnel may be social workers, school or clinical psychologists, counselors; some are certificated in two fields (e.g., nursing and social work, social work and psychology). Each brings slightly different skills. However, whatever the individual's skills, s/he will be confronted with a need to expand them and to team with others in pursuit of a multifaceted and catalytic mental health focus.

Proposed Tasks for 10 Hours

The most potent use of a 10 hour per week mental health professional is for that individual to work primarily on specific aspects of 2 of the 3 areas of function outlined earlier. That is, most of the time should be devoted to functions related to coordination, development, and leadership to enhance use and efficacy of existing resources at the school and in the community. Direct service should be limited to 1-2 hours.

In particular, with a specific focus on mental health and psychosocial concerns, the mental health professional should play a *catalytic role* in

*__Mapping and Analyzing Existing Resources and Systems__

Examples of relevant tasks are working with others at the school to

? clarify and publicize resources for intervention and referral on and off campus

? improve existing systems for problem identification and referral, case management, crisis response, and so forth so that any student with a problem is referred to appropriate on-campus services -- or off- campus if necessary

? reduce redundancy and problems resulting from fragmented approaches

? develop ideas for using resources in a more cost-effective manner

*__Enhancing Connections and Coordination Among Resources__

Examples of relevant tasks are working with others at the school and in the community to

? facilitate coordination, integration, sharing, and problem solving
  >in the center
  >between the center and school
  >with community resources
  >with other school-based health centers and sources for technical assistance

? enhance working relationships among relevant people, programs, and agencies on and off campus by helping establish and maintain mechanisms for coordination, communication, and problem solving

***Enhancing Resources**

Examples of relevant tasks are working with others at the school and in the community to

? identify, recruit, and supervise interns, trainees, and volunteers to provide direct mental health services at the center

? identify and develop added resources to enhance campus programs

Added Tasks for a 20 Hour Week

Beside the above functions, with an additional 10 hours a week, time can be devoted to tasks involved in

*increasing the amount of direct service impact through consultation, training, and supervision**

Examples of relevant tasks are working with

- ? center staff on the implications of emotional aspects of physical conditions
- ? school staff on the implications of mental health and psychosocial concerns related to types of problems and specific students

*development of and involvement in programmatic approaches to enhance direct services and instruction**

Examples of relevant tasks are working with others at the school and in the community to enhance programs for

- ? Crisis intervention and emergency assistance (e.g., psychological first-aid and follow-up; suicide prevention; emergency services, such as food, clothing, transportation)
- ? Assessment (individuals, groups, classroom, school, and home environments)
- ? Treatment, remediation, rehabilitation (incl. secondary prevention)
- ? Accommodations to allow for differences and disabilities
- ? Transition and follow-up (e.g., orientations, social support for newcomers, follow-thru)
- ? Primary prevention through protection, mediation, promoting and fostering opportunities, positive development, and wellness (e.g., guidance counseling; contributing to development and implementation of health and violence reduction curricula; placement assistance; advocacy; liaison between school and home; gang, delinquency, and safe-school programs; conflict resolution; prevention-oriented information and discussion with students in classrooms and for school staff, parent groups, and community organizations)

30 or More Hours

Beside expanding activity with respect to all the preceding functions, a significant proportion of the additional 10-20 hours can be devoted to supplementing **direct intervention** (e.g., assessing specific student needs, formal and informal counseling, crisis intervention, case coordination, home visits, referrals, follow-up evaluations).

Starting from Zero

Some centers cannot afford to hire a mental health professional. The first steps in such circumstances are

? to increase the ability of center staff to cope with difficult to handle students

? to develop sound procedures for referring students to appropriate mental health services on- and off-campus.

Another relatively easy step in initiating a mental health focus is to train staff to include an emphasis on mental health as part of all health education activity. These steps can be accomplished through inservice training and consultation provided to center staff by knowledgeable school district and/or community professionals.

A somewhat more difficult, but feasible strategy is to build a multifaceted mental health focus using volunteers. For example, one or two professionals can be recruited to assume organizational and supervisory roles (see proposed tasks for 10 hours); others can be recruited to provide direct services and the other functions outlined.

Staffing School-Based Health Centers

In addressing the topic of staffing patterns for school-based health centers, a national work group* recommended the following:

For every 700 enrolled students, there should be

1.0 FTE nurse practitioner or physician assistant
0.1-0.5 FTE physician
1.5 FTE mental health counselor
1.0 FTE health educator
0.5 FTE health assistant
0.5 FTE program manager.

As support for this level of staffing, the report states:

Development of these staffing ratios is seen as analogous to those is use by health maintenance organizations to ensure adequate capacity and cost effectiveness.

The report further states that

The multi-disciplinary staff required for comprehensive service delivery could be derived from a combination of school-based health center staff under the sponsorship of a local health care provider; staff from community agencies that are linked to or co-located at the school; and school personnel. The involvement of school personnel such as school nurses, school psychologists, social workers, and substance abuse counselors was seen as critical to efficient and effective comprehensive service delivery.

*C. Brellochs, K. Fothergill, et al. (1995). *Ingredients for success: Comprehensive school-based health centers: A special report on the 1993 national work group meetings.* NY: School Health Policy Initiative.

Resource Aids

A. Resource Aid Included Here

Resource Aid IA-1

Examples of Federal Resources

Table illustrating the range of federally supported programs which exist to meet specific needs of children and young adults with disabilities.

B. Related Resource Aid Packet Available from Our Center

Financial Strategies to Aid in Addressing Barriers to Learning

Designed as an aid in conceptualizing financing efforts, identifying sources, and understanding strategies related to needed reforms.

Examples of Federal Resources

To illustrate the range of federally funded resources, the following information was abstracted from "Special Education for Students with Disabilities" (1996) in *The Future of Children*, 6, 162-173. The document's appendix provides a more comprehensive table.

Highlighted is a broad range of federally supported programs which exist to meet specific needs of children and young adults with disabilities. Services include education, early intervention, health services, social services, income maintenance, housing, employment, and advocacy. Included here is information about programs that

are federally supported (in whole or in part)

exclusively serve individuals with disabilities or are broader programs (for example, Head Start) which include either a set-aside amount or mandated services for individuals with disabilities.

provide services for children with disabilities or for young adults with disabilities through the process of becoming independent, including school-to-work transition and housing

have an annual federal budget over $500,000,000 per year. (Selected smaller programs are also included).

Category	Program	Purpose	Target Population	Services Funded
Education	Special Education-State Grants Program for Children with Disabilities US Dept. of Education, Office of Special Education Programs contact: Division of Assistance to States, (202) 205-8825	To ensure that all children with disabilities receive a free, appropriate public education (FAPE). This is an entitlement program	Children who have one or more of the following disabilities and who need special education or related services: Mental retardation, Hearing impairment, Deafness, Speech or language impairment, Visual impairment, Serious emotional disturbance, Orthopedic impairments, Autism, Traumatic brain injury, Specific learning disabilities, Other health impairments	Replacement evaluation, Reevaluation at least once every 3 years, Individualized education program, Appropriate instruction in the least restrictive environment
Comprehensive Services to Preschool Children	Head Start US Dept. of Health and Human Services contact: Head Start Bureau, (202) 205-8572	To provide a comprehensive-array of services and support which help low-income parents promote each child's development of social competence	Primarily 3- and 4-year-old low-income children and their families Statutory set-aside requires that at least 10% of Head Start enrollees must be disabled children	Education, Nutrition, Dental, Health, Mental health, Counseling/psychological therapy, Occupational/physical/speech therapy, Special services for children with disabilities, Social services for the family
Health	Medicaid US Dept. of Health and Human Services contact: Medicaid Bureau, (410) 768-0780	To provide comprehensive health care services for low-income persons This is an entitlement program	Low-income persons: Over 65 years of age, Children and youths to age 21, Pregnant women, Blind or disabled, and in some states- Medically needy persons not meeting income eligibility criteria	Screening, diagnosis, and treatment for infants, children, and youths under 21; Education-related health services to disabled students; Physician and nurse practitioner services; Rural health clinics; Medical, surgical, and dental services; laboratory and x-ray services; nursing facilities and home health for age 21 and older; Home/community services to avoid institutionalization; family plan-ning services and supplies.

Health	Disabilities Prevention US Dept. of Health and Human Services, Centers for Disease Control and Prevention contact: Disabilities Prevention Program, (770) 488-7082	Funds educational efforts and epide-miological projects to prevent primary and secondary disabilities	Persons with: Mental retardation, Fetal alcohol syndrome, Head and spinal cord injuries, Secondary conditions in addition to identified disabilities, Selected adult chronic conditions	Funds pilot projects that are evaluated for effectiveness at disability prevention; Establishes state offices and advisory bodies; Supports state/local surveillance and prevention activities; Conducts and quantifies prevention programs; Conducts public education/aware-ness campaigns

Category	Program	Purpose	Target Population	Services Funded
Health	Maternal and Child Health Services US Dept. of Health and Human Services contact: Maternal and Child Health Bureau, (301)443-8041	To provide core public health functions to improve the health of mothers and children	Low-income women and children; Children with special health needs, including but not limited to disabilities	Comprehensive health and related services for children /with special health care needs; Basic health services including preventative screenings, prenatal and postpartum care, delivery, nutrition, immunization, drugs, laboratory tests, and dental; Enabling services including transportation, case management, home visiting, translation services
Mental Health	Comprehensive Mental Health Services for Children and Adolescents with Serious Emotional Disturbances and Their Families US Dept. of Health and Human Service contact: Child, Adol-escent and Family Branch Program Of-fice, (301) 433-1333	The development of collaborative community-based mental health service delivery systems	Children and adolescents under 22 years of age with severe emotional, behavioral, or mental disorders and their families	Diagnostic and evaluation services; Individualized service plan with designed case manager; Respite care; Intensive day treatment; Therapeutic foster care; Intensive home-, school-, or clinic-based services; Crisis services; Transition services from adolescence to adulthood
Social Services	Foster Care US Dept. of Health and Human Services contact: Children's Bureau, (2020) 205-8618	To assist states with the costs of: foster care maintenance; administrative costs; training for staff, foster parents, and private agency staff. This is an entitlement program	Children and youths under 18 who need placement outside their homes	Direct costs of foster care maintenance; placement; case planning and review; training for staff, parents, and private agency staff
Housing	Supportive Housing US Dept. of Hosing and Urban Development (HUD contact: Local Housing and Urban Development field office	To expand the supply of housing that enables persons with disabilities to live independently	Very low-income persons who are: blind or disabled, including children and youths 18 years of age and younger who have a medically determinable physical or mental impairment and who meet financial eligibility requirements; over 65 years of age	Cash assistance Average monthly payment is $420 per child with disability. Range is from $1 to $446

UNIT IB: Integrated Activity to Maximize Resource Use and Effectiveness

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Unit IB
Integrated Activity to Maximize Resource Use and Effectiveness

One of the most productive, potent, and sustainable ways a SBHC can maximize its resources and intervention effectiveness is to fully integrate its efforts within the Center, with other school programs, and with community efforts.

Such integration will not occur spontaneously. It requires ongoing efforts to develop effective working relationships and collaborative activity.

Working Together with School and Community

The school's principal and a staff member from the School-Based Health Center passed each other in the hall. Suddenly, the principal whirled around and with a rather sharp tone said:

You folks should try to remember this is a school with a health center, not a health center with a school!

The incident underscores the necessity of center staff working diligently to be seen as an integral part of a school--not as an outsider.

In effect, center staff must consistently be working toward (1) integration of their internal activity (medical, mental health, health education); (2) integration with other programs and services at a school; and (3) integration with community resources. These can be viewed in terms of phases of collaboration.

Working Together?

Two best friends were taking a walk in the woods when they saw a giant grizzly bear approaching them, erect, claws bared. Being the best of friends, they clung to one another for dear life. But then one of the two disengaged, knelt to unlace his hiking boots, and hurriedly put on his running shoes.

I don't get it, his best friend said. *What can you hope to achieve? You and I both know there's no way you can outrun a grizzly bear.*

Silly, said his friend, *I don't have to outrun the bear. I only have to outrun you.*

Phases of Collaboration

I. Integrating within the Center

Meeting the needs of adolescents using school-based Centers requires a blending of physical and mental health expertise. In the center, this is accomplished through integration of physical and mental health and health education activity in ways that encourage teamwork. That is, working in an integrated manner involves a partnership among all center staff (e.g., clerical, medical, mental health, and health education personnel).

> At its core, the partnership encompasses a close working relationship around initial contacts, triage and other assessment tasks, referrals for counseling, health education, programming, and handling crises and problems. Such teamwork is seen as essential in maximizing center effectiveness which, in turn, should increase a staff's sense of accomplishment and counter "burn-out."

Following are five activities that mental health staff can pursue to improve integration of the mental health focus within the center.

1. *Interact daily with other center staff around clients' interviews, problems, and crises*. It is productive to have a mental health person reserve part of the day to handle special problems, consult about client needs, and meet immediately with students who raise mental health concerns. As a result of daily staff interactions, other center staff learn how to identify psychosocial problems, when and where to refer, and how to deal more effectively with student affect.

2. *Participate in weekly reviews of initial contacts -- with mental health concerns a significant part of the agenda*. Weekly reviews allow for discussion of problems that may be psychosomatic (e.g., related to anxiety, loss, depression) and what kinds of support seem most beneficial.

3. *Offer staff development*. Most staff appreciate additional training and support for working with students who are in crisis, distraught, threatening, or manipulative, or who have serious/chronic medical problems.

4. *Work with health educator*. The scope and potential impact of health education programs are increased when a center expands its focus to include a holistic orientation and offers specific presentations on such psychosocial concerns at suicide, depression, aftereffects of abuse, trauma, loss.

5. *Involve entire center staff in case discussions and periodic reviews of ongoing counseling*. Mental health case conferences allow other staff to offer ideas, learn more about psychosocial problems, and become aware of what can and cannot be accomplished through counseling.

II. Integration of Health Center into the School

The way to improve mental health services for all students in the school is through

- ? coordination and integration among all programs at the school
- ? expanding the range of intervention options

These objectives are only possible through establishment of a close working relationship with school staff who are responsible for and interested in psychosocial programs. A key procedure in stimulating such integration is a Resource Coordinating Team (discussed later). Another approach is to identify ongoing programs and then establish personal working relationships with the staff involved. In either case, it is helpful to have an official school administrative liaison to the center who is supportive and has positive influence with key school staff members.

III. Outreach and Networking Outside the School

Outreach to school district personnel and resources

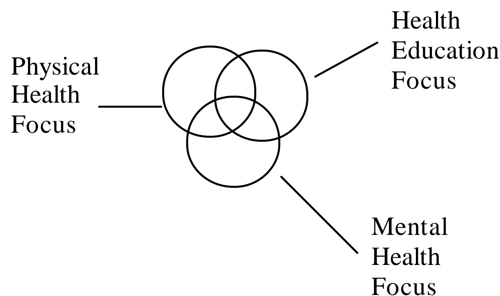
- ? identify key representatives of district-wide units responsible for psychosocial programs
- ? invite them to attend a school-wide Resource Coordinating Team meeting
- ? establish personal working relationships where appropriate

One way to think about the integration, outreach, and networking is in terms of a center's phases of development. While a center deals with all these matters from the day it opens, the first major concern is with integration within the center. As this task is accomplished, more energy can be devoted to the task of integrating the center within the school. And eventually, the task is to improve outreach and networking outside the school, with school district personnel and programs, with the community, and with other centers (locally, regionally, nationally).

> Outreach and resource networking activities beyond the school are not easy to undertake or maintain. Such activity requires establishing lines of communication and developing working relationships. And, as in any relationship, there are benefits and costs.
>
> Among the benefits are the opportunity to learn about how others handle the problems you're trying to solve, share ideas for new programs and practices, and establish mutual support mechanisms for training and consultation.
>
> Among the costs are the time it takes to meet with others -- (after all, who doesn't already have a full schedule?) and the effort it takes to learn to work productively with another set of professionals.
>
> Appropriately handled, the benefits of outreach and networking far outweigh the costs.

Phases of Health Center Integration, Outreach, and Networking

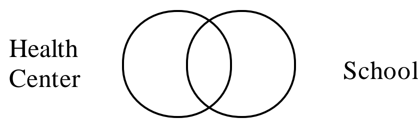
Phase I: Integration within the Health Center:



Integrated & coordinated services can improve

1. triage and treatment of both physical & Psychosocial problems
2. staff develop. & mutual support
3. health education (by focusing on physical & psychosocial concerns)
4. handling of crises & distraught, threatening, or manipulative students
5. center effectiveness & staff sense of fulfillment (thus countering Burn-out)

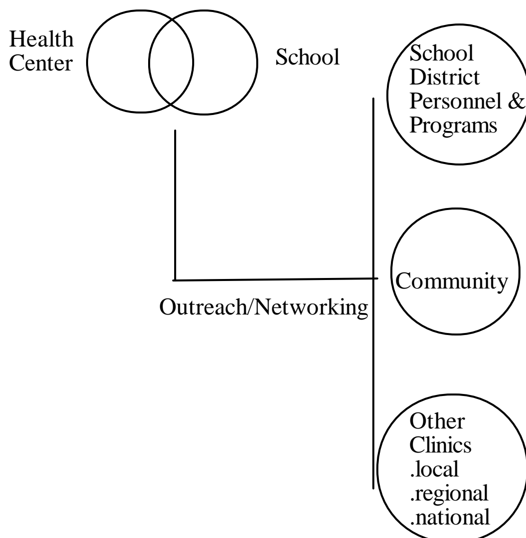
Phase II: Integration of Health Center Within the School



Integration & coordination of center and school programs can increase

1. awareness of and access to appropriate on-site center and school referrals
2. coordination with other school programs working on a student's problems
3. development of additional school programs
   focused on clients' specific needs
4. understanding of respective roles & functions and productive sharing of expertise
5. efficacy of intervention & staff sense of accomplishment

Phase III: Outreach and Networking Outside the School



Outreach & Networking can result in

1. attracting additional programs to the campus
2. adoption/adaptation of additional programs identified as needed
3. ready access to extra support and expertise with respect to difficult problems and crises
4. awareness of and access to appropriate off-site referrals
5. coordination with other off-site programs working on a student's problems
6. useful sharing of policies, ideas, and problem solutions
7. evolving to a systems orientation with comprehensive, integrated approaches

Working Together with Others to Enhance Programs and Resources

"We're still rather isolated from the rest of the school."

"We don't know much about the other programs at the school."

"The school had a workshop on suicide prevention last week, and we just heard about it."

It is sometimes hard for a school-based health center to integrate into a school and work in a coordinated way with other school programs if there is no common meeting ground. Community and professional advisory groups can help; school-based working groups are essential.

> For programs at the school to improve, there must be both individual and group efforts. Group efforts may focus on planning, implementation, evaluation, advocacy, and involvement in shared decision making related to policy and resource deployment. In working together to enhance existing programs, group members look for ways to improve communication, cooperation, coordination, and integration within and among programs. Through such collaborative efforts, they can (a) enhance program availability, access, and management of care, (b) reduce waste from fragmentation and redundancy, (c) redeploy the resources saved, and (d) improve program results.

Formal opportunities for working together at schools often take the form of committees or councils and teams. To be effective, such collaborative efforts require thoughtful and skillful facilitation. Without careful planning and implementation, collaborative efforts rarely can live up to the initial hope. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into another ho-hum meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the emphasis is mainly on the unfocused mandate to "collaborate," rather than on moving an important vision and mission forward through effective working relationships.

It's Not Just About Collaboration -- It's About Being Effective

Most of us know how hard it is to work effectively with a group. Many staff members at a school site have jobs that allow them to carry out their duties each day in relative isolation of other staff. And despite various frustrations they encounter in doing so, they can see little to be gained through joining up with others. In fact, they often can point to many committees and teams that drained their time and energy to little avail.

Despite all this, the fact remains that no organization can be truly effective if everyone works in isolation. And it is a simple truth that there is no way for schools to play their role in addressing barriers to student learning and enhancing healthy development if a critical mass of stakeholders do not work together towards a shared vision. There are policies to advocate for, decisions to make, problems to solve, and interventions to plan, implement, and evaluate.

> Obviously, true collaboration involves more than meeting and talking. The point is to work together in ways that produce the type of actions that result in effective programs. For this to happen, steps must be taken to ensure that committees, councils, and teams are formed in ways that ensure they can be effective. This includes providing them with the training, time, support, and authority to carry out their role and functions (see Exhibits 7 and 8). It is when such matters are ignored that groups find themselves meeting and meeting, but going nowhere.

There are many committees and teams that those concerned with addressing barriers to learning and promoting healthy development can and should be part of. These include school-site shared decision making bodies, committees that plan programs, teams that review students referred because of problems and that manage care, quality review bodies, and program management teams.

> Two key teams are highlighted here because of the essential role they play in enhancing program effectiveness: (1) a team to manage client care and (2) a team to manage program and service resources.

Some wag defined collaboration as
an unnatural act between nonconsenting adults.

Exhibit 7: Some General Guidelines for Establishing School-Site Collaborative Teams

Two basic problems in forming collaborative teams at school-sites are (a) identifying and deploying committed and able personnel and (b) establishing an organizational structure that provides sufficient time and nurtures the competence and commitment of team members. The following are some suggestions that can help in dealing with these problems.

1. For staff, job descriptions and evaluations must reflect a policy that personnel are expected to work in a coordinated and increasingly integrated way with the aim of maximizing resource use and enhancing effectiveness.

2. To maximize resource coordination and enhancement at a school, every staff member must be encouraged to participate on some team designed to improve students' classroom functioning. The importance of such teams should be recognized through provision of time and resources that allow team members to build capacity and work effectively together.

3. Teams may consist of current resource staff, special project staff, teachers, site administrators, parents, older students, and others from the community. In this last regard, representatives of school-linked community services must be included. Individuals should be encouraged to choose a team whose work interests them.

4. Group should vary in size -- from two to as many as are needed and interested. Major criteria used in determining size should be factors associated with efficient and effective functioning. The larger the group, the harder it is to find a meeting time and the longer each meeting tends to run. Frequency of meetings depends on the group's functions, time availability, and ambitions. Properly designed and trained teams can accomplish a great deal through informal communication and short meetings.

5. The core of a team is staff who have or will acquire the ability to carry out identified functions and make the mechanism work; others can be auxiliary members. All should be committed to the team's mission. Building team commitment and competence should be one major focus of school management policies and programs.

6. Because several teams require the expertise of the same staff (nurse, psychologist, counselor, resource teacher, social worker, administrator, teacher, parent), these individuals will necessarily be on more than one team.

7. Each team needs a dedicated leader/facilitator who has the ability to keep the group task-focused and productive and someone who records decisions and plans and reminds members of planned activity and products.

8. Team functioning is enhanced through use of computer technology (management systems, electronic bulletin boards and email, resource clearinghouses). Such technology facilitates communication, networking, program planning and implementation, linking activity, and a variety of budgeting, scheduling, and other management concerns.

9. Effective teams should be able to produce savings in terms of time and resources through appropriately addressing their areas of focus. In addition, by tapping into public health-care funds, a district may be able to underwrite some of the costs of those team members who also provide specific services.

Exhibit 8: Planning and Facilitating Effective Meetings

There are many fine resources that provide guidelines for conducting effective meetings. Some key points are synthesized below.

Forming a Working Group

- ? There should be a clear statement about the group's mission.
- ? Be certain that the members agree to pursue the stated mission and, for the most part, share a vision.
- ? Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.
- ? Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- ? Be certain to designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating a record of decisions and planned actions (what, who, when) formulated at the meeting.

Meeting Format

- ? Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
- ? Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
- ? Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
- ? Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time -- but don't be a slave to the clock).
- ? Periodically review what has been accomplished and move on to the next item.
- ? Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow-up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

(cont.)

Exhibit 8 :(cont.) **Planning and Facilitating Effective Meetings**

Some Group Dynamics to Anticipate

Despite the best of intentions, group members sometimes find it difficult to stay on task. Some of the reasons are

Hidden Agendas -- A person may feel compelled to make some point that is not on the agenda. At any meeting, there may be a number of these hidden agenda items. There is no good way to deal with these. It is important that all members understand that hidden agendas are a problem, and there should be agreement that each member will take responsibility for keeping such items in check. However, there will be times when there is little choice other than to facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.

A Need for Validation -- Even when people are task-focused, they may seem to be making the same point over and over. This usually is an indication that they feel it is an important point but no one seems to be accounting for it. To counter such disruptive repetition and related problems, it is helpful to use flipcharts or a writing board on which group member points are highlighted (hopefully with some form of organization to enhance coherence and facilitate summarizing). Accounting for what is said in this visible way helps members feel their contributions have been heard and validated. It also allows the facilitator to point to a matter as a visible reminder to a member that it has already been raised. When a matter is one that warrants discussion at a later time, it can be assigned to a future agenda or planning list to be addressed if time allows toward the end of the meeting or at a subsequent meeting.

Members are at an Impasse -- Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone who has some new alternatives to offer. The latter problem involves conflicts that arise over process, content, and power relationships and is dealt with through problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).

Interpersonal Conflict and Inappropriate Competition -- Some people find it hard to like each other or feel compelled to show others up. Sometimes the problem can be corrected by repeatedly bringing the focus back to the goal -- improving outcomes for students/families. Sometimes, however, the dislike or competitiveness is so strong that certain individuals simply can't work closely together. If there is no mechanism to help minimize such interpersonal dynamics, the group needs to find a way to restructure its membership.

Ain't It Awful! -- The many daily frustrations experienced by staff members each day often lead them to turn meetings into gripe sessions. One of the benefits of including parents and community members (agency staff, business and/or university partners) is that, like having company come to one's home, outside team members can influence school staff to exhibit their best behavior.

Two References

Rees, F. (1993). *25 Activities for Teams.* San Diego CA: Pfeiffer & Co.

Brilhart, J.K. & Galanes, G.J. (1995). *Effective Group Discussion* (8th ed.). Madison, WI: WCB Brown & Benchmark.

A Team to Manage Care

When a client is involved with more than one intervener, management of care becomes a concern. This clearly is always the situation when a student is referred for help over and above that which her/his teacher(s) can provide. Subsequent monitoring as part of the ongoing management of client care focuses on coordinating interventions, improving quality of care (including revising intervention plans as appropriate), and enhancing cost-efficacy.

> Management of care involves a variety of activity all of which is designed to ensure that client interests are well-served. At the core of the process is enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions, adequacy of client involvement, appropriateness of intervention planning and implementation, and progress. Such ongoing monitoring requires systems for
>
> ? tracking client involvement in interventions
>
> ? amassing and analyzing data on intervention planning and implementation
>
> ? amassing and analyzing progress data
>
> ? recommending changes

Effective monitoring depends on information systems that enable those involved with clients to regularly gather, store, and retrieve data. Schools rely heavily on forms for gathering necessary information (see Module II). In coming years, more and more of this information will be entered into computers to facilitate retrieval and assist in other ways with client care.

> Management of care, of course, involves more than monitoring processes and outcomes. Management also calls for the ability to produce changes as necessary. Sometimes steps must be taken to improve the quality of processes, including at times enhancing coordination among several interveners. Sometimes intervention plans need to be revised to increase their efficacy and minimize their "costs" -- including addressing negative "side effects." Thus, management of care involves using the findings from ongoing monitoring to clarify if interventions need to be altered and then implements strategies to identify appropriate changes and ensure they are implemented with continued monitoring. Along the way, those involved in managing the client's care may have to advocate for and broker essential help and provide the linkage among services that ensures they are coordinated. They also must enhance coordinated intervener communication with the student's care givers at home.

Who does all this monitoring and management of care? Ideally, all involved parties -- interveners and clients -- assume these functions and become the *management team.* One member of such a team needs to take *primary* responsibility for management of care (a *primary manager*). Sites with sufficient resources often opt to employ one staff member to fill this role for all clients. However, given the limited resources available to schools, a more practical model is to train many staff to share such a role. Ultimately, with proper instruction, one or more family members might be able to assume this role.

> All who become primary managers of care must approach the role in a way that respects the client and conveys a sense of caring. The process should be oriented to problem-solving but should not be limited to problem treatments (e.g., in working on their problems, young people should not be cut off from developmental and enrichment opportunities). In most instances, a youngster's family will be integrally involved and empowered as partners, as well as recipients of care. Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner designed to address the whole person. A positive side effect of all this can be enhancement of systems of care.

Management teams should meet whenever analysis of monitoring information suggests a need for program changes and at designated review periods. Between meetings, it is the responsibility of the primary manager to ensure that care is appropriately monitored, team meetings are called as changes are needed, and that changes are implemented. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure the changes are made.

The following list itemizes a few basic tasks for primary managers of care:

- Before a team meeting, write up analyses of monitoring data and any recommendations to share with management team.
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks and when.
- Set-up a "tickler" system to remind you when to check on whether tasks have been accomplished.
- Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

A Team to Manage Resources

School practitioners are realizing that since they can't work any harder, they must work smarter. For some, this translates into new strategies for coordinating, integrating, and redeploying resources. Such efforts start with new (a) processes for mapping and matching resources and needs and (b) mechanisms for resource coordination and enhancement.

> An example of a mechanism designed to reduce fragmentation and enhance resource availability and use (with a view to enhancing cost-efficacy) is seen in the concept of a *resource coordinating team*. Creation of such a school-based team provides a vehicle for building working relationships and a good mechanism for starting to weave together existing school and community resources and encourage services and programs to function in an increasingly cohesive way.

Where such a team is created, it can be instrumental in integrating the center into the school's ongoing life. The team solves turf and operational problems, develops plans to ensure availability of a coordinated set of services, and generally improves the school's focus on mental health.

Because of its potential value to school-based centers, it is well worth staff time to help a school establish such a team. In doing so, the center's mental health professional can play a catalytic role in starting the process by

1. surveying key school staff members to identify and map existing school-based psychosocial programs and who runs them

2. inviting key people from each program to a meeting with relevant center staff to discuss how various center, school, and community programs interface with each other (Note: Be certain to include the person designated by the school as the official liaison to the center, as well as any other school personnel who might be supportive and interested in program enhancement.)

At the first meeting,

3. if the programs are not coordinated, discuss ways to work together; if they do coordinate with each other, discuss how to integrate center mental health programs into the process

4. suggest the idea that the group constitute itself as a coordinating team and meet regularly (e.g., initially, every two weeks, then once a month)

For subsequent meetings,

5. act as facilitator (e.g., send out reminders about agenda, times, and places, circulate "minutes" after each meeting, help to ensure the meeting runs smoothly).

Once the team is established, it will raise concerns and ideas that require more time and follow-through than is possible during the meeting. To minimize frustration and maximize effectiveness,

6. set up a small subcommittee (e.g., the center mental health professional and 1-2 other team members) which will take time between meetings to work out details of ideas, work on solving some of the problems raised, and report back to the team.

Among the topics a coordinating team might address are ways to deal with crises and how to resolve dilemmas regarding consent, confidentiality, legal reporting requirements, and school district policies.

A resource coordinating team differs from teams created to review individual students (such as a student study team, a teacher assistance team, a case management team). That is, its focus is not on specific cases, but on clarifying resources and their best use. In doing so, it provides what often is a missing mechanism for managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. For example, this type of mechanism can be used to weave together the eight components of school health programs to better address such problems as on-campus violence, substance abuse, depression, and eating disorders. Such a team can be assigned responsibility for (a) mapping and analyzing activity and resources with a view to improving coordination, (b) ensuring there are effective systems for referral, case management, and quality assurance, (c) guaranteeing appropriate procedures for effective management of programs and information and for communication among school staff and with the home, and (d) exploring ways to redeploy and enhance resources -- such as clarifying which activities are nonproductive and suggesting better uses for the resources, as well as reaching out to connect with additional resources in the school district and community.

Mapping Resources

The literature on resource coordination makes it clear that a first step in countering fragmentation involves "mapping" resources by identifying what exists at a site (e.g., enumerating programs and services that are in place to support students, families, and staff; outlining referral and case management procedures). A comprehensive form of "needs assessment" is generated as resource mapping is paired with surveys of the unmet needs of students, their families, and school staff.

Based on analyses of what is available, effective, and needed, strategies can be formulated for resource enhancement. These focus on (a) outreach to link with additional resources at other schools, district sites, and in the community and (b) better ways to use existing resources. (The process of outreach to community agencies is made easier where there is policy and organization supporting school-community collaboration. However, actual establishment of formal connections remains complex and is becoming more difficult as publicly-funded community resources dwindle.)

Perhaps the most valuable aspect of mapping and analyzing resources is that the products provide a sound basis for improving cost-effectiveness. In schools and community agencies, there is acknowledged redundancy stemming from ill-conceived policies and lack of coordination. These facts do not translate into evidence that there are pools of unneeded personnel; they simply suggest there are resources that can be used in different ways to address unmet needs. Given that additional funding for reform is hard to come by, such redeployment of resources is the primary answer to the ubiquitous question: *Where will we find the funds?*

See Resource Aid IB-1 for a set of surveys designed to guide mapping of existing school-based and linked psychosocial and mental health programs and services.

Although a resource coordinating team might be created solely around psychosocial programs, such a mechanism is meant to bring together representatives of all major programs and services supporting a school's instructional component (e.g., guidance counselors, school psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, bilingual and Title I program coordinators). This includes representatives of any community agency that is significantly involved at the school. It also includes the energies and expertise of one of the site's administrators, regular classroom teachers, non-certificated staff, parents, and older students. Where creation of "another team" is seen as a burden, existing teams can be asked to broaden their scope. Teams that already have a core of relevant expertise, such as student study teams, teacher assistance teams, and school crisis teams, have demonstrated the ability to extend their functions to encompass resource coordination. To do so, however, they must take great care to structure their agenda so that sufficient time is devoted to the additional tasks.

Properly constituted, trained, and supported, a resource coordinating team can complement the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and enhancing healthy development. Having at least one representative from the resource coordinating team on the school's governing and planning bodies helps ensure that essential programs and services are maintained, improved, and increasingly integrated with classroom instruction (see Resource Aid IB-2).

Local Schools Working Together

To facilitate resource coordination and enhancement among a complex of schools (e.g., a high school and its feeder middle and elementary schools), a resource coordinating *council* can be established by bringing together representatives of each school's resource coordinating *team*. Such a complex of schools needs to work together because in many cases they are concerned with the same families (e.g., a family often has children at each level of schooling). Moreover, schools in a given locale try to establish linkages with the same community resources. A coordinating council for a complex of schools provides a mechanism to help ensure cohesive and equitable deployment of such resources.

Fully Integrating with School and Community Resources

Most schools and many community services use weak models in addressing barriers to learning. The primary emphasis in too many instances is to refer individuals to specific professionals, and this usually results in narrow and piecemeal approaches to complex problems, many of which find their roots in a student's environment. Overreliance on referrals to professionals also inevitably overwhelms limited, public-funded resources.

More ideal models emphasize the need for a comprehensive continuum of community and school interventions to ameliorate complex problems. Such a continuum ranges from programs for primary prevention and early-age intervention -- through those to treat problems soon after onset -- to treatments for severe and chronic problems. Thus, they emphasize that promoting healthy development and positive functioning are one of the best ways to prevent many problems, and they also address specific problems experienced by youth and their families.

> Limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other. Given all this, it is not surprising that many in the field doubt that major breakthroughs can occur without a comprehensive and integrated programmatic thrust. Such views have added impetus to major initiatives designed to restructure community health and human services and the way schools operate.

To be most effective, such interventions are developmentally-oriented (i.e., beginning before birth and progressing through each level of schooling and beyond) and offer a range of activity -- some focused on individuals and some on environmental systems. Included are programs designed to promote and maintain safety at home and at school, programs to promote and maintain physical/mental health, preschool and early school adjustment programs, programs to improve and augment social and academic supports, programs to intervene prior to referral for intensive treatments, and intensive treatment programs. It should be evident that such a continuum requires meshing together school and community resources and, given the scope of activity, effectiveness and efficiency require formal and long-lasting interprogram collaboration.

> One implication of all this is formulated as the proposition that *a comprehensive, integrated component to address barriers to learning and enhance healthy development is essential* in helping the many who are not benefitting satisfactorily from formal education. Schools and communities are beginning to sense the need to adopt such a perspective. As they do, we will become more effective in our efforts to enable schools to teach, students to learn, families to function constructively, and communities to serve and protect. Such efforts will no longer be treated as supplementary ("add-ons") that are carried out as fragmented and categorical services; indeed, they will be seen as a primary, essential, and integrated component of school reform and restructuring.

Overcoming Barriers to Working Together

Treat people as if they were
what they ought to be
and you help them become
what they are capable of being.
Goethe

In pursuing their mission, a school's staff must be sensitive to a variety of human, community, and institutional differences and learn strategies for dealing with them. With respect to working with students and their parents, staff members encounter differences in

- ? sociocultural and economic background and current lifestyle
- ? primary language spoken
- ? skin color
- ? gender
- ? motivation for help

and much more.

Differences as a Problem

Comparable differences are found in working with school personnel (certificated and non certificated, line staff and administrators). *In addition, there are differences related to power, status, and orientation.* And, for many newcomers to a school, the culture of schools in general and that of a specific school and community may differ greatly from other settings where they have lived and worked.

For school staff, existing differences may make it difficult to establish effective working relationships with students and others who effect the student. For example, many schools do not have staff who can reach out to students whose primary language is Spanish, Korean, Tagalog, Vietnamese, Cambodian, Armenian, and so forth. And although workshops and presentations are offered in an effort to increase specific cultural awareness, what can be learned in this way is limited, especially when one is in a school of many cultures.

There also is a danger in prejudgments based on apparent cultural awareness. There are many reports of students who have been victimized by professionals who are so sensitized to cultural differences that they treat fourth generation Americans as if they had just migrated from their cultural homeland.

Obviously, it is desirable to hire staff who have the needed language skills and cultural awareness and who do not rush to prejudge. Given the realities of budgets and staff recruitment, however, schools cannot hire a separate specialist for all the major language, cultural, and skin color differences that exist in some schools. Nevertheless, the objectives of accounting for relevant differences while respecting individuality can be appreciated and addressed.

Examples of Client Differences as a Problem

"A 14 year old Filipino wanted help, but his mother told me her culture doesn't recognize the need for counseling."

"Despite the parents' resistance to accepting the need for treatment, we decided the student had to be sent to the emergency room after the suicide attempt."

"A 15 year old Vietnamese attempted suicide because her parents were forcing her into an arranged marriage."

"An 18 year old Latina student reported suicidal ideation; she expressed extreme resentment toward her father for being so strict that he would not allow her to date."

As these cases illustrate, differences can result in problems for students, parents, and staff. Although such problems are not easily resolved, they are solvable as long as everyone works in the best interests of the student, and the differences are not allowed to become barriers to relating with others.

Differences as a Barrier

As part of a working relationship, differences often are complementary and helpful -- as when staff from different disciplines work with and learn from each other. Differences become a barrier to effective working relationships when negative attitudes are allowed to prevail. Interpersonally, the result generally is conflict and poor communication. For example, differences in status, skin color, power, orientation, and so forth can cause one or more persons to enter the situation with negative (including competitive) feelings. And such feelings often motivate conflict.

Many individuals (students, staff) who have been treated unfairly, been discriminated against, been deprived of opportunity and status at school, on the job, and in society use whatever means they can to seek redress and sometimes to strike back. Such an individual may promote conflict in hopes of correcting power imbalances or at least to call attention to a problem. Often, however, power differentials are so institutionalized that individual action has little impact.

"You don't know what it's like to be poor."

"You're the wrong color to understand."

"You're being culturally insensitive."

"How can a woman understand a male student's problems?"

"Male therapists shouldn't work with girls who have been sexually abused."

"I never feel that young professionals can be trusted."

"Social workers (nurses/MDs/ psychologists/teachers) don't have the right training to help these kids."

"How can you expect to work effectively with school personnel when you understand so little about the culture of schools and are so negative toward them and the people who staff them?"

"If you haven't had alcohol or other drug problems, you can't help students with such problems."

"If you don't have teenagers at home, you can't really understand them."

"You don't like sports! How can you expect to relate to teenagers?"

You know, it's a tragedy in a way that Americans are brought up to think that they cannot feel for other people and other beings just because they are different.

Alice Walker

It is hard and frustrating to fight an institution. It is much easier and immediately satisfying to fight with other individuals one sees as representing that institution. However, when this occurs where individuals are supposed to work together, those with negative feelings may act and say things in ways that produce significant barriers to establishing a working relationship. Often, the underlying message is "you don't understand," or worse yet "you probably don't want to understand." Or, even worse, "you are my enemy."

It is unfortunate when such barriers arise between students and those trying to help them; it is a travesty when such barriers interfere with the helpers working together effectively. Staff conflicts detract from accomplishing goals and contribute in a major way to "burn out."

Overcoming Barriers Related to Differences

When the problem is **only** one of poor skills, it is relatively easy to overcome. Most motivated professionals can be directly taught ways to improve communication and avoid or resolve conflicts that interfere with working relationships. There are, however, no easy solutions to overcoming deeply embedded negative attitudes. Certainly, a first step is to understand that the nature of the problem is not differences per se but negative perceptions stemming from the politics and psychology of the situation.

It is these perceptions that lead to

- ? prejudgments that a person is bad because of an observed difference

and

- ? the view that there is little to be gained from working with that person.

Thus, minimally, the task of overcoming negative attitudes interfering with a particular working relationship is twofold. To find ways

- ? to counter negative prejudgments (e.g., to establish the credibility of those who have been prejudged)

and

- ? to demonstrate there is something of value to be gained from working together.

Building Rapport and Connection

To be effective in working with another person (student, parent, staff), you need to build a positive relationship around the **tasks** at hand.

Necessary ingredients in building a working relationship are

? minimizing negative prejudgments about those with whom you will be working (see Exhibit 9)

? taking time to make connections

? identifying what will be gained from the collaboration in terms of mutually desired outcomes -- to clarify the value of working together

? enhancing expectations that the working relationship will be productive -- important here is establishing credibility with each other

? establishing a structure that provides support and guidance to aid task focus

?periodic reminders of the positive outcomes that have resulted from working together

With specific respect to **building relationships** and **effective communication**, three things you can do are:

? convey empathy and warmth (e.g., the ability to understand and appreciate what the individual is thinking and feeling and to transmit sense of liking)

? convey genuine regard and respect (e.g., the ability to transmit real interest and to interact in a way that enables the individual to maintain a feeling of integrity and personal control)

? talk with, not at, others -- active listening and dialogue (e.g., being a good listener, not being judgmental, not prying, sharing your experiences as appropriate and needed)

Finally, watch out for ego-oriented behavior (yours and theirs) -- it tends to get in the way of accomplishing the task at hand.

Exhibit 9: Accounting for Cultural, Racial, and Other Significant Individual and Group Differences

All interventions to address barriers to learning and promote healthy development must consider significant individual and group differences.

In this respect, discussions of diversity and cultural competence offer some useful concerns to consider and explore. For example, the Family and Youth Services Bureau of the U.S. Department of Health and Human Services, in a 1994 document entitled *A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs,* outlines some baseline assumptions which can be broadened to read as follows:

> Those who work with youngsters and their families can better meet the needs of their target population by enhancing their competence with respect to the group and its intragroup differences.
>
> Developing such competence is a dynamic, on-going process -- not a goal or outcome. That is, there is no single activity or event that will enhance such competence. In fact, use of a single activity reinforces a false sense of that the "problem is solved."
>
> Diversity training is widely viewed as important, but is not effective in isolation. Programs should avoid the "quick fix" theory of providing training without follow-up or more concrete management and programmatic changes.
>
> Hiring staff from the same background as the target population does not necessarily ensure the provision of appropriate services, especially if those staff are not in decision-making positions, *or* are not themselves appreciative of, or respectful to, group and intragroup differences.
>
> Establishing a process for enhancing a program's competence with respect to group and intragroup differences is an opportunity for positive organizational and individual growth.

(cont.)

Exhibit 9: (cont.) **Accounting for Cultural, Racial, and Other Significant Individual and Group Differences**

The Bureau document goes on to state that programs:

> are moving from the individually-focused "medical model" to a clearer understanding of the many external causes of our social problems ... why young people growing up in intergenerational poverty amidst decaying buildings and failing inner-city infrastructures are likely to respond in rage or despair. It is no longer surprising that lesbian and gay youth growing up in communities that do not acknowledge their existence might surrender to suicide in greater numbers than their peers. We are beginning to accept that social problems are indeed more often the problems of society than the individual.
>
> These changes, however, have not occurred without some resistance and backlash, nor are they universal. Racism, bigotry, sexism, religious discrimination, homophobia, and lack of sensitivity to the needs of special populations continue to affect the lives of each new generation. Powerful leaders and organizations throughout the country continue to promote the exclusion of people who are "different," resulting in the disabling by-products of hatred, fear, and unrealized potential.
>
> ... We will not move toward diversity until we promote inclusion ... Programs will not accomplish any of (their) central missions unless ... (their approach reflects) knowledge, sensitivity, and a willingness to learn.

In their discussion of "The Cultural Competence Model," Mason, Benjamin, and Lewis* outline five cultural competence values which they stress are more concerned with behavior than awareness and sensitivity and should be reflected in staff attitude and practice and the organization's policy and structure. In essence, these five values are

(1) *Valuing Diversity* -- which they suggest is a matter of framing cultural diversity as a strength in clients, line staff, administrative personnel, board membership, and volunteers.

(2) Conducting Cultural Self-Assessment -- to be aware of cultural blind spots and ways in which one's values and assumptions may differ from those held by clients.

(3) *Understanding the Dynamics of Difference* -- which they see as the ability to understand what happens when people of different cultural backgrounds interact.

(4) *Incorporating Cultural Knowledge* -- seen as an ongoing process.

(5) *Adapting to Diversity* -- described as modifying direct interventions and the way the organization is run to reflect the contextual realities of a given catchment area and the sociopolitical forces that may have shaped those who live in the area.

*I*n Families and the Mental Health System for Children and Adolescence*, edited by C.A. Heflinger & C.T. Nixon (1996). CA: Sage Publications.

One Other Observation

In most situations, direct or indirect accusations that *"You don't understand"* are valid. Indeed, they are givens. After all, it is usually the case that one does not fully understand complex situations or what others have experienced and are feeling.

> With respect to efforts to build working relationships, accusing someone of not understanding tends to create major barriers. This is not surprising since the intent of such accusations generally is to make others uncomfortable and put them on the defensive.

It is hard to build positive connections with a defensive person. Avoidance of *"You don't understand"* accusations may be a productive way to reduce at least one set of major barriers to establishing working relationships.

> Finally, it is essential to remember that **individual differences** are the most fundamental determinant of whether a good relationship is established. This point was poignantly illustrated by the recent experience of the staff at one school.

A Korean student who had been in the U.S.A. for several years and spoke comprehensible English came to the center seeking mental health help for a personal problem. The center's policy was to assign Korean students to Asian counselors whenever feasible. The student was so assigned, met with the counselor, but did not bring up his personal problem. This also happened at the second session, and then the student stopped coming.

In a follow-up interview conducted by a nonAsian staff member, the student explained that the idea of telling his personal problems to another Asian was too embarrassing.

Then, why had he come in the first place?

Well, when he signed up, he did not understand he would be assigned to an Asian; indeed, he had expected to work with the "blue-eyed counselor" a friend had told him about.

Coda: Enhancing Available Resources

Besides striving to build a sound financial base, SBHCs can enhance their ability to contribute to the mental health of increasing numbers of students by coordinating and integrating with other school and community programs.

Coordination and integration begins with establishing and maintaining ways to

- ? build effective working relationships among center, school, and community programs
- ? monitor and problem solve with respect to individual student needs.

Once the matter of coordination and integration is addressed, it is time to direct efforts toward expanding intervention options with respect to

- ? service options for students with psychosocial problems
- ? prevention and positive mental health programs
- ? activities to improve the school's psychosocial climate
- ? attending to other environmental concerns that address social bases of students' problems.

Any effort to enhance resources requires organizing for advocacy. Advocacy and related action to improve resource availability has many facets. It may be formal or informal, explicitly outlined or covert, highly organized or relatively uncoordinated. It may take the form of case-by-case or class advocacy and action; it may extend to concern about the proper focus for training and research activity. Besides its form and focus, advocacy also involves a variety of strategies ranging from dissemination of information to legislative lobbying and litigation.

> Given the challenges facing school-based centers, there is a need for ongoing policy analyses and development of an agenda for advocacy and related programmatic action. Such an agenda can only arise out of the combined efforts of those who assume leadership roles in this dynamic new movement. And such combined effort requires organization (e.g, regional and national leadership training workshops, leadership advisory councils).

The need for organization has given rise to the *National Assembly on School-Based Health Care* and its state affiliates.* As indicated at the end of the guidebook's introductory chapter the mission of several other organizations also has resulted in a variety of supports for SBHCs (e.g., *Advocacy for Youth, Making the Grade,* the *Center for Mental Health Assistance at the University of Maryland at Baltimore,* the *UCLA Center for Mental Health in Schools*).

Overcoming today's limitations and meeting tomorrow's challenges requires a clear picture of where we want to go and how we can get there. Over the next few years, we all have the opportunity to play an important role in creating that picture.

*This group was formed in 1995 to promote and assure quality primary health care for children and youth. The organization views school-based health centers as representing an essential element in meeting this aim. You can contact the National Assembly on School-Based Health Care at: 6728 Old McLean Village Drive, McLean, VA 22101.

Resource Aids

A. Resource Aids Included Here

Resource Aid IB-1:

Survey Instruments to Aid in Mapping and Analyzing Existing School-Based/ Linked Psychosocial and Mental Health Systems, Programs, and Services

In addition to an overview **survey of system status,** separate instruments are included for surveying the status and interest in programs related to

? prescribed **student and family assistance**

? **crisis assistance and prevention**

? **support for transitions**

? **home involvement in schooling**

? **classroom-based efforts** to enhance learning and performance of those with mild-moderate learning, behavior, and emotional problems

? outreaching to develop greater **community involvement** and support -- including recruitment of volunteers

Resource Aid IB-2:

Developing a Resource Coordinating Team

This handout describes the nature and functions of a Resource Coordinating Team and steps in developing such a mechanism.

Resource Aid IB-3:

Developing a Complex (Multisite) Resource Coordinating Council

This handout describes the nature and functions of a Complex Resource Coordinating Council and developmental steps.

B. Related Resource Aid Packet Avaialable from Our Center

Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections

Discusses processes and problems related to working together at school sites and in school-based centers. Outlines models of collaborative school-based teams and interprofessional education.

(Survey instruments to aid in mapping and analyzing school-based/linked psychosocial and mental health resources*)

Survey of System Status

As your school sets out to enhance the usefulness of education support programs designed to address barriers to learning, it helps to clarify what you have in place as a basis for determining what needs to be done. You will want to pay special attention to

- *clarifying what resources already are available*
- *how the resources are organized to work in a coordinated way*
- *what procedures are in place for enhancing resource usefulness*

This survey provides a starting point.

Items 1-6 ask about what processes are in place.
Use the following ratings in responding to these items.

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized (well established with a commitment to maintenance)

Items 7- 10 ask about effectiveness of existing processes.
Use the following ratings in responding to these items.

DK = don't know
1 = hardly ever effective
2 = effective about 25 % of the time
3 = effective about half the time
4 = effective about 75% of the time
5 = almost always effective

*These surveys were designed as part of our Center's work related to the concept of an enabling component. You can read about this concept by turning to the last section of the Guidebook entitled -- *Coda: Toward a Comprehensive, Integrated Approach to Addressing Barriers to Student Learning.*

DK = don't know
1 = hardly ever effective
2 = effective about 25% of the time
3 = effective about half the time
4 = effective about 75% of the time
5 = almost always effective

1. Is someone at the school designated as coordinator/leader for activity designed to address barriers to learning (e.g., education support programs, health and social services, the Enabling Component)? DK 1 2 3 4 5

2. Is there a time and place when personnel involved in activity designed to address barriers to learning meet together? DK 1 2 3 4 5

3. Do you have a Resource Coordinating Team? DK 1 2 3 4 5

4. Do you have written descriptions available to give staff (and parents when applicable) regarding

   (a) activities available at the site designed to address barriers to learning (programs, teams, resources, services -- including parent and family service centers if you have them)? DK 1 2 3 4 5

   (b) resources available in the community? DK 1 2 3 4 5

   (c) a system for staff to use in making referrals? DK 1 2 3 4 5

   (d) a system for triage (to decide how to respond when a referral is made)? DK 1 2 3 4 5

   (e) a case management system? DK 1 2 3 4 5

   (f) a student study team? DK 1 2 3 4 5

   (g) a crisis team? DK 1 2 3 4 5

   (h) Specify below any other relevant programs/services -- including preventive approaches (e.g., prereferral interventions; welcoming, social support, and articulation programs to address transitions; programs to enhance home involvement in schooling; community outreach and use of volunteer)?

   ______________________________ DK 1 2 3 4 5

   ______________________________ DK 1 2 3 4 5

   ______________________________ DK 1 2 3 4 5

   ______________________________ DK 1 2 3 4 5

5. Are there effective processes by which staff and families learn

   (a) what is available in the way of programs/services? DK 1 2 3 4 5

   (b) how to access programs/services they need? DK 1 2 3 4 5

6. With respect to your complex/cluster's activity designed to address barriers to learning has someone at the school been designated as a representative to meet with the other schools? DK 1 2 3 4 5

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized

7. How effective is the

(a) referral system?	DK 1 2 3 4 5
(b) triage system?	DK 1 2 3 4 5
(c) case management system?	DK 1 2 3 4 5
(d) student study team?	DK 1 2 3 4 5
(e) crisis team?	DK 1 2 3 4 5

8. How effective are the processes for

(a) planning, implementing, and evaluating system improvements (e.g., related to referral, triage, case management, student study team, crisis team, prevention programs)?	DK 1 2 3 4 5
(b) enhancing resources for assisting students and family (e.g., through staff development; developing or bringing new programs/services to the site; making formal linkages with programs/services in the community)?	DK 1 2 3 4 5

9. How effective are the processes for ensuring that

(a) resources are properly allocated and coordinated?	DK 1 2 3 4 5
(b) linked community services are effectively coordinated/ integrated with related activities at the site?	DK 1 2 3 4 5

10. How effective are the processes for ensuring that resources available to the whole complex/cluster are properly allocated and shared/coordinated?	DK 1 2 3 4 5

Please list community resources with which you have formal relationships.

(a) Those that bring program(s) to the school site

(b) Those not at the school site but which have made a special commitment to respond to the school's referrals and needs.

Classroom-Focused Enabling

The emphasis here is on enhancing classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom. This is accomplished by providing personalized help to increase a teacher's array of strategies for working with a wider range of individual differences (e.g., through use of accommodative and compensatory strategies, peer tutoring and volunteers to enhance social and academic support, resource and itinerant teachers and counselors in the classroom). Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future. Anticipated outcomes are increased mainstream efficacy and reduced need for special services.

Please indicate all items that apply.

A. What programs for personalized professional development are currently at the site?	**Yes**	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
1. Are teachers clustered for support and staff development?	___	___	___	___
2. Are models used to provide demonstrations?	___	___	___	___
3. Are workshops and readings offered regularly?	___	___	___	___
4. Is consultation available from persons with special expertise such as				
a. members of the Student Study Team?	___	___	___	___
b. resource specialists and/or special education teachers?	___	___	___	___
c. members of special committees?	___	___	___	___
d. bilingual and/or other coordinators?	___	___	___	___
e. counselors?	___	___	___	___
f. other? (specify) ________________________________	___	___	___	___
5. Is there a formal mentoring program?	___	___	___	___
6. Is there staff social support?	___	___	___	___
7. Is there formal conflict mediation/resolution for staff?	___	___	___	___
8. Assistance in learning to use advanced technology?	___	___	___	___
9. other (specify) ________________________________	___	___	___	___

B. What additional things are done in the classroom to help students identified as having problems?				
1. Are "personnel" added to the class (or before/after school)? If yes, what types of personnel are brought in:				
a. aides?	___	___	___	___
b. older students?	___	___	___	___
c. other students in the class?	___	___	___	___
d. volunteers?	___	___	___	___
e. parents?	___	___	___	___
f. resource teacher?	___	___	___	___
g. specialists?	___	___	___	___
h. other? (specify)____________________________	___	___	___	___

Classroom-Focused Enabling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
2. Are materials and activities upgraded to				
a. ensure there are enough basic supplies in the classroom?	___	___	___	___
b. increase the range of high-motivation activities (keyed to the interests of students in need of special attention)?	___	___	___	___
c. include advanced technology as a new option?	___	___	___	___
d. other? (specify) ______________________________	___	___	___	___
C. What is done to assist a teacher who has difficulty with limited English speaking students?				
1. Is the student reassigned?	___	___	___	___
2. Does the teacher receive professional development related to working with limited English speaking students?	___	___	___	___
3. Does the bilingual coordinator offer consultation?	___	___	___	___
4. Is a bilingual aide assigned to the class?	___	___	___	___
5. Are volunteers brought in to help (e.g., parents, peers)?	___	___	___	___
6. other? (specify) ______________________________	___	___	___	___
D. What types of technology are available to the teachers?				
1. Are there computers in the classroom?	___	___	___	___
2. Is there a computer lab?	___	___	___	___
3. Is computer assisted instruction offered?	___	___	___	___
4. Are there computer literacy programs?	___	___	___	___
5. Is the Writing to Read program (Spanish/English) used?	___	___	___	___
6. Does the classroom have video recording capability?	___	___	___	___
7. Is instructional TV used in the classroom?				
a. videotapes?	___	___	___	___
b. PBS?	___	___	___	___
8. Is there a multimedia lab?	___	___	___	___
9. other? (specify)______________________________	___	___	___	___
E. What curricular enrichment and adjunct programs do teachers use?				
1. Are library activities used regularly?	___	___	___	___
2. Is music/art used regularly?	___	___	___	___
3. Is health education a regular part of the curriculum?	___	___	___	___

Classroom-Focused Enabling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
4. Are student performances regular events?	___	___	___	___
5. Are there several field trips a year?	___	___	___	___
6. Are there student council and other leadership opportunities?	___	___	___	___
7. Are there school environment projects such as				
a. mural painting?	___	___	___	___
b. horticulture/gardening?	___	___	___	___
c. school clean-up and beautification?	___	___	___	___
d. other? (specify)________________________________	___	___	___	___
8. Are there special school-vide events such as				
a. clubs and similar organized activities?	___	___	___	___
b. publication of a student newspaper?	___	___	___	___
c. sales events (candy, t shirts)?	___	___	___	___
d. poster contests?	___	___	___	___
e. essay contests?	___	___	___	___
f. a book fair?	___	___	___	___
g. pep rallies/contests?	___	___	___	___
h. attendance competitions?	___	___	___	___
i. attendance awards/assemblies?	___	___	___	___
j. other? (specify) ______________________________	___	___	___	___
9. Are "guest' contributors used (e.g., outside speakers/performers)?	___	___	___	___
10. Other? (specify)________________________________	___	___	___	___

F. What programs for temporary out of class help are currently at the site?

	Yes	Yes but more of this is needed	No	If no, is this something you want?
1. Is there a family center providing student and family assistance?	___	___	___	___
2. Are there designated problem remediation specialists?	___	___	___	___
3. Is there a "time out" room?	___	___	___	___
4. other? (specify) ________________________________	___	___	___	___

G. What programs are used to train aides, volunteers, and other "assistants" who come into the classrooms to work with students who need help?

____ ____
____ ____
____ ____
____ ____

Classroom-Focused Enabling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
H. Which of the following can teachers request as special interventions?				
1. family problem solving conferences	___	___	___	___
2. exchange of students as an opportunity for improving the match and for a fresh start	___	___	___	___
3. referral for specific services	___	___	___	___
4. other (specify) ______________________________	___	___	___	___
I. Is there ongoing training for team members concerned with the area of Classroom-Focused Enabling?	___	___	___	___

J. Please indicate below any other ways that are used at the school to assist a teacher's efforts to address barriers to students' learning.

_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________

K. Please indicate below other things you want the school to do to assist a teacher's efforts to address barriers to students' learning.

_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________

Support for Transitions

The emphasis here is on planning, developing, and maintaining a comprehensive focus on the variety of transition concerns confronting students and their families. The work in this area can be greatly aided by advanced technology. Anticipated outcomes are reduced levels of alienation and increased levels of positive attitudes toward and involvement at school and in a range of learning activity.

Please indicate all items that apply.

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. What programs for establishing a welcoming and supportive community are at the site?				
1. Are there welcoming materials/a welcoming decor?	___	___	___	___
Are there welcome signs?	___	___	___	___
Are welcoming information materials used?	___	___	___	___
Is a special welcoming booklet used?	___	___	___	___
Are materials translated into appropriate languages?	___	___	___	___
Is advanced technology used as an aid?	___	___	___	___
2. Are there orientation programs?	___	___	___	___
Are there introductory tours?	___	___	___	___
Are introductory presentations made?	___	___	___	___
Are new arrivals introduced to special people such as the principal and teachers?	___	___	___	___
Are special events used to welcome recent arrivals?	___	___	___	___
Are different languages accommodated?	___	___	___	___
3. Is special assistance available to those who need help registering?	___	___	___	___
4. Are social support strategies and mechanisms used?	___	___	___	___
Are peer buddies assigned?	___	___	___	___
Are peer parents assigned?	___	___	___	___
Are special invitations used to encourage family involvement?	___	___	___	___
Are special invitations used to encourage students to join in activities?	___	___	___	___
Are advocates available when new arrivals need them?	___	___	___	___
5. Other? (specify) ______________________________	___	___	___	___
B. Which of the following transition programs are in use for grade-to-grade and program-to-program articulation?				
1. Are orientations to the new situation provided?	___	___	___	___
2. Is transition counseling provided?	___	___	___	___
3. Are students taken on "warm-up" visits?	___	___	___	___
4. Is there a "survival" skill training program?	___	___	___	___
5. Is the new setting primed to accommodate the individual's needs?	___	___	___	___
6. other (specify) __________________________________	___	___	___	___

Support for Transitions (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
C. Which of the following are used to facilitate transition to post school living?				
1. vocational counseling	___	___	___	___
2. college counseling	___	___	___	___
3. a mentoring program	___	___	___	___
4. job training	___	___	___	___
5. job opportunities on campus	___	___	___	___
6. a work-study program	___	___	___	___
7. life skills counseling	___	___	___	___
8. Other? (specify) ______________________________	___	___	___	___
D. Which of the following before and after school programs are available?				
1. subsidized breakfast/lunch program	___	___	___	___
2. recreation program	___	___	___	___
3. sports program	___	___	___	___
4. Youth Services Program	___	___	___	___
5. youth groups such as drill team				
interest groups	___	___	___	___
service clubs	___	___	___	___
organized youth programs ("Y,' scouts)	___	___	___	___
CA. Cadet Corps	___	___	___	___
other (specify)___________________________	___	___	___	___
6. academic support in the form of				
tutors	___	___	___	___
homework club	___	___	___	___
study ball	___	___	___	___
homework phone line	___	___	___	___
homework center	___	___	___	___
other (specify) ______________________________	___	___	___	___
7. enrichment opportunities (including classes)	___	___	___	___
8. Other (specify) ______________________________	___	___	___	___

Support for Transitions (cont.)

	Yes	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
E. Which of the following programs are offered during intersession?				
1. recreation	___	___	___	___
2. sports	___	___	___	___
3. Youth Services	___	___	___	___
4. youth groups	___	___	___	___
5. academic support	___	___	___	___
6. enrichment opportunities (including classes)	___	___	___	___
7. other (specify) ______________________________	___	___	___	___
F. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Support for Transitions?	___	___	___	___
2. Is there ongoing training for staff of specific services/ programs? (e.g., teachers, peer buddies, office staff, administrators)?	___	___	___	___
3. Other? (specify) ______________________________	___	___	___	___
G. Which of the following topics are covered in educating stakeholders?				
1. understanding how to create a psychological sense of community	___	___	___	___
2. developing systematic social supports for students, families, and staff	___	___	___	___
3. developing motivation knowledge, and skills for successful transitions	___	___	___	___
4. the value of and strategies for creating before and after school programs	___	___	___	___

Support for Transitions (cont.)

H. Please indicate below any other ways that are used to provide support for transitions.

I. Please indicate below other things you want the school to do to provide support for transitions.

Student and Family Assistance Programs and Services

The emphasis here is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Special attention is paid to enhancing systems for triage, case and resource management, direct services to meet immediate needs, and referral for special services and specialeducation resources and placements as appropriate. Intended outcomes are to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

Please indicate all items that apply.

	Yes	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
A. Are there classroom focused enabling programs to reduce the need for teachers to seek special programs and services?	___	___	___	___
B. What activity is there to facilitate and evaluate requests for assistance?				
1. Does the site have a directory that lists services and programs?	___	___	___	___
2. Is information circulated about services/programs?	___	___	___	___
3. Is information circulated clarifying how to make a referral?	___	___	___	___
4. Is information about services, programs, and referral procedures updated periodically?	___	___	___	___
5. Is a triage process used to assess				
a. specific needs?	___	___	___	___
b. priority for service?	___	___	___	___
6. Are procedures in place to ensure use of prereferral interventions?	___	___	___	___
7. Do inservice programs focus on teaching the staff ways to prevent unnecessary referrals?	___	___	___	___
8. Other? (specify) ______________________________	___	___	___	___
C. After triage, how are referrals handled?				
1. Is detailed information provided about available services (e.g., is an annotated community resource system available)?	___	___	___	___
2. Is there a special focus on facilitating effective decision making?	___	___	___	___
3. Are students/families helped to take the necessary steps to connect with a service or program to which they have been referred?	___	___	___	___
4. Other? (specify) ______________________________	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

D. What types of direct interventions are provided currently?	**Yes**	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
1. Which medical services and programs are provided?				
a. immunizations	___	___	___	___
b. first aid and emergency care	___	___	___	___
c. crisis follow-up medical care	___	___	___	___
d. health and safety education and counseling	___	___	___	___
e. screening for vision problems	___	___	___	___
f. screening for hearing problems	___	___	___	___
g. screening for health problems (specify)	___	___	___	___
h. screening for dental problems (specify)	___	___	___	___
i. treatment of some acute problems (specify)	___	___	___	___
j. other (specify) ______________________________	___	___	___	___
2. Which psychological services and programs are provided?				
a. psychological first aid	___	___	___	___
b. crisis follow-up counseling	___	___	___	___
c. crisis hotlines	___	___	___	___
d. conflict mediation	___	___	___	___
e. alcohol and other drug abuse programs	___	___	___	___
f. pregnancy prevention program	___	___	___	___
g. gang prevention program	___	___	___	___
h. dropout prevention program	___	___	___	___
I. physical and sexual abuse prevention	___	___	___	___
j. individual counseling	___	___	___	___
k. group counseling	___	___	___	___
1. family counseling	___	___	___	___
m. mental health education	___	___	___	___
n. home outreach	___	___	___	___
o. other (specify) ______________________________	___	___	___	___
3. Which of the following are provided to meet basic survival needs?				
a. emergency food	___	___	___	___
b. emergency clothing	___	___	___	___
c. emergency housing	___	___	___	___
d. transportation support	___	___	___	___
e. welfare services	___	___	___	___
f. language translation	___	___	___	___
g. legal aid	___	___	___	___
h. protection from physical abuse	___	___	___	___
I. protection from sexual abuse	___	___	___	___
j. employment assistance	___	___	___	___
k. other (specify) ______________________________	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
4. Which of the following special education, Special Eligibility, and independent study programs and services are provided?				
a. early education program	___	___	___	___
b. special day classes (specify) ________________________	___	___	___	___
c. speech and language therapy	___	___	___	___
d. adaptive P. E.	___	___	___	___
e. special assessment	___	___	___	___
f. Resource Specialist Program	___	___	___	___
g. Chapter I	___	___	___	___
h. School Readiness Language Develop. Program (SRLDP)	___	___	___	___
i. other (specify) ______________________________	___	___	___	___
5. Which of the following adult education programs are provided?				
a. ESL	___	___	___	___
b. citizenship classes	___	___	___	___
c. basic literacy skills	___	___	___	___
d. parenting	___	___	___	___
e. helping children do better at school	___	___	___	___
f. other (specify) ______________________________	___	___	___	___
6. Are services and programs provided to enhance school readiness? specify ____________________________	___	___	___	___
7. Which of the following are provided to address attendance problems?				
a. absence follow-up	___	___	___	___
b. attendance monitoring	___	___	___	___
c. first day calls	___	___	___	___
8. Are discipline proceedings carried out regularly?	___	___	___	___
9. Other? (specify) ____________________________________	___	___	___	___
E. Which of the following are used to manage cases and resources?				
1. Is a student information system used?	___	___	___	___
2. Is a system used to trail progress of students and their families?	___	___	___	___
3. Is a system used to facilitate communication for	___	___	___	___
a. case management?	___	___	___	___
b. resource and system management?	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
4. Are there follow-up systems to determine				
a. referral follow-through?	___	___	___	___
b. consumer satisfaction with referrals?	___	___	___	___
c. the need for more help?	___	___	___	___
5. Other? (specify) ______________________________	___	___	___	___
F. Which of the following are used to help enhance the quality and quantity of services and programs?				
1. Is a quality improvement system used?	___	___	___	___
2. Is a mechanism used to coordinate and integrate services/programs?	___	___	___	___
3. Is there outreach to link-up with community services and programs?	___	___	___	___
4. Is a mechanism used to redesign current activity as new collaborations are developed?	___	___	___	___
5. Other? (specify) ____________________________________	___	___	___	___
G. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Student and Family Assistance?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs (e.g., Assessment and Consultation Team, direct service providers)?	___	___	___	___
3. Other? (specify) ______________________________________	___	___	___	___
H. Which of the following topics are covered in educating stakeholders?				
1. broadening understanding of causes of learning, behavior, and emotional problems	___	___	___	___
2. broadening understanding of ways to ameliorate (prevent, correct) learning, behavior, and emotional problems	___	___	___	___
3. developing systematic academic supports for students in need	___	___	___	___
4. what classroom teachers and the home can do to minimize the need for special interventions	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
5. enhancing resource quality, availability, and scope	___	___	___	___
6. enhancing the referral system and ensuring effective follow-through	___	___	___	___
7. enhancing the case management system in ways that increase service efficacy	___	___	___	___
8. other (specify) ______________________	___	___	___	___

I. Please indicate below any other ways that are used to provide student and family assistance to address barriers to students' learning.

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

J. Please indicate below other things you want the school to do to provide student and family assistance to address barriers to students' learning.

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

Crisis Assistance and Prevention

The emphasis here is on responding to,, minimizing the impact of, and preventing crises. If there is a school-based Family/Community Center facility, it provides a staging area and context for some of the programmatic activity. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in the creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety.

Please indicate all items that apply.

A. With respect to Emergency/Crisis Response:	**Yes**	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
1. Is there an active Crisis Team?	___	___	___	___
2. Is the Crisis Team appropriately trained?	___	___	___	___
3. Is there a plan that details a coordinated response				
a. for all at the school site?	___	___	___	___
b. with other schools in the complex?	___	___	___	___
c. with community agencies?	___	___	___	___
4. Are emergency/crisis plans updated appropriately with regard to				
a. crisis management guidelines (e.g., flow charts, check list)?	___	___	___	___
b. plans for communicating with homes/community?	___	___	___	___
c. media relations guidelines?	___	___	___	___
5. Are stakeholders regularly provided with information about emergency response plans?	___	___	___	___
6. Is medical first aid provided when crises occur?	___	___	___	___
7. Is psychological first aid provided when crises occur?	___	___	___	___
8. Is follow-up assistance provided after the crises?				
a. for short-term follow-up assistance?	___	___	___	___
b. for longer-term follow-up assistance?	___	___	___	___
9. Other? (specify) ________________________________	___	___	___	___

Crisis Assistance and Prevention (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
B. With respect to developing programs to prevent crises, are there programs for				
1. school and community safety/violence reduction?	___	___	___	___
2. suicide prevention?	___	___	___	___
3. child abuse prevention?	___	___	___	___
4. sexual abuse prevention?	___	___	___	___
5. substance abuse prevention?	___	___	___	___
6. other (specify) ______________________________	___	___	___	___
C. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Crisis Assistance and Prevention?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs?	___	___	___	___
3. Other? (specify) ______________________________	___	___	___	___
D. Which of the following topics are covered in educating stakeholders?				
1. how to respond when an emergency arises	___	___	___	___
2. how to access assistance after an emergency (including watching for post traumatic psychological reactions)	___	___	___	___
3. indicators of abuse and potential suicide and what to do	___	___	___	___
4. how to respond to concerns related to death, dying, and grief	___	___	___	___
5. how to mediate conflicts and minimize violent reactions	___	___	___	___
6. other (specify) ______________________________	___	___	___	___

E. Please indicate below any other ways that are used to provide crisis assistance and prevention to address barriers to students' learning.

______________________________________ ______________________________________
______________________________________ ______________________________________
______________________________________ ______________________________________
______________________________________ ______________________________________

F. Please indicate below other things you want the school to do to provide crisis assistance and prevention to address barriers to students' learning.

______________________________________ ______________________________________
______________________________________ ______________________________________
______________________________________ ______________________________________
______________________________________ ______________________________________

Home Involvement in Schooling

The emphasis here is on enhancing home involvement through programs to address specific parent learning and support needs (e.g., ESL classes, mutual support groups), mobilize parents as problem solvers when their child has problems (e.g., parent education, instruction in helping with schoolwork), elicit help from families in addressing the needs of the community, and so forth. The context for some of this activity may be a parent center (which may be part of the Family/Community Service Center if one has been established at the site). Outcomes include specific measures of parent learning and indices of student progress, as well as a general enhancement of the quality of life in the community.

Please indicate all items that apply.

	Yes	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
A. Which of the following are available to address specific learning and support needs of the adults in the home?				
1. Does the site offer adult classes focused on				
a. English As a Second Language (ESL)?	___	___	___	___
b. citizenship?	___	___	___	___
c. basic literacy skills?	___	___	___	___
d. GED preparation?	___	___	___	___
e. job preparation?	___	___	___	___
f. citizenship preparation?	___	___	___	___
g. other? (specify) ______________________________	___	___	___	___
2. Are there groups for				
a. mutual support?	___	___	___	___
b. discussion?	___	___	___	___
3. Are adults in the home offered assistance in accessing outside help for personal needs?	___	___	___	___
4. Other? (specify) ______________________________	___	___	___	___
B. Which of the following are available to help those in the home meet their basic obligations to the student?				
1. Is help provided for addressing special family needs for				
a. food?	___	___	___	___
b. clothing?	___	___	___	___
c. shelter?	___	___	___	___
d. health and safety?	___	___	___	___
e. school supplies?	___	___	___	___
f. other? (specify) ______________________________	___	___	___	___

Home Involvement in Schooling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
2. Are education programs offered on				
a. childrearing/parenting?	___	___	___	___
b. creating a supportive home environment for students?	___	___	___	___
c. reducing factors that interfere with a student's school learning and performance?	___	___	___	___
3. Are guidelines provided for helping a student deal with homework?	___	___	___	___
4. Other? (specify) ________________	___	___	___	___
C. Which of the following are in use to improve communication about matters essential to the student and family?				
1. Are there periodic general announcements and meetings such as				
a. advertising for incoming students?	___	___	___	___
b. orientation for incoming students and families?	___	___	___	___
c. bulletins/newsletters?	___	___	___	___
d. back to school night/open house?	___	___	___	___
e. parent teacher conferences?	___	___	___	___
g. other? (specify) ________________	___	___	___	___
2. Is there a system to inform the home on a regular basis				
a. about general school matters?	___	___	___	___
b. about opportunities for home involvement?	___	___	___	___
c. other? (specify) ________________	___	___	___	___
3. To enhance home involvement in the student's program and progress, are interactive communications used, such as				
a. sending notes home regularly?	___	___	___	___
b. a computerized phone line?	___	___	___	___
c. frequent in-person conferences with the family?	___	___	___	___
d. other? (specify) ________________	___	___	___	___
4. Other? (specify) ________________	___	___	___	___
D. Which of the following are used to enhance the home-school connection and sense of community?				
1. Does the school offer orientations and open houses?	___	___	___	___
2. Does the school have special receptions for new families?	___	___	___	___

Home Involvement in Schooling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
3. Does the school regularly showcase students to the community through				
a. student performances?	___	___	___	___
b. award ceremonies?	___	___	___	___
c. other? (specify) ________________	___	___	___	___
4. Does the school offer the community				
a. cultural and sports events?	___	___	___	___
b. topical workshops and discussion groups?	___	___	___	___
c. health fairs	___	___	___	___
d. family preservation fairs	___	___	___	___
e. work fairs	___	___	___	___
f. newsletters	___	___	___	___
g. community bulletin boards	___	___	___	___
h. community festivals and celebrations	___	___	___	___
i. other (specify) ________________	___	___	___	___
5. Is there outreach to hard to involve families such as				
a. making home visits?	___	___	___	___
b. offering support networks?	___	___	___	___
c. other? (specify) ________________	___	___	___	___
6. Other? (specify) ________________	___	___	___	___
E. Which of the following are used to enhance family participation in decision making essential to the student?				
1. Families are invited to participate through personal				
a. letters	___	___	___	___
b. phone calls	___	___	___	___
c. other (specify) ________________	___	___	___	___
2. Families are informed about schooling choices through				
a. letters	___	___	___	___
b. phone calls	___	___	___	___
c. conferences	___	___	___	___
d. other (specify) ________________	___	___	___	___
3. Families are taught skills to participate effectively in decision making.	___	___	___	___
4. Staff are specially trained to facilitate family participation in decision making meetings.	___	___	___	___
5. Other (specify) ________________	___	___	___	___

Home Involvement in Schooling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
F. Which of the following are used to enhance home support of student's learning and development?				
1. Are families instructed on how to provide opportunities for students to apply what they are learning?	___	___	___	___
2. Are families instructed on how to use enrichment opportunities to enhance youngsters' social and personal and academic skills and higher order functioning?	___	___	___	___
3. Other? (specify) ______________________________	___	___	___	___
G. Which of the following are used to mobilize problem solving at home related to student needs?				
1. Is instruction provided to enhance family problem solving skills(including increased awareness of resources for assistance)?	___	___	___	___
2. Is good problem solving modeled at conferences with the family?	___	___	___	___
3. Other? (specify) ______________________________	___	___	___	___
H. Which of the following are used to elicit help from those at home to meet school/community needs? That is, are those in the home recruited and trained to help with				
1. students by				
a. assisting administrators?	___	___	___	___
b. assisting teachers?	___	___	___	___
c. assisting other staff?	___	___	___	___
d. assisting with lessons or tutoring?	___	___	___	___
e. helping on class trips?	___	___	___	___
f. helping in the cafeteria?	___	___	___	___
g. helping in the library?	___	___	___	___
h. helping in computer labs?	___	___	___	___
i. helping with homework helplines?	___	___	___	___
j. working in the front office to welcome visitors and new enrollees and their families?	___	___	___	___
k. phoning home regarding absences?	___	___	___	___
1. outreach to the home?	___	___	___	___
m. other? (specify) ______________________________	___	___	___	___

Home Involvement in Schooling (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
2. school operations by assisting with				
a. school and community up-keep and beautification?	___	___	___	___
b. improving school-community relations/	___	___	___	___
c. fund raising?	___	___	___	___
d. PTA?	___	___	___	___
e. enhancing public support by increasing political awareness about the contributions and needs of the school?	___	___	___	___
f. school governance?	___	___	___	___
g. advocacy for school needs?	___	___	___	___
h. advisory councils?	___	___	___	___
i. program planning?	___	___	___	___
j. other? (specify) ______________________________	___	___	___	___
3. establishing home-community networks to benefit the community?	___	___	___	___
4. Other? (specify) ____________________________________	___	___	___	___
I. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Home Involvement in Schooling?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs	___	___	___	___
3. Other? (specify) ____________________________________	___	___	___	___
J. Which of the following topics are covered in educating stakeholders?				
1. designing an inclusionary "Parent Center"	___	___	___	___
2. overcoming barriers to home involvement	___	___	___	___
3. developing group-led mutual support groups	___	___	___	___
4. available curriculum for parent education	___	___	___	___
5. teaching parents to be mentors and leaders at the school	___	___	___	___
6. other (specify) ____________________________________	___	___	___	___

Home Involvement in Schooling (cont.)

K. Please indicate below any other ways that are used to enhance home involvement in schooling.

L. Please indicate below other things you want the school to do to enhance home involvement in schooling.

Community Outreach for Involvement and Support (including Volunteers)

The emphasis here is on outreaching to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (a) public and private community agencies, universities, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations, and clubs. If a Familv/Parent/ Community Center facility has been established at the site, it can be a context for some of this activity. Anticipated outcomes include measures of enhanced community participation and student progress, as well as a general enhancement of the quality of life in the community.

Please indicate all items that apply.

A. With respect to programs to recruit community involvement and support	**Yes**	**Yes but more of this is needed**	**No**	**If no, is this something you want?**
1. From which of the following sources are participants recruited?				
a. public community agencies, organizations, and facilities	___	___	___	___
b. private community agencies, organizations, and facilities	___	___	___	___
c. business sector	___	___	___	___
d. professional organizations and groups	___	___	___	___
e. volunteer service programs, organizations, and clubs	___	___	___	___
f. universities and colleges	___	___	___	___
g. other (specify) ______________________________	___	___	___	___
2. Indicate current types of community involvement at the school				
a. mentoring for students families	___	___	___	___
b. volunteer functions	___	___	___	___
c. a community resource pool that provides expertise as requested, such as				
artists	___	___	___	___
musicians	___	___	___	___
librarians	___	___	___	___
health and safety programs	___	___	___	___
other (specify) ______________________________	___	___	___	___

Community Outreach for Involvement and Support (including Volunteers) [cont.]

	Yes	Yes but more of this is needed	No	If no, is this something you want?
d. formal agency and program linkages that result in community				
health and social services providers coming to the site	___	___	___	___
after school programs coming to the site services and	___	___	___	___
programs providing direct access to referrals from the	___	___	___	___
site	___	___	___	___
other (specify) ______________________________	___	___	___	___
e. formal partnership arrangements that involve community agents in				
school governance	___	___	___	___
advocacy for the school	___	___	___	___
advisory functions	___	___	___	___
program planning	___	___	___	___
fund raising	___	___	___	___
sponsoring activity (e.g., adopt-a-school partners)	___	___	___	___
creating awards and incentives	___	___	___	___
creating jobs	___	___	___	___
other (specify) ______________________________	___	___	___	___

B. With specific respect to volunteers

1. What types of volunteers are used at the site?

	Yes	Yes but more of this is needed	No	If no, is this something you want?
a. nonprofessionals	___	___	___	___
parents	___	___	___	___
college students	___	___	___	___
senior citizens	___	___	___	___
business people	___	___	___	___
peer and cross age tutors	___	___	___	___
peer and cross age counselors	___	___	___	___
paraprofessionals	___	___	___	___
b. professionals-in-training (specify)___________________	___	___	___	___
c. professionals (pro bono) (specify)___________________	___	___	___	___
d. other (specify) ___________________________________	___	___	___	___

2. Who do volunteers assist?

	Yes	Yes but more of this is needed	No	If no, is this something you want?
a. administrators	___	___	___	___
b. assist teachers	___	___	___	___
c. assist other staff	___	___	___	___
d. others (specify) _________________________________	___	___	___	___

Community Outreach for Involvement and Support (including Volunteers) [cont.]

	Yes	Yes but more of this is needed	No	If no, is this something you want?
3. In which of the following ways do volunteers participate?				
a. providing general classroom assistance	___	___	___	___
b. assisting with targeted students	___	___	___	___
c. assisting after school	___	___	___	___
d. providing special tutoring	___	___	___	___
e. helping students with attention problems	___	___	___	___
f. helping with bilingual students	___	___	___	___
g. helping address other diversity matters	___	___	___	___
I helping in the cafeteria	___	___	___	___
j. helping in the library	___	___	___	___
k. helping in computer lab	___	___	___	___
1. helping on class trips	___	___	___	___
m. helping with homework helplines	___	___	___	___
n. working in the front office	___	___	___	___
o. helping welcome visitors	___	___	___	___
p. helping welcome new enrollees and their families	___	___	___	___
q. phoning home about absences	___	___	___	___
r. outreaching to the home	___	___	___	___
s. acting as mentors or advocates for students, families, staff	___	___	___	___
t. assisting with school up-keep and beautification efforts	___	___	___	___
u. helping enhance public support by increasing political awareness about the contributions and needs of the school	___	___	___	___
v. other (specify) ________________________	___	___	___	___
4. Are there systems and programs specifically designed to				
a. recruit -volunteers?	___	___	___	___
b. train volunteers?	___	___	___	___
c. screen volunteers?	___	___	___	___
d. maintain volunteers?	___	___	___	___
C. Which of the following are used to enhance school involvement of hard to involve students and families (including truants and dropouts and families who have little regular contact with the school)?				
1. home visits to assess and plan ways to overcome barriers to				
a. student attendance	___	___	___	___
b. family involvement in schooling	___	___	___	___
2. support networks connecting hard to involve				
a. students with peers and mentors	___	___	___	___
b. families with peers and mentors	___	___	___	___
3. special incentives for				
a. students	___	___	___	___
b. families	___	___	___	___
4. Other (specify) ________________________	___	___	___	___

Community Outreach for Involvement and Support (including Volunteers) [cont.]

	Yes	Yes but more of this is needed	No	If no, is this something you want?
D. Which of the following are used to enhance community-school connections and sense of community?				
1. orientations and open houses for				
a. newly arriving students	___	___	___	___
b. newly arriving families	___	___	___	___
c. new staff	___	___	___	___
2. student performances for the community	___	___	___	___
3. school sponsored				
a. cultural and sports events for the community	___	___	___	___
b. community festivals and celebrations	___	___	___	___
c. topical workshops and discussion groups	___	___	___	___
d. health fairs	___	___	___	___
e. family preservation fairs	___	___	___	___
f. work fairs	___	___	___	___
4. Other? (specify) ________________________________	___	___	___	___
E. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Community Outreach/Volunteer?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs?	___	___	___	___
3. Other? (specify) ________________________________	___	___	___	___
F. Which of the following topics are covered in educating stakeholders?				
1. understanding the local community -- culture, needs, resources	___	___	___	___
2. how to recruit, train, and retain volunteers				
a. in general	___	___	___	___
b. for special roles	___	___	___	___
3. how to move toward collaborations with community resources	___	___	___	___
4. how to outreach to hard-to-involve students and families	___	___	___	___
5. other (specify) ________________________________	___	___	___	___

Community Outreach for Involvement and Support (including Volunteers) [cont.]

G. Please indicate below any other ways that are used with respect to community outreach/ volunteer programs.

_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________

H. Please indicate below other things you want the school to do with respect to community outreach/volunteer programs.

_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________
_______________________________________ _______________________________________

Developing a Resource Coordinating Team

Creation of a School-site Resource Coordinating *Team* provides a good starting place in efforts to enhance coordination and integration of services and programs. Such a team not only can begin the process of transforming what is already available, it can help reach out to District and community resources to enhance enabling activity.

A Resource Coordinating Team differs from Student Study and Guidance Teams. The focus of a Resource Coordinating Team is not on individual students. Rather, it is oriented to clarifying resources and how they are best used. That is, it provides a necessary mechanism for enhancing *systems* for communication and coordination.

For many support service personnel, their past experiences of working in isolation -- and in competition -- make this collaborative opportunity unusual and one which requires that they learn new ways of relating and functioning. For those concerned with school restructuring, establishment of such a team is one facet of efforts designed to restructure school support services in ways that (a) integrates them with school-based/linked support programs, special projects, and teams and (b) outreaches and links up with community health and social service resources.

Purposes

Such a team exemplifies the type of on-site organizational mechanism needed for overall cohesion and coordination of school support programs for students and families. Minimally, such a team can reduce fragmentation and enhance cost-efficacy by assisting in ways that encourage programs to function in a coordinated and increasingly integrated way. For example, the team can develop communication among school staff and to the home about available assistance and referral processes, coordinate resources, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this group can provide leadership in guiding school personnel and clientele in evolving the school's vision for its support program (e.g., as not only preventing and correcting learning, behavior, emotional, and health problems but as contributing to classroom efforts to foster academic, social, emotional, and physical functioning). The group also can help to identify ways to improve existing resources and acquire additional ones.

Major examples of the group's activity are

- preparing and circulating a list profiling available resources (programs, personnel, special projects, services, agencies) at the school, in the district, and in the community
- clarifying how school staff and families can access them
- refining and clarifying referral, triage, and case management processes to ensure resources are used appropriately (e.g., where needed most, in keeping with the principle of adopting the least intervention needed, with support for referral follow-through)
- mediating problems related to resource allocation and scheduling,
- ensuring sharing, coordination, and maintenance of needed resources,
- exploring ways to improve and augment existing resources to ensure a wider range are available (including encouraging preventive approaches, developing linkages with other district and community programs, and facilitating relevant staff development)
- evolving a site's enabling activity infrastructure by assisting in creation of area program teams and Family/Parent Centers as hubs for enabling activity

(cont.)

Developing a Resource Coordinating Team (cont.)

Membership

Team membership typically includes representatives of all activity designed to support a school's teaching efforts (e.g., a school psychologist, nurse, counselor, social worker, key special education staff, etc.), along with someone representing the governance body (e.g., a site administrator such as an assistant principal). Also, included are representatives of community agencies already connected with the school, with others invited to join the team as they became involved.

The team meets as needed. Initially, this may mean once a week. Later, when meetings are scheduled for every 2-3 weeks, continuity and momentum are maintained through interim tasks performed by individuals or subgroups. Because some participants are at a school on a part-time basis, one of the problems that must be addressed is that of rescheduling personnel so that there is an overlapping time for meeting together. Of course, the reality is that not all team members will be able to attend every meeting, but a good approximation can be made at each meeting, with steps taken to keep others informed as to what was done.

Examples of Resource Coordination Team Initial and Ongoing Tasks

- Orientation for representatives to introduce each to the other and provide further clarity of Team's purposes and processes
- Review membership to determine if any group or major program is not represented; take steps to assure proper representation
- Share information regarding what exists at the site (programs, services, systems for triage, referral, case management)
- Share information about other resources at complex schools and in the immediate community and in the cluster and district-wide
- Analyze information on resources to identify important needs at the site
- Establish priorities for efforts to enhance resources and systems
- Formulate plans for pursuing priorities
- Discussion of the need to coordinate crisis response across the complex and to share complex resources for site specific crises (with conclusions to be share at Complex Resource Coordinating Council)
- Discussion of staff (and other stakeholder) development activity
- Discussion of quality improvement and longer-term planning (e.g., efficacy, pooling of resources)

General meeting format

- Updating on and introduction of team membership
- Reports from those who had between meeting assignments
- Current topic for discussion and planning
- Decision regarding between meeting assignments
- Ideas for next agenda

Developing a Complex (Multisite) Resource Coordinating Council

Schools in the same geographic (catchment) area have a number of shared concerns, and feeder schools often are interacting with the same family. Furthermore, some programs and personnel are (or can be) shared by several neighboring schools, thus minimizing redundancy and reducing costs.

Purpose

In general, a group of sites can benefit from having a Resource Coordinating *Council* as an ongoing mechanism that provides leadership, facilitates communication, and focuses on coordination, integration, and quality improvement of whatever range of activity the sites has for enabling activity.

Some specific functions are

? To share information about resource availability (at participating schools and in the immediate community and in geographically related schools and district-wide) with a view to enhancing coordination and integration

? To identify specific needs and problems and explore ways to address them (e.g., Can some needs e met by pooling certain resources? Can improved linkages and collaborations be created with community agencies? Can additional resources be acquired? Can some staff and other stakeholder development activity be combined?)

? To discuss and formulate longer-term plans and advocate for appropriate resource allocation related to enabling activities.

Membership

Each school can be represented on the *Council* by two members of its Resource *Team.* To assure a broad perspective, one of the two can be the site administrator responsible for enabling activity; the other can represent line staff.

Facilitation

Council facilitation involves responsibility for convening regular monthly (and other ad hoc) meetings, building the agenda, assuring that meetings stay task focused and that between meeting assignments will be carried out, and ensuring meeting summaries are circulated.

With a view to shared leadership and effective advocacy, an administrative leader and a council member elected by the group can co-facilitate meetings. Meetings can be rotated among schools to enhance understanding of each site in the council.

Location

Meeting at each school on a rotating basis can enhance understanding of the complex.

(cont.)

Developing a Complex (Multisite) Resource Coordinating Council (cont.)

Steps in Establishing a Complex Coordinating Council

a. Informing potential members about the Council's purpose and organization (e.g., functions, representation, time commitment).

Accomplished through presentation and handouts.

b. Selection of representatives.

Chosen at a meeting of a school's Resource Coordinating Team. (If there is not yet an operational Team, the school's governance can choose acting representatives.)

c. Task focus of initial meetings

- Orient representatives to introduce each to the other and provide further clarity of Council's purposes and processes
- Review membership to determine if any group or major program is not represented; take steps to assure proper representation
- Share information regarding what exists at each site
- Share information about other resources at complex schools and in the immediate community and in the cluster and district-wide
- Analyze information on resources to identify important needs at specific sites and for the complex as a whole
- Establish priorities for efforts to enhance resources
- Formulate plans for pursuing priorities
- Discuss plan for coordinated crisis response across the complex and sharing of resources for site specific crises
- Discuss combined staff (and other stakeholder) development activity
- Discuss (and possibly visit) school-based centers (Family Service Center, Parent Center) with a view to best approach for the complex
- Discuss quality improvement and longer-term planning (e.g., efficacy, pooling of resources)

d. General meeting format

- Updating on and introduction of council membership
- Reports from those who had between meeting assignments
- Current topic for discussion and planning
- Decision regarding between meeting assignments
- Ideas for next agenda

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