Addressing Barriers

New ways to think . . .

to Learning

Better ways to link

CSSS – *Hawai`i's Comprehensive Student Support System . . .* a multi-faceted approach that encompasses & enhances MH in schools

CSSS draws together the resources of the classroom, school, neighborhood and community to provide the social, emotional, and physical supports that will make certain no student is left behind.

> Paul LeMahieu
> Hawai`i State Superintendent of Education

Schools increasingly are recognizing that leaving no student behind requires a comprehensive, multifaceted, and integrated system to address barriers to learning and promote healthy development. Establishing such a system involves fundamental shifts in policy and practice so that what schools are trying to do in these arenas is no longer *marginalized*. That is, school renewal initiatives must focus not only on (1) improving instruction and (2) enhancing how resources are managed. Initiatives to improve schools must also (3) encompass an "enabling" or "student support" component and must develop all three components with the same high degree of priority. The state of Hawai`i has implemented such an approach.

Hawai`i's *instructional* component underscores literacy and other academic advancement through hands-on and contextual learning that acknow-

ledges diversity. The *management* component includes functions that organize the instructional and student support components (planning, budgeting, staffing, directing, coordinating, monitoring, evaluating, and reporting functions). The third component is designated *student support*. It is conceived as enabling learning through an array of programs and services designed to address barriers. It is operationalized under the title of *Comprehensive Student Support System* and referred to as CSSS. (Note that the last *S* is for *System,* not services.)

CSSS was initiated in Spring 1997 with a plan put in place for developing the component in schools across the state. Legislative financial support has promoted the work. The effort has taken on urgency because of a court order (i.e., the Felix vs. Cayetano Consent Decree) mandating improved school approaches in meeting mental health and special education needs.

Hawai`i is the only state where schools are organized as a state-wide system. Data for the 1999-2000 school year indicate there are 253 public schools in seven districts with about 185,000 students, 11,070 teachers, and 857 school level administrative and support positions (488 principals and vice-principals). The number of students with special needs grew dramatically in the 1990s. Over 40% receive school lunch subsidies, about 8% have limited English proficiency, and 10% are identified as needing special education. In all, the state estimates that over 50% of their students bring some type of educational disadvantage with them to school.

Comprehensive Student Support System (CSSS)

> *The task facing our public schools in Hawai`i is becoming steadily more difficult and more costly. The students in our charge increasingly come to school with some form of disadvantage, whether poverty, lack of English proficiency, or condition requiring special education services. . . .we must bring the instructional and support services they need to them. That is the purpose of the department's system-wide Comprehensive Student Support System initiative.*
> Superintendent's Report for 2000

CSSS is the Department of Education's umbrella for developing a continuum of support programs and services to enable all students to perform up to standards. It is an integrated, multifaceted system that creates a positive educational environment (academic, social, emotional, physical). It is designed to help meet students' changing needs in a timely manner using strategies that promote success.

CSSS is built on the premise that:

When school-based supports are provided in a timely and effective manner, fewer students will require more complex or intense services.

As its major goals, CSSS seeks to:

C Provide students with comprehensive, coordinated, integrated, and customized supports that are accessible, timely, and strength-based so that they can achieve in school, be confident and caring, and become contributing citizens in their communities

C Involve families, fellow students, educators, and community members as integral partners in the provision of a supportive, respectful learning environment

C Integrate the human and financial resources of public and private agencies to create caring communities at each school.

In effect, CSSS aims to ensure that all students have an equal opportunity to succeed at school.

Frameworks for CSSS

CSSS is constructed on frameworks that outline the content and systemic infrastructure needed to develop a full continuum of integrated programs and services to address barriers to learning and promote healthy development in every school.

As incorporated in the state's Standards Implementation Design document (August, 2000), the vision for CSSS includes development of a system and array of supports in six arenas:

C personalized classroom climate and differentiated classroom practices
C prevention/early intervention
C family participation
C support for transitions
C community outreach and support
C crisis/emergency support & follow-through

As CSSS develops, it is using the framework illustrated in the Figure on page 6 to establish activities in each of the above six arenas and across

a five level continuum. The five levels are:

Level 1: *Basic Support for All Students*

Level 2: *Informal Additional Support through Collaboration*

Level 3: *Individualized School and Community-based Programs*

Level 4: *Specialized Services from DOE and/or Other Agencies*

Level 5: *Intensive and Multiple Agency Services*

This continuum spans a range of approaches for enabling academic, social, emotional, and physical development and addressing learning, behavior, and emotional problems at every school. All CSSS activities are designed to prevent and minimize problem behavior in ways that maximize student engagement in learning. All activities are to be developed in ways that yield a safe, healthy, nurturing school environment/culture that reflects the school's mission and is characterized by respect for differences, trust, caring, professionalism, support, and high expectations.

The focus begins in the classroom, with differentiated classroom practices as the base of support for each student. It extends beyond the classroom to include school and community resources and programs. An array of student programs focuses on prevention and early intervention to ensure that the supports provided and the delivery process correspond to the severity, complexity, and frequency of each student's needs.

Anyone may request assistance for a student. Each request is submitted to a core committee. The committee determines whether services should be coordinated by the committee or by a student support team (SST). The decision is based on the level of intervention needed. If the need is at Level 1, 2, and/or 3, the core committee is responsible for coordinating the interventions. If the need is at Level 4 or 5, an SST is convened. The family is included in the SST process, and all other participants come prepared to share their knowledge about the student. Where indicated, a special education IEP or 504 accommodation is developed.

CSSS also links students and families to the resources of the Department of Education as well as those of their neighborhood, larger community, and the Department of Health and other governmental and private entities. The aim is to align programs and services in an individually responsive manner to create a caring community. In its design, this caring community minimizes program duplication and fragmentation and ensures services are timely, effective, and consistent with the principles of the Hawai`i Child and Adolescent Service System Program.

Center News

Now ready – a set of 12 brief documents designed to support establishment of comprehensive, multi-faceted, and cohesive approaches for addressing barriers to learning and promoting healthy develop-ment. Topics covered include: overview and vision, the research base, policy direction & commitment, building and sustaining local capacity, and new professional roles and functions. Let us know if there are other briefs you would like us to prepare.

LATEST Brief

L*Introduction to a Component for Addressing Barriers to Student Learning*
Creating readiness for systemic change requires catching the attention of administrators, policy makers, parents, teachers, community partners, support service personnel, etc. This brief offers them a "big picture" overview and a concise look at a comprehensive, multifaceted school-based approach to addressing barriers to learning.

Report on Initiative to Enhance Resource Center Connections

Toward Enhancing Resource Center Collaboration is a report from the May 7th meeting of 16 Centers that have resources relevant to addressing barriers to learning and development. Discussed are ways to enhance center networking and coordination to improve TA and training.

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To keep up with all our latest resources, see the ***What's New?*** page on the Center's website

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Hopefully, by now, you have seen the field-defining document:
Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations

The Center is pursuing an initiative to use this document in moving the field forward. As a result of the initiative, organizations have begun sharing the document with their members. It is being included in conference presentations and policy discussions. For those who want a copy, the report and Executive Summary are available at http://smhp.psych.ucla.edu/policy.htm We invite you to join the initiative by circulating the documents.

Want resources?
Need technical assistance?

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

Or visit our website: **http://smhp.psych.ucla.edu**

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

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

Do-it-yourself technical assistance
Latest Quick Finds on Specific Topics

Easy to use, updated regularly – info on hot topics. Go to our website and click on Quick Finds. These are our responses to frequent technical assistance requests. In one place, you will find Center created resources, online documents, internet connections to resource centers and agencies specializing in the topic, and a brief bibliography. New topics include:
   C Anxiety
   C Environments that support learning
   C Native American students
   C Peer Relationships and Peer Counseling
   C Physical and Somatic Complaints
   C Policy Related to addressing barriers to learning
   C School Avoidance

   ###########################
   Experience is something you don't get until just after you need it.
   ###########################

New!!
A Practitioner Listserv

We are launching a practitioners' listserv for those concerned with mental health in schools. If you or any colleague want to be added to the network, email us at

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

Ideas into Practice

Addressing School Avoidance Problems through Support for Transitions

Starting a new school year is a stressful time. For many students and their families (and staff), this is a time of transition. Entering a new classroom; coming to a new school; making new friends. Frequent school changes also take their toll. Some kids withdraw; some act out; some seek others to cling to. The National Association of School Psychologists report: *Kids on the Move: Meeting Their Needs* (1991) suggests that those who change schools "need as few as six or as many as 18 months to regain a sense of equilibrium, security, and control."

We all vary in our capabilities and motivation for making transitions. For some students, the adjustment is so hard that attendance becomes a major problem.

Schools that understand the importance of providing support for transitions don't wait for problems. They proactively develop programs to prevent those that are preventable and respond positively and quickly when problems first arise.

Prevention

A focus on school-wide transition strategies for successful school adjustment of students and their families is essential for reducing problems and establishing a sense of community throughout a school. At the core of such strategies are programs to welcome students and families and provide social supports. These are, of course, not only for those entering at the beginning of a term, but for those who enter anytime during the year. Thus, continuing programmatic welcoming and social supports for students and their families are needed throughout the school and in each classroom. These include:

C Welcoming strategies (e.g., positive greetings and friendly orientations – including basic information about the school and opportunities for participation; outreach to enhance motivated engagement)

C Provision of social supports and facilitation of involvement (e.g., peer buddies, personal invitations to join in activities)

C Maintaining support and involvement – including provision of special assistance for an extended period of time if necessary.

>>See Center Guide to Practice: *What Schools Can Do to Welcome and Meet the Needs of All Students and Families* – http://smhp.psych.ucla.edu

When Problems Are First Noted

For many students, the above programmatic supports allow them to overcome their uncertainty and anxiety and make a successful transition into the new setting. For a few, this is not enough.

In such instances, it helps to understand underlying motivational causation. One school of theorizing about intrinsic motivation stresses the key role played by one's feelings of self-determination, competence, and relatedness to others. From this perspective, school avoidance may stem from a threat to any of these feelings.

For example, some students avoid school in order to stay with valued family members or friends. (Sometimes this is because of the nature of the relationship at home, and sometimes it reflects the fact that a student has yet to establish relationships with the adults or other students at school.) Other students experience the rules and demands of school as a threat to their sense of self-determination and react against this. Yet others lack the skills to do many of the assigned tasks and become so anxious over this threat to their competence that they avoid attending. Problems compound with repeated absences. Missed instruction leads to falling further behind, a mounting sense of hopelessness, and increased avoidance.

To work effectively with school avoiders, it is essential to distinguish motivational under-pinnings through discussions with the students, their parents, and school staff. Based on such understanding, interventions simultaneously focus on reducing threats to and enhancing positive feelings of connection, competence, and self-determination. The point is to increase the psychological attractiveness of school. This involves creating some special relationships at school (e.g., a peer buddy, a volunteer who provides classroom support, a support staff "friend" to provide extra caring and nurturing) and developing with the youngster a set of learning opportunities that the student perceives as of value and as doable. Such a p e r s o n a l i z e d

approach primarily focuses on environmental accommodations as a starting point in over-coming school avoidance for most students.

>>See Center Continuing Education Units: *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling* – http://smhp.psych.ucla.edu

When Problems Are Chronic and Severe

When school avoidance problems are resistant to the above interventions, a more intensive school-based mental health intervention can be *added to* the above strategies. Family members are essential to such efforts – both in terms of arriving at a richer understanding of problem causation and in carrying out a broader range of interventions.

C For example, a family member may be asked to accompany and stay at school to help the student adjust (e.g., assist with school tasks, relate to the teacher, make friends with peers).

C The school would be expected to make extensive accommodations (e.g., as per the 504 regulations) to support the student's efforts to succeed at the learning tasks in ways that promote self-confidence and feelings of competence.

C In the few instances when the problem reflects deeply-seated anxiety and phobic behavior, a clinical intervention is indicated.

>>For an overview of relevant clinical practices, see Center Introductory packet: *Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth* – http://smhp.psych.ucla.edu

To read more about prevention and amelioration of school avoidance, go to *Quick Find* (Center Responses to Specific Requests) on our website (http://smhp.psych.ucla.edu) and scroll down to: *Environments that support learning; School avoidance; and Transition Programs.* You'll find access to relevant Center materials, online documents, and resource centers.

*If at first you don't succeed,
skydiving is not for you!*
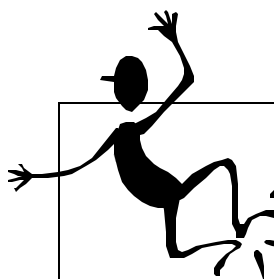
Moving Forward
Maryland's New Initiative for Mental Health in Schools

In 1989, Maryland's General Assembly established a Subcabinet for Children, Youth and Families and county bodies called *Local Management Boards*. The Subcabinet brings together the Departments of Health and Mental Hygiene, Human Resources, Education, Juvenile Justice, Aging, Housing and Community Development, Budget and Management, the Office of Planning, and the Office for Individuals with Disabilities. The 24 county Local Management Boards are to plan service delivery and provide a central place for local decision making in each jurisdiction. The intent is for them to be a "microcosm" of the Subcabinet and include community members, nonprofits, local elected officials, and public and private human service providers.

In this context, Maryland is embarking on a grant initiative to foster *Local Partnerships for School-Based Mental Health Promotion and School Violence Prevention.*
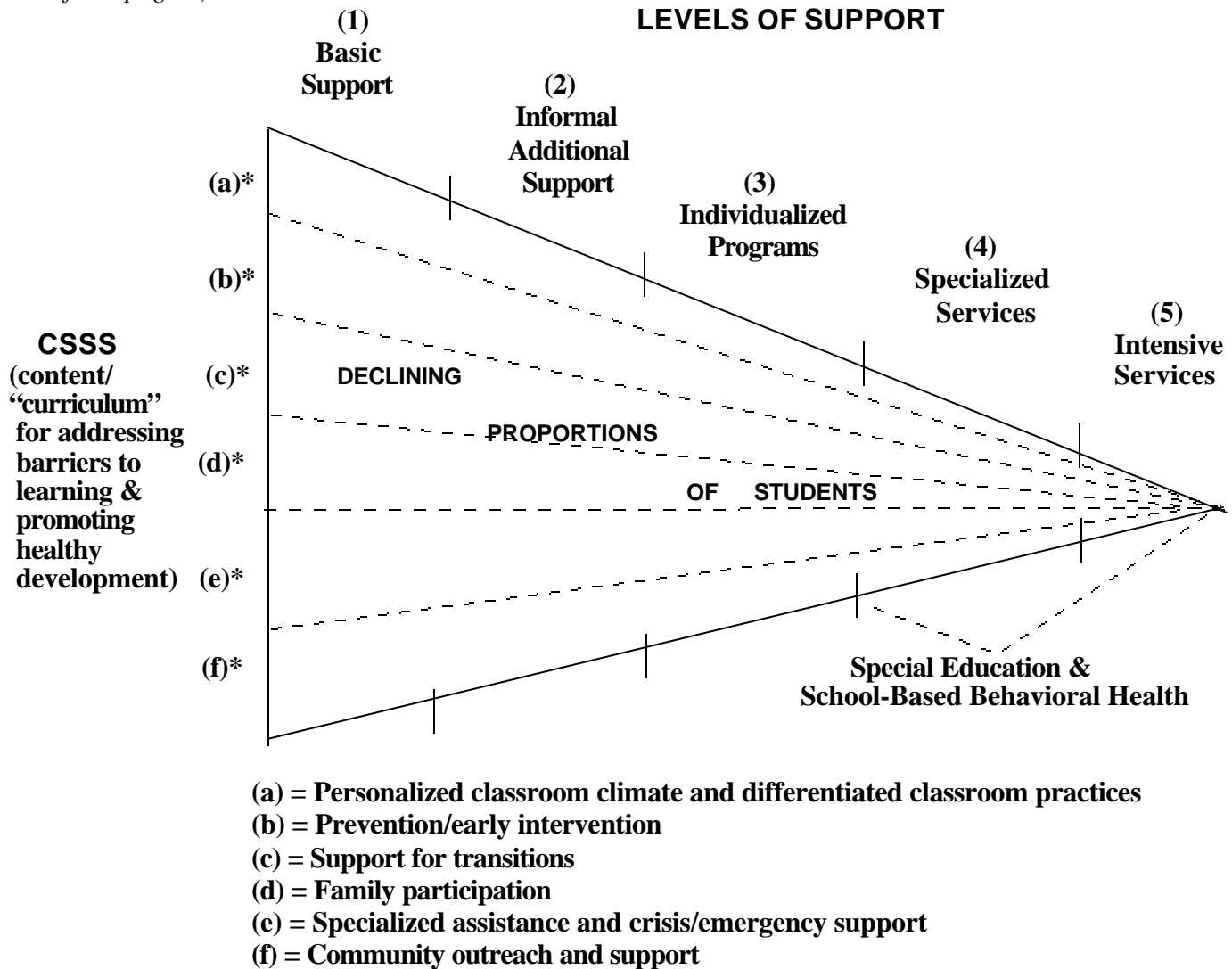
Throughout the country, mental health in schools is supported by direct school funding and structures (e.g., support services, special education, prevention curriculum) and by a growing array of grant and project initiatives designed to involve community in schools. Maryland's current initiative for local partnerships differs from others in focusing specifically on *School-Based Mental Health Promotion and School Violence Prevention*. The specific goals are to

C develop or enhance broad local partnerships

C plan and implement evidence-based mental health promotion and violence prevention activities in schools

C implement universal, selective, and indicated approaches to promotion/prevention programing.

The intent is to build on existing strengths within schools and counties.

(cont. from page 2)

LEVELS OF SUPPORT

(1) Basic Support

(2) Informal Additional Support

(3) Individualized Programs

(4) Specialized Services

(5) Intensive Services

CSSS
(content/ "curriculum" for addressing barriers to learning & promoting healthy development)

(a)*
(b)*
(c)*
(d)*
(e)*
(f)*

DECLINING PROPORTIONS OF STUDENTS

Special Education & School-Based Behavioral Health

(a) = Personalized classroom climate and differentiated classroom practices
(b) = Prevention/early intervention
(c) = Support for transitions
(d) = Family participation
(e) = Specialized assistance and crisis/emergency support
(f) = Community outreach and support

*Specific school-wide and classroom-based activities related to positive behavior support, "prereferral" interventions, and the eight components of CDC's Coordinated School Health Program are embedded into the above six CSSS "curriculum areas.

Over the next few years, the plan is to strengthen CSSS throughout the state in ways that fully integrate with the instructional and management components at school sites. That is, at all schools, CSSS will provide a set of comprehensive programs and services that promote healthy development and address barriers to learning and thus enhance academic achievement. The CSSS infrastructure will encourage ongoing efforts to systematize what is working and identify and improve what is not.

Building CSSS

It is clear that building an effective CSSS requires strong leadership and newly designated positions to help steer systemic changes and construct the necessary infrastructure. The establishment and maintenance of

CSSS requires continuous, proactive, effective teaming, organization, and accountability. The extent to which these elements are included in the school's delivery of student supports is assessed on an ongoing basis. Relevant descriptors guiding development and accountability are included in several documents designed to support the state's Standards Implementation Design (SID) process.

Creation of new roles for staff is basic to implementing a major new approach to student support. In August, 1999, the position of *Student Services Coordinator* (SSC) was created as a pivotal role in building school capacity for CSSS. This Coordinator plays a key role in developing and facilitating school-site mechanisms for constructing the school's student support system.

To train staff for this new position, the State is working with the University of Hawai`i where a SSC certificate program has been established. It encompasses five graduate levels courses. Instructors from the state's Department of Education and the university provide classes on three islands. Parents from the state's *Families as Allies* also are part of the teaching team. To date, 130 Coordinators have begun the series of classes. In addition, the program has connected 75-100 Coordinators via video-conferencing. Plans for the coming year involve working with the Center for Mental Health in Schools at UCLA to develop training units for orienting new Coordinators and providing them all with continuing education.

In building the *infrastructure* for CSSS, the focus begins with school level mechanisms. Once these are established, mechanisms will be developed that enable groups or "families" of schools to work together to increase efficiency and effectiveness and achieve economies of scale. System-wide mechanisms are being redesigned based on what must be done centrally to support the work at each school and family of schools.

A resource-oriented mechanism. At school sites, SSC's are being directed to establish an organizational mechanism – usually a team – to map and analyze resources, identify priorities for CSSS development, and propose how resources should be (re)deployed. Such a school-based resource-oriented team will provide on-site leadership for efforts to address barriers comprehensively and ensure the maintenance and improvement of a multifaceted and integrated approach. This mechanism will help reduce fragmentation and enhance cost-efficacy through a coordinated and increasingly integrated use of resources.

A *site administrative leader.* Experience elsewhere suggests it is imperative to establish an administrative school leader for the student support component With this in mind, the State organized a principal's institute focused on school administrative leadership for developing CSSS. Such a role may be created by redefining a percentage (e.g., 50%) of a vice principal's day. Or, in schools that only have one administrator, the principal might delegate some administrative responsibilities to a coordinator (e.g., Title I coordinator or a Center coordinator at schools with a Family or Parent Center). The designated administrative leader must sit on the resource team and represent and advocate team recommendations at administrative and governance body meetings.

Besides facilitating initial development of a potent component to address barriers to learning, the administrative lead must guide and be accountable for daily implementation, monitoring, and problem solving. Such administrative leadership is vital. Additional infrastructure mechanisms such as a *staff lead* and *program teams* also can expand commitment and accelerate progress related to the component.

Families of schools. In addition to the SSCs, the State also created the position of a *Complex School Renewal Specialist* to coordinate resources among families of schools (e.g., feeder patterns) in each district. Staff in this position provide leadership, planning, and coordination of support programs and services within a complex. The role is described as a "resource broker and linker to state office resources" to coordinate professional development, assist with school and complex strategic planning, support new teacher development, facilitate articulation among schools, and assist with CSSS implementation.

The functions of existing *Complex Renewal Teachers* also have been enriched to connect with the two new positions. Resource teachers are now providing guidance and assistance as schools assess their student support programs and map their school/community resources.

To coalesce activity among a family of schools, CSSS recognizes that a multisite resource-oriented council can help ensure cohesive and equitable deployment of resources and enhance a pooling of resources to reduce costs. Experience elsewhere with such councils suggests they are most useful when established after the school-based infrastructure is in place. Then, 1 to 2 representatives from each school's resource team can be chosen to form a council. The Complex Resource Specialist and the Resource Teachers can play key roles in establishing and maintaining multisite councils. Once developed, the functions of such councils can include: (a) coordinating and integrating programs serving multiple schools, (b) identifying and meeting common problems, (c) providing staff training, and (d) creating linkages and collaborations among schools and with community agencies. In this last regard, they can play a special role in community outreach both to create formal working relationships and ensure that all participating schools have access to such resources. This is particularly useful in linking with community resources that don't have the time or personnel to connect with each school individually. More generally, the group can provide leadership and facilitate communication, quality improvement, and ongoing development of CSSS.

CSSS's Approach to Ensuring Effective and Positive Support for Behavior

CSSS is being built with a positive orientation to addressing learning, behavior, and emotional problems. The approach also avoids the trap of ignoring the underlying factors that can cause such problems. When underlying factors are ignored, strategies are applied to all students that in actuality are only necessary and appropriate for those who manifest the most severe, pervasive, and chronic problems. A caring school culture tries to be fair by responding to students as individuals. This requires

an understanding of what motivates and otherwise is influencing their behavior.

Designing interventions that truly leave no child behind

requires addressing misbehavior in ways that mobilize a student's desire to pursue the opportunities provided by the school. CSSS approaches misbehavior and other problems with a view to expanding each student's horizons and hopes for the future. All schools realize the importance of responding to misbehavior in ways that (1) increase rather than decrease a student's positive connection with teachers and school and (2) maximize the student's re-engagement with a variety of productive learning activities. To these ends, all CSSS activities aim to maximize prevention of learning, behavior, and emotional problems. Responses to any lack of engagement in learning (including misbehavior) stress strategies that reflect a caring and nurturing attitude. The focus always is on engaging and re-engaging students in the school's many learning opportunities and not just on strategies to reduce misbehavior. To these ends, CSSS activities are meant to enhance feelings of competence, self-determination, and relatedness in order to increase intrinsic motivation for school learning. This orientation permeates all five levels of the intervention continuum (see Figure p. 6).

Systemic Change on a Large Scale

Successful systemic change requires considerable attention to *creating readiness* and *building the capacity for initial implementation*. In Hawai`i, creating readiness is a continuing process. After introducing CSSS through presentations to large groups of stakeholders (including key policymakers), ongoing "social marketing" initiatives include special presentations, media coverage, and widespread dissemination of newsletters and brochures describing CSSS. The key to starting the process at school sites was establishment of CSSS in school policy, and development of standards and rubrics to guide designs for school improvement. As first steps in capacity building, the focus was on principal training institutes and staff development for those who would play key "change agent" roles in introducing CSSS at a school. One of the early infrastructure building tasks is to establish a resource-oriented mechanism (e.g., a resource team) at each school and subsequently for the feeder pattern of schools. Such mechanisms perform essential system-building functions, including mapping and analyzing current resources, recommending priorities for CSSS development, and proposing how resources should be (re)deployed. At all levels (school, district, and state), a continuing need is to weave together and mobilize leadership for each facet of addressing barriers to learning and promoting healthy development so that everyone is working within the same frameworks and on a common system-building agenda.

Drawing on the available research-base,* CSSS is being developed with the recognition that intervention strategies should first and foremost focus on school-wide and classroom approaches that prevent learning, behavior, and emotional problems. Then, as necessary, strategies for individual students can be pursued when specific incidents occur. From this perspective:

C Misbehavior should always be addressed within the total instructional and student support (CSSS) context and should encompass school-wide(classroom and out-of-classroom settings), home, and community interventions.

C Strategies addressing misbehavior begin with prevention and are concerned with (a) promoting academic, social, emotional, and physical development and (b) addressing barriers to positive development and learning. Thus, CSSS stresses strategies that cause no harm, physical pain, mental distress, or humiliation – including not undermining students' feelings of competence, self-determination, and relatedness to others.

C The foundation for prevention is development of a positive climate and sense of community that permeates school and classroom.

C The first responses to misbehavior and other student problems are a positive and caring reminder and some minor situational and program changes. If this is insufficient, an assessment is made of the problem to better understand what is motivating the behavior and what to do to help the student.

C Fewer students need intensive (Level 4 and 5) interventions (those whose problems are chronic and pervasive). For such students, additional assessment is conducted in order to develop an intensive intervention plan.

C All assessment used for planning intensive interventions are systematically gathered and include school-wide (classroom and out-of-classroom), student, and family data.

C For some with "externalizing" problems, a "behavioral health" approach (including a "functional behavioral assessment") may be tried. For those with "internalizing" problems (e.g., anxiety disorders), other forms of mental health intervention are indicated.

What might a fully functioning Comprehensive Student Support System (CSSS) look like at a school?

A school with a *Comprehensive Student Support System* addresses barriers to learning and promotes healthy development as primary and essential facets of school improvement. It has an administrative leader who guides CSSS development and is accountable for daily implementation, monitoring, and problem solving. There is a team focused on ensuring that all relevant resources are woven together to install a comprehensive, multifaceted, and cohesive continuum of interventions over a period of years. The team uses the framework illustrated in Figure 1 in planning and implementing programs in all six content areas and across all five levels, with the aim of establishing effective

> >systems for promoting healthy development and preventing problems
> >systems for responding to problems as soon after onset as is feasible
> >systems for providing intensive care.

There also are mechanisms for responding when students are identified as having problems. In each instance, an analysis is made of the reasons for the problems. For most students, the problems are resolved through minor situational and program changes. Those for whom such strategies are insufficient are provided additional assistance *in the classroom.* For those whose problems require more intensive help, referrals for specialized assistance are made, processed, and interventions are set in motion and carefully monitored and coordinated.

Because there is an emphasis on programs and activities that create a school-wide culture of caring and nurturing, students, families, staff, and the community feel the school is a welcoming and supportive place, accommodating of diversity, and committed to promoting equal opportunities for all students to succeed at school. When problems arise, they are responded to positively, quickly, and effectively. Morale is high.

When any of their children have a problem, a typical family might experience the following:

Clara, a third grader, finds reading difficult. Her teacher asks one of the many community volunteers to work with Clara to improve her skills, motivation, and confidence. Clara and the volunteer, a local college student, go to the library where she is encouraged to choose books on subjects that interest her, and they read together. Clara also writes stories on topics she likes. To further improve her skills, her family is encouraged to have her read the stories to them at home. As Clara's skills improve, she also begins reading to her younger sister, Emma.

Emma needs help in getting ready for kindergarten. She is enrolled in Head Start. Her family, including her grandmother who lives with them, comes to parent meetings to learn ways to enrich Emma's readiness skills.

When the family's oldest child, Tommy, got into trouble for fighting at school, his behavior was reviewed at a Student Support Team meeting where school staff, the family, and Tommy explored the causes of his behavior problems and planned some solutions. At subsequent meetings, they reviewed the plan's effectiveness. One of the strategies called for Tommy becoming a "Peer Buddy" to help provide social support for new students. When the next new family enrolled, Tommy spent several days showing the new student around the school, and they both got involved in some extracurricular activities. Tommy's behavior problems quickly turned around, and he soon was able to assume a leadership role during various school events.

In the middle of the year, the grandmother got sick and went to the hospital. Support staff at each of the children's schools were sensitive to the disruption in the home. When Tommy and Clara regressed a bit, they arranged for some extra support and explored ways to assist the family's efforts to cope. The work with the family and the two schools that were involved was coordinated through "care monitoring" strategies developed by a multisite council that focuses regularly on common concerns of all schools in the neighborhood.

Concluding Comments

A recent Hawai`i Department of Education newsletter conveys its expectations and hopes for CSSS:

> Schools must map their current resources, then work outward in search of appropriate supports to ensure every student will succeed – will achieve the Hawai`i Content and Performance Standards and the Expected Schoolwide Learning Results. The Comprehensive Student Support System is a continuum of supports ranging from primary prevention through early intervention to treatment of serious problems by melding school, community, and home resources. Each school will have in place, as part of its School Implementation Design, programs

to (1) enhance the ability of the classroom teacher and others to enable learning, (2) increase home involvement in schooling, (3) support for the many transitions experienced by students and their families, (4) expand community involvement (volunteers, agencies, etc.), (5) address concerns before they become impediments to learning, and (6) respond to and prevent crises. As each classroom curriculum expands beyond basic cognitive development (knowledge and skills) . . ., more students will find success; fewer will need to be referred for specialized support.

CSSS represents a truly pioneering effort to develop a more effective approach to ensuring that no student is left behind. In developing CSSS, the state of Hawai`i has expanded its vision and policy commitment related to school renewal. And, it is modifying its leadership and infrastructure to ensure effective systemic change and capacity building. In doing so, it has begun a journey toward the type of substantive reform that is essential if all students are to have an equal opportunity to succeed at school.

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*There is a growing research base that supports CSSS activities – including prevention and positive approaches for addressing behavior, learning, and emotional problems. Because CSSS is a comprehensive, multifaceted approach, it is being developed based on a wide range of available research. This research base is reviewed in several documents prepared by the Center for Mental Health in Schools at UCLA. These include: *A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning* and *Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base.* You may also want to read: *Pioneer Initiatives to Reform Education Support Programs* and *Organizational Facilitators: A Change Agent for Systemic School and Community Changes.* All these documents can be downloaded from the Center's website – http://smhp.psych.ucla.edu

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If you are interested in learning more about CSSS, contact:

the Division of Learner, Teacher & School Support,
Student Support Branch, Dept. of Education,
State of Hawai`i, 637 18th Ave., C-102,
Honolulu, Hawai`i 96816
Ph: 808/733-4401

New Report on Child/Adolescent Mental Health Research

Blueprint for Change: Research on Child and Adolescent Mental Health.(2001). National Advisory MH Council Workshop on Child and Adolescent Mental Health Intervention Development and Deployment. Washington: DC. – Copies can be downloaded at www.nimh.nih.gov

This important report covers the status of NIMH's research portfolio, identifies research opportunities, discusses training needs, and recommends future directions. What it contains is impressive. However, as with any report, it is well to take stock not only of what it covers, but what it doesn't discuss.

From the perspective of mental health (MH) in schools, the report focuses primarily on mental illness. No one will argue against the focus on mental *disorders*. However, many will be disappointed by the absence of recommendations for studying, understanding, and addressing such disorders within the broader perspective of (a) *psychosocial problems* and (b) mental *health* defined positively in terms of strengths and assets.

With specific respect to evidence-based interventions, the report recognizes that the search for better approaches remains a necessity. However, the recommendations are too limited to move the field in the direction of developing research focused on the impact of comprehensive, multifaceted approaches. Absent such recommendations, the MH field continues to fall into the trap of conveying the impression to policy makers that large-scale problems can be solved by reifying a few, quite limited evidence-based interventions.

It is clear that available evidence based interventions still must develop ways to improve effectiveness in community and school settings and must generate data demonstrating enhanced cost-effectiveness. However, an even bigger problem in addressing the MH needs of children and adolescents involves investing in the development and evaluation of interventions that go beyond one-to-one and small group approaches. Research is needed to determine the impact of a full intervention continuum comprising systems of prevention, systems of early intervention, and systems of care. Development of such a continuum of overlapping systems requires major school-based programs and school-community collaborations. It is striking that there never has been a formal study of the impact of such an approach.

I think we're finally making progress! getting worse

Yeah! Things are at a slower rate.
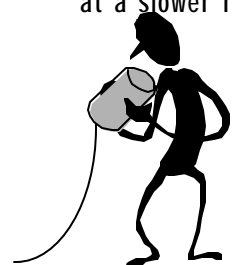
Commentary

The End of Support Services as We Know Them:
Towards a Comprehensive Component to Enable Student Learning

We all know that:

C   Too many kids are not doing well in schools.
C   Schools must play a major role in addressing barriers to learning.
C   Support services as we know them can't meet the need.
C   Current support services not only are fragmented, they are *marginalized* in policy and practice.
C   The solution is not just to "integrate services" or add more of them.

Policy makers at all levels need to understand the full implications of all this. A major shift in policy thinking is long overdue.

The prevailing trend is to focus on "school-linked, integrated services" – in the belief that a few health and social services will do the trick. Such talk has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free-up dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find their resources stretched to the limit.

Another problem is that overemphasis on school-linked services exacerbates tensions between school district service personnel and their counterparts in community based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Conflicts arise over "turf," use of space, confidentiality, and liability. Thus, competition rather than a substantive commitment to collaboration remains the norm.

Relatedly, awareness is growing that there can never be enough school-based and linked "support services" to meet the demand in many public schools. Moreover, it is becoming more and more evident that efforts to address barriers to student learning will continue to be marginalized in policy and practice as long as the focus is narrowly on providing "services."

Fortunately, pioneering initiatives are demonstrating ways to broaden policy and practice. Each is introducing new frameworks for a comprehensive, multifaceted, and cohesive continuum of programmatic interventions. Each is integrating fully with school improvement initiatives.

As described in the lead article in this newsletter, the entire State of Hawai`i is moving quickly in this direction. Over the next decade, initiatives such as the one in Hawai`i will reshape the work of all pupil service professionals. *The effect will be to end "support services" as we have known them.*

Although some current roles and functions will continue, some will disappear, and others will emerge. Opportunities will arise not only to provide direct assistance but to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and inservice training. And, it should be emphasized that these additional duties must include participation on school and district governance, planning, and evaluation bodies in order to end the marginalization of those who are working to enable learning by addressing barriers.

The coming years will mark a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should we go? And who should decide this? Everyone who has been involved in providing support services needs to find a place at the tables where the answers to these questions are being shaped. There is much work to be done as public schools across the country are called upon to leave no child behind.

> For more on this, see Center Report: *Framing New Directions for School Counselors, Psychologists, & Social Workers* (March 2001). Downloadable at http://smhp.psych.ucla.edu or order a hard copy.

(cont. from page 5)

Through line item funding in the state's budget, the Department of Health and Mental Hygiene will offer the counties yearly funding from $250,00 to $400,000, depending on the size of the jurisdiction and the strengths of the proposal. In anticipation of new state funding of two million (in FY2002), planning grants have been awarded to five counties; additional counties will be added in coming years.

Proposals are evaluated by an Interagency Review team with the focus on demonstrated collaboration at county and project sites; interagency planning, management, and implementation; involvement of families; coordin-ation with existing school-based and community-based prevention and treatment programs. In preparing their proposals, the counties are asked to map the programs and personnel in their jurisdictions in anticipation of including a broad network of partnerships.

The Mental Hygiene Administration (MHA) also has been awarded a federal grant from SAMHSA's Center for Mental Health Services. Called "Maryland's Partnership for Safe Schools," it provides technical assistance and evaluation support for the State's funded program. This brings together as partners with MHA,

the Mental Health Association of Maryland, the Maryland Coalition for Families and Children's Mental Health, Johns Hopkins University, the University of Maryland's Training Collaborative, and the agencies of the Subcabinet.

To further clarify the vision and support for the initiative, MHA and Johns Hopkins University's Center for the Prevention of Youth Violence hosted a three day conference for county teams in July. The state partners will create an infrastructure to assist in building capacity and for ongoing support of the initiative. Already in place is a state-wide Mental Health Project Electronic Learning Community. It provides an online environment for communication, collaboration, and electronic mentoring, including discussion and chat groups, access to resources, calendar of events, and other facets of community building. Other support mechanisms being explored are a state mentoring/technical assistance team, county wide steering teams, and job function related workgroups.

For more information on this major initiative, see http://www.dhmh.state.md.us/mha/lksp2001.pdf

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Use the enclosed form to join the practitioner's listserv.
Also, use it to ask for what you need and to give us feedback.
And, please send us information, ideas, and materials for the Clearinghouse.

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(1) **New!! A Practitioner Listserv**

We are launching a practitioners' listserv for those concerned with mental health in schools. The intent is to network those working at school sites (those who are school-employed and those mental health practitioners who work for community agencies at school sites). The objectives include enhancing sharing, supporting efforts to enhance school priorities for MH, providing mechanisms for addressing issues, etc.

If you or any colleagues want to be added to this electronic network, send us an email at smhp@ucla.edu   or indicate below and Fax or mail back this form.

_____ Please add me to the practioner listserv

Also add the following individuals:

(2) If you have any resource requests, list them below.

(3) As always, we welcome your feedback on any facets of the Center's operations.

Your Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-Mail _____

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* in a separate envelope *or* by folding it in half to use the return address on the back as a mailing label.