



## *A Center Policy Report*

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# An Initial Look at Texas Policy Related to Mental Health in Schools\*

\*Prepared for the Texas Policy Leadership Institute for Mental Health in Schools (9/20/05 )

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*Growing numbers of children are suffering needlessly  
because their emotional, behavioral, and developmental needs  
are not being met by the very institutions and systems  
that were created to take care of them.*

David Satcher

## Preface

Part of our Center's ongoing work involves facilitating the efforts of a *Policy Leadership Cadre for Mental Health in Schools*. The Cadre's purpose is to expand, link, and build the capacity of the pool of *persons* who provide *policy* leadership for MH in schools at national, state, regional, and local levels. Such leadership includes a policy focus on promoting social-emotional development and preventing psychosocial and MH problems, as well as policies related to treatment of mental illness. The group consists of individuals across the country who want to play a leadership role and are interested in (a) keeping up-to-date with respect to policy for MH in schools and (b) helping to inform, mobilize, support, and enhance the capability of others. A description of the Cadre's activity is on the Center Website – <http://smhp.psych.ucla.edu/policy.htm>

As part of the Center's work related to the Cadre, a series of statewide Policy Leadership Institutes for Mental Health in Schools will be held in the coming years. These will be open to anyone who is interested in efforts to enhance policy leadership for mental health in schools. This includes current Leadership Cadre members, individuals interested in becoming part of the Cadre, and anyone else who is interested in policy for mental health in schools. The first of these Leadership Institutes is in Texas on September 20, 2005. This draft document was developed as a resource for that institute.

***Attached to the end of this draft is a response form designed to help the Center as it improves this draft. Please respond.***

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## Introduction from the Policy Leadership Cadre for Mental Health in Schools

The initial work of the Policy Leadership Cadre for Mental Health in Schools led to several formulations about current status and future needs. In a report prepared in 2000, the Cadre laid out an agenda for Enhancing a Policy Focus for Mental Health in Schools. The report stated:

The next few years appear destined to produce major mental health policy initiatives. Despite the renewed policy interest, considerable ambiguity and conflict continues with respect to the role schools should play in addressing mental health and psychosocial concerns. For these and other reasons the notion of mental health *in schools* continues not to be a high priority in policy or practice, and little effort has been made to formulate an explicit framework to guide policy makers in this arena.

As interest in mental health is burgeoning, there also is growing concern about serious flaws in policies and practices *at all levels* aimed at preventing and correcting emotional, behavior, and learning problems. One response is reflected in initiatives to increase *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources*. The hope is that cooperation and integration will lead to better access and more effective and equitable use of limited resources. Another implicit hope is that collaboration will enhance the amount and range of available programs and services and lead to *comprehensive approaches*. And, of course, all of this is meant to improve results.

### **Policy Needs**

After analyzing the current state of affairs, the following matters were stressed:

- the well-being of young people can be substantially enhanced by addressing key policy concerns relevant to mental health in schools
- policy for mental health in schools must be developed around well-conceived frameworks and the best available information
- such frameworks should embed mental health into comprehensive, multifaceted, and cohesive approaches for addressing problems and enhancing healthy development of children and adolescents

- current policy must be realigned horizontally and vertically to create a cohesive framework and must connect in major ways with the mission of schools
- policy attention must be directed at restructuring the education support programs and services that schools own and operate
- policy must stress weaving school owned resources and community owned resources together (including connections with families and institutions of higher education)
- policy also must deal with the problems of "scale-up" (e.g., underwriting prototype development and capacity building for systemwide replication of promising approaches and institutionalization of systemic changes).

**Key Conceptual  
Concerns in  
Advancing Policy**

At the same time, the Cadre recognized a set of key conceptual concerns must be understood and addressed in order to enhance the policy context for mental health in schools. While hardly exhaustive, the following is a synthesis of the concerns identified by the Cadre. The list reflects concerns that must be addressed at every policy level where discussion of mental health in schools takes place (e.g., school, community agency, district, city, county, regional, state, and national).

- There is confusion about what constitutes mental health in schools - including varying agendas, disagreements regarding emphasis and breadth, and a dearth of unifying concepts and frameworks.

*There is confusion  
about the term  
Mental Health  
in Schools*

(Is the focus on specific services for those with emotional problems? Does the term encompass programs responding to psychosocial problems? prevention? affective education? wellness? school climate? What is the institutional context for mental health in schools? How should families be involved?)

- There is no provision for an evolving synthesis, analysis, translation, and diffusion of research findings that have direct relevance to mental health in schools.

(What data support the value *to schools* of including a focus on mental health? What interventions look promising? What are the gaps in our knowledge base about interventions schools might find useful?)

*School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.*  
Carnegie Task Force on Education

- There is no ongoing synthesis and analyses of existing policy (federal, state, local) relevant to mental health in schools. This deficiency exists with respect to clarifying
  - > how existing policies affect relevant practices at the school level (including analyses of how funding is shaping the nature and scope of what does and doesn't happen each day at school sites)
  - > how existing policies affect development of effective large-scale systems (e.g., school district-wide approaches, school district and community-wide partnerships)
  - > how gaps in existing policy limit mental health in schools
- Related to the lack of policy analyses is a failure to confront the *policy marginalization and fragmentation* that hinders attempts to improve how schools address mental health and psychosocial concerns. In addition to addressing the above concerns, efforts to change this state of affairs must move rapidly to counter prevailing trends that continue to marginalize the focus in schools on mental health and psychosocial concerns. These trends include:
  - > the skewed focus that equates mental health with severe and profound problems and minimizes prevention (including promotion of healthy social and emotional development) and early-after-onset interventions
  - > the lack of a significant integration with school reform/improvement efforts to address barriers to learning
  - > the lack of a significant connection between initiatives for mental health in schools and managed care/health reform
  - > the tendency not to map and analyze current resources to ensure they are used in cost-effective ways in pursuing psychosocial and mental health activity at school sites
  - > the dearth of attention given to enhancing policy cohesion in ways that minimize "silos" or "stovepipes" (redundancy, waste), maximize use of resources, and foster integrated school-community partnerships
  - > the failure to develop effective infrastructures to ensure development and maintenance of comprehensive, multifaceted, and integrated approaches and related accountability procedures to clarify what's working

The above matters tend not to be a significant focus in programs that prepare mental health professionals or in general courses offered to the citizenry. Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of the inadequacy of professional preparation programs and professional continuing education programs, because of what higher education doesn't focus on in pursuing research and doesn't teach undergraduates). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure truly reciprocal relationships designed to effectively address the pressing educational, social, and health concerns confronting our society. (Attention to professional preparation is especially important now given the "graying" of current support services personnel in schools and the need for such personnel to assume rapidly changing roles and functions and to enhance their cultural competency.)

The Cadre's analyses of what information is available on prevailing approaches to mental health in schools suggest that

- >mental health is primarily discussed as if the term were synonymous with problems (e.g., emotional disturbance, violence, substance abuse) thereby countering efforts to pursue the school's role in promoting positive social and emotional development
- >existing MH programs and services in schools mostly stem from ad hoc policy making and as a result not only are they fragmented, but they are so marginalized that little attention is paid to restructuring and blending them together with other related activity to reduce redundancy and enhance effectiveness and efficiency
- >despite major initiatives for school-linked services, little attention is paid to doing more than co-locating a few community health and human services at select school sites

The Cadre has emphasized that, for communities and schools, the range of MH and psychosocial concerns confronting young people requires much more than providing services for those with mental disorders. The need is for comprehensive, multifaceted approaches that encompass a continuum of programs and services that systemically

- >promote healthy social and emotional development (assets) and prevent problems (by fostering protective factors and resiliency and addressing barriers to development and learning)
- >intervene as early-after-the onset of a problem as is feasible
- >provide specialized assistance for persons with severe, pervasive, and/or chronic problems.

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



History and  
Current Status  
Related to School-  
Based Mental  
Health in Texas

As a beginning effort to better understand Texas policy for mental health in schools, the Center staff solicited input and reviewed a variety of documents, including examples of acts introduced at this legislative session related to mental health in schools. This section provides a synthesis of what we have learned so far.

**A Bit of  
Recent  
History**

(From: *Back to School: Advancing School-Based Mental Health Care in Texas* – a collaborative effort of the Texas Department of Mental Health and Mental Retardation, Texas Education Agency, Texas Federation of Families for Children’s Mental Health, and the MH Association in Texas -- issued in August 2003)

<http://www.dshs.state.tx.us/mhservices/statePlanExecutiveSummary.pdf>

The major child and youth-serving agencies, the over 1,200 independent and charter school districts, and the 39 Local Mental Health Authorities across the 254 counties of Texas have achieved varying degrees of success over the past several years. Brief descriptions of state and local collaborative efforts are provided below.

**Summary of Major State Collaborative Efforts**

**1987** – The 70th Texas Legislature passed legislation mandating a joint memorandum of understanding to implement a system of local interagency staffing groups to coordinate services for children, youth, and their families with multi-agency needs. Participating agencies included the Texas Commission for the Blind (TCB), Texas Department of Health (TDH), the Texas Department of Human Services (TDHS), the Texas Department of Mental Health and Mental Retardation (TDMHMR), the Texas Education Agency (TEA), the Texas Juvenile Probation Commission (TJPC), the Texas Rehabilitation Commission (TRC), and the Texas Youth Commission (TYC).

*Status at time of report:* Begun as a pilot in four counties, all 254 counties in Texas now have Community Resource Coordination Groups (CRCGs). CRCGs require private sector and family involvement on the State and local teams. Many CRCGs have expanded from serving only children to serving adults and/or families in need of multi-agency services. The State Office is funded by contributions from 15 state agencies.

**1988** – Texas received a Child and Adolescent Service System Program (CASSP) grant to begin to develop a coordinated, community-based system of care for children with serious emotional disturbance. The CASSP grant was the springboard to develop children's mental health services across the state of Texas. This grant marked the beginning of formal collaborative efforts among state children's mental health, education, other youth-serving agencies, and families who had children with serious emotional disturbances. Perhaps most importantly, the CASSP grant provided technical assistance and encouragement for

TDMHMR to involve family members in the planning and development of children's mental health services.

*Status at time of report:* Children's mental health services are now available in every county. For almost ten years, TDMHMR has funded a parent in a full-time Parent Liaison position and has recently committed that position to the system of care initiative in Texas. TDMHMR remains very committed to involving family members in every aspect of service design and implementation.

**1989** – The 71st Legislature passed legislation requiring interagency training on effective assessments and interventions for children and families. This training was designed for specific direct service staff of the Texas Department of Human Services, Texas Department of Mental Health and Mental Retardation, the Texas Education Agency, the Texas Juvenile Probation Commission, and the Texas Youth Commission.

*Status at time of report:* That training function was eventually rolled into the statewide implementation of the Community Resource Coordination Groups.

**1989** – The 71st Legislature also appropriated \$2 million per biennium to foster the development of interagency collaboration between TEA and TDMHMR. Local school districts and local mental health authorities used those funds to develop and/or expand community-based support services for children with serious emotional disturbances. The community-based support services include family support, respite care, case management, home-based services, parent enhancement training, or other services that support the family, school, and student in remaining in the community.

*Status at time of report:* Although reduced by budget cuts over the years, \$987,300 remains in the non-educational community based support services fund.

**1990-1995** – The School of the Future project, initiated by the Hogg Foundation for Mental Health at the University of Texas at Austin, was a large-scale, four-site demonstration of a full-service school providing specialized child and family services, including mental health and substance abuse treatment and parent education and training. The focus of the project was on the local community and the involvement of parents and teachers in decision-making. Data indicated that children and families received substantial benefits as a result of the collaboration between the schools and the participating agencies. The primary benefit, as expected, was increased accessibility of services.

*Status at time of report:* The official School of the Future project ended with the final year of the grant, however most of the schools involved continue to offer a blend of social services.

**1991** – The state agencies for education, mental health, substance abuse, juvenile probation, human services, health, early childhood intervention, and juvenile corrections submitted a \$43 million coordinated budget request (the Texas Children's Mental Health Plan) to the 72nd Texas Legislature. This request included funds for school-based mental health prevention and intervention services.

*Policy simply calling for collaboration to enhance communication and reduce service fragmentation and redundancy is insufficient. Indeed, in the long run, it well may be counter-productive to improving intervention effectiveness.*

Policy Leadership Cadre  
for Mental Health in Schools

- The Texas Department of Mental Health and Mental Retardation received \$22,186 million in general revenue appropriations for the Texas Children's Mental Health Plan. Requests For Proposals were developed by an interagency team and distributed to lead field staff in each of the eight agencies. Proposals were written by local interagency teams and were reviewed and scored by interagency teams, including representatives from education, mental health, and families receiving services.
- Locally, funds were managed and monitored by 45 interagency teams made up of local representatives from all of the major child-serving state agencies.
- Four school-based, comprehensive health and social services sites were established in elementary schools. Programs provided an integrated array of treatment and prevention services, including student assistance teams, school-based health clinics, psychological services, substance abuse prevention and counseling.

*Status at time of report:* Local interagency teams continue to assess the needs of the community's children and families and make recommendations to the Local Mental Health Authorities on suitable services and expenditures. Due to budget cuts, most of the school-based services disappeared during the late 1990s. Since that time, however, TDMHMR has once again emphasized the importance and cost-effectiveness of school-based services. Currently, 28 of the 39 Local Mental Health Authorities offer school-based mental health care as part of their array of services and supports.

**1996** – A grant from the Robert Wood Johnson Foundation (RWJ) established pilots that explored the possibilities for blending funds across agencies to serve Texas children and families facing serious emotional disturbances.

*Status at time of report:* The RWJ-funded pilots were expanded in 1999 with the passage of enabling legislation for the Texas Integrated Funding Initiative.

**1999** – The 76th Legislature authorized the Texas Integrated Funding Initiative (TIFI), an expansion of the RWJ pilots. Membership of the state and local oversight teams was specified in legislation. Required members were families and representatives from the major child-serving agencies, including mental health and education. Families and youth were required to make up at least 50% of the membership of the state Texas Integrated Funding Initiative Consortium.

*Status at time of report:* The TIFI initiative is in transition due to recent legislative changes. The thirteen sites, some of which are currently pooling or blending their funds, are planning to continue their work towards integrated funding to provide an array of services and supports to those children who are the most in need. On a related note, three sites in Texas -- El Paso, Fort Worth, and Austin-Travis County -- received large SAMHSA Systems of Care grants and are steadily moving towards establishing systems of care in their communities. The Fort Worth initiative is specifically focused on school-based mental health care.

**2002** – Texas was awarded a planning grant from the National Association of State Mental Health Program Directors, in conjunction with the National Association of State Directors of Special Education, to develop a state plan to promote school-based mental health care for children. This plan was submitted in the fall of 2003.

### **The Parable of the Policy Making Owl**

A field-mouse was lost in a dense wood, unable to find his way out. He came upon a wise old owl sitting in a tree. "Please help me, wise old owl, how can I get out of this wood?" said the field-mouse.

"Easy," said the owl, "Fly out, as I do."

"But how can I fly?" asked the mouse.

The owl looked at him haughtily, sniffed disdainfully, and said, "Don't bother me with the details, I only decide the policy."

**Moral:** *Leadership involves providing details.*

## Exhibit 1

### Summary of Local Collaborative Efforts

As a state, Texas has consistently demonstrated an extensive history of collaboration that continues to grow and develop. As detailed below, the seven sites selected for this grant are at varying stages in their collaborative efforts.

#### **Abilene**

Abilene's Local Mental Health Authority has primarily provided training (suicide prevention, family violence prevention, self-esteem training, and antivictimization training) to students. Representatives from the Local Mental Health Authority and local schools attend meetings, forums, and workshops together.

*Current Activity at time of Report:* Local substance abuse prevention and treatment agencies provide educational information to elementary, middle, and high schools. For some students, the school district will pay for five sessions of individual counseling in the community. The school district also offers Student Assistant Services to a limited number of youth with mental health needs. Family involvement is limited.

#### **Austin**

Austin was a School of the Future project site and a Children's Mental Health Plan school-based site. In 2000, Austin received a large SAMHSA grant to create a formal structure for integrated funding using a wraparound model of service with strong parent and family leadership.

*Current Activity at time of Report:* Austin-Travis County Mental Health and Mental Retardation Center provides clinical services on two school campuses. The Children's Partnership through their SAMHSA Systems of Care grant provides wraparound services and supports to children with the highest needs in each of two school districts through parent care coordinators and an integrated funding pool. The Youth and Family Assessment Center (a joint program of the school district and Travis County Health and Human Services) provides prevention, social services, and wraparound supports to students with low intensity needs and at-risk youth in schools in six underserved areas of the city. Families have been involved for many years in service design, planning, implementation, and evaluation.

#### **El Paso**

The El Paso Local Mental Health Authority and local schools have attended meetings together and have worked together on some projects. However, for the most part, representatives from mental health and the schools have worked separately to meet the needs of children and their families.

*Current Activity at time of Report:* El Paso Community Mental Health and Mental Retardation Center is involved in *Focus on First Graders*, an initiative to integrate schools, community supports, and mental health services for 60 first graders. Parent education, social workers, school counselors, health services, and funding for mental health services are available at varying degrees in the different schools. Family involvement has been somewhat limited thus far. El Paso's efforts are tied to the SAMHSA Systems of Care grant recently received.

*Exhibit 1 (cont.)*

**Houston (Harris County)**

Together, the Mental Health and Mental Retardation of Harris County and the local schools have provided a wide array of school-based mental health care in several school districts since 1991. Houston was also one of the four School of the Future sites.

*Current Activity at time of Report:* The Mental Health and Mental Retardation Authority of Harris County provides school-based mental health care, including rehabilitation services, medication services, and service coordination, at four sites in two independent school districts. Houston's Integrated Funding Initiative (TIFI site) is based at a local school district. Families have long been involved in Houston's service planning and implementation.

**Lubbock**

Lubbock offers small pockets of formal collaborative linkages. Their efforts related to school-based mental health care have been somewhat limited, although they have recently joined together to plan for the delivery of mental health services for identified children in an Alternative Educational setting.

*Current Activity at time of Report:* Current collaborative activities in the Lubbock area include joint meetings, collaboration on this grant, and the planned co-sponsoring of a conference. Of note, however, is that the Local Mental Health Authority and the Independent School District have collaborated recently to plan and deliver mental health rehabilitative services jointly to identified children in an Alternative Educational setting. Family involvement in Lubbock is strong and growing.

**Tarrant/Denton Counties**

The Local Mental Health Authority provided some limited campus-based services several years ago but discontinued the programs due to problems related to funding, space, and attendance. Few efforts have occurred since that time.

*Current Activity at time of Report:* Recently the Fort Worth Independent School District and the City of Fort Worth collaborated through the Mental Health Connection to obtain a SAMHSA grant that is helping to build a school-based system of care. Denton County is in the process of developing a countywide system of care as one of the TIFI sites. The Tarrant County Mental Health Association will soon be developing mental health education and prevention curricula for use in the schools. Prior to the efforts surrounding these grant activities, family involvement has been somewhat limited. For the purposes of this planning grant, however, Denton parents have provided the primary push towards collaboration.

**Tyler**

The Local Mental Health Authority and Independent School District have collaborated for over 10 years and have established numerous innovative programs, including a 6-week campus-based, extended year service to students with serious emotional disturbance.

*Current Activity at time of Report:* The Local Mental Health Authority, in collaboration with the Independent School District and Head Start, provides the *Summer Adventure Program*, an extended year service to students in special education. A second collaboration prevents court referrals for truancy by providing the student with individual and group counseling, and home - based services. Through the *Classworks* program, counselors from the Local Mental Health Authority are assigned to an elementary campus to provide mental health services. Family involvement in service design and delivery is minimal.

## Exhibit 2

### State Initiatives for School-Based Mental Health at the Time of the Report

The 2003 report indicates that

- 28 of the 39 Local Mental Health Authorities provide some level of school-based care. Services typically include counseling, skills building, and day treatment.
- The Texas Integrated Funding Initiative (TIFI) continues to provide technical assistance and oversight to the thirteen TIFI sites. Child and Family Teams coordinate the delivery of services and determine whether the services will be delivered at the child's home, school, or other community location.
- In 2003, the 78th Legislature, during their regular session, passed legislation requiring the Texas Education Agency, the Texas Department of Mental Health and Mental Retardation, the Texas Department of Health, and the Texas Commission on Alcohol and Drug Abuse to assess school-based mental health and substance abuse programs. The legislation called for the agencies to develop recommendations regarding further development of those programs, including the incorporation of information regarding substance abuse prevention, mental health education, and access to related services.
- Over the next 18 months, the State Oversight Team, with the addition of members representing the field of substance abuse prevention and treatment, will develop recommendations for this legislatively mandated study. *Back to School: The State Plan for Advancing School-based Mental Health Care in Texas* will serve as the foundation of the Team's efforts and will inform their recommendations. Texas Education Agency, in its role as lead agency in the legislation, will submit those recommendations to the 79<sup>th</sup> Texas Legislature, scheduled to convene in January of 2005. To assist these efforts, the Texas Department of Mental Health and Mental Retardation will be transferring approximately \$5,800 in remaining planning grant funds to the Texas Education Agency.

“All who favor expanding what schools do to enhance the well-being of youngsters must join in the efforts to ensure that

- >mental *disorders* are understood and addressed within the broader perspective of psychosocial problems and mental *health* is understood in terms of strengths, as well as deficits
- >collaborative efforts related to the respective roles of schools, communities, and homes are enhanced and pursued effectively
- >critical *equity considerations* are addressed
- >the prevailing *marginalization and fragmentation* of policy, organizational infrastructures, and daily practice are countered and result in increased financing
- >the challenges of *evidence-based strategies* and *achieving results* are addressed *in ways that enhance large-scale intervention effectiveness.*

The challenge for those focused on MH *in schools* is not only to understand these matters, but to function on the cutting edge of change so that the concerns are well-addressed.”

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## **Recent Information From Across the State**

(From: *Assessment of Existing School-based Mental Health and Substance Abuse Programs*  
a report issued by the Texas Education Agency in January, 2005)  
<http://www.tea.state.tx.us/comm/sb491.doc>

Senate Bill (SB) 491 of the 78<sup>th</sup> Legislature directed the Texas Department of Mental Health and Mental Retardation (TDMHMR), the Texas Education Agency (TEA), the Texas Department of Health (TDH), and the Texas Commission on Alcohol and Drug Abuse (TCADA) to assess existing school-based mental health and substance abuse programs.

In response to this charge, TEA sent all Texas school principals a survey in March 2004, asking them to complete it or assign an appropriate person or team to complete it online. The survey goal was to gather baseline data on mental health care and substance abuse programs in Texas schools. In total, 3,847 surveys were completed, a 48% response rate from approximately 8,000 schools.

In January, 2005, the TEA issued a report entitled: *Assessment of Existing School-based Mental Health and Substance Abuse Programs*. Along with background on the state of mental health and substance abuse programs for children, this report presents survey findings, insights from a meeting of 30 stakeholder organizations, and recommendations for future direction.

### **Summary Findings**

- At all grade levels, schools cited counseling as their most successful approach to identifying and addressing students' mental health and substance abuse problems.
- Drug and alcohol abuse were the top two challenges identified by high schools.
- School counselors spend most of their work time on tasks other than mental health and/or substance abuse counseling, especially in high school.
- Schools cited a variety of prevention and intervention programs, but no statewide standard for mental health and substance abuse programs exists.
- Most schools provide students and families with resource information and referrals to a wide range of mental health and substance abuse programs. No mechanism exists to track whether referrals result in care.
- Almost three-fourths of school campuses had been trained in the Texas Behavior Support Initiative, designed to provide positive behavior support for students, especially those with disabilities.
- Schools generally rated themselves as successful or fairly successful in providing resource information and referrals for students with mental health or substance abuse problems, and as moderately or fairly successful in identifying such students and providing school-based services for them. The current research does not include an independent assessment of the quality of school-based programs and services.
- Stakeholders identified components of successful school-based mental health and substance abuse programs, including adequate funding, program evaluations, the presence of mental health and substance abuse professionals on staff at all grade levels, training for families and school staff, and linkages to community-based services. They cited about a dozen model school-based programs. [see Exhibit 3] Their recommendations ranged from better coordination and integration of services to improved teacher training and more counseling time devoted to substance abuse.



### Exhibit 3

#### What is Working and Where\*

Stakeholders identified the following programs as models.

- The Dallas Independent School District's program of school mental health services has been recognized by President Bush's Commission on Mental Health as a model for delivering culturally appropriate care, was cited by the Texas State Comptroller as an exemplary program, is recognized as outstanding by the American Psychiatric Association, and is a TCADA-approved treatment center.
- Communities in Schools, a private nonprofit agency, provide school social-work services on selected campuses across the state. For example, Communities in Schools-Central Texas has contracts to provide services on 43 campuses in seven school districts.
- Austin ISD has implemented Impact Teams on K-12 campuses. They are designed to provide early identification and referral for mental health issues.
- Austin ISD Board of Trustees has adopted Positive Behavior Supports for all campuses.
- Through contracts with private providers, Austin ISD's Care Coordination offers intensive early intervention and referral for mental health services.
- Life Skills, Project ALERT, and Second Step are three Fort Worth ISD programs that have been labeled exemplary by the Department of Education.
- In El Paso, the Truancy Prevention Services program is collaborating with school districts and Aliviane drug programs to help more than 2,000 students per year.
- San Antonio reported successful collaboration by agencies in substance abuse treatment and prevention, including monthly meetings to discuss strategies to meet the needs of clients in the community.
- A program sponsored by the Greater Dallas Council on Drug and Alcohol Abuse that includes a class for credit reports good outcomes in student awareness and drug-prevention attitudes.

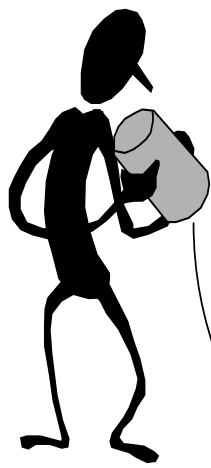
From Appendix B in: *Assessment of Existing School-based Mental Health and Substance Abuse Programs* a report issued by the Texas Education Agency in January, 2005.

<http://www.tea.state.tx.us/comm/sb491.doc>

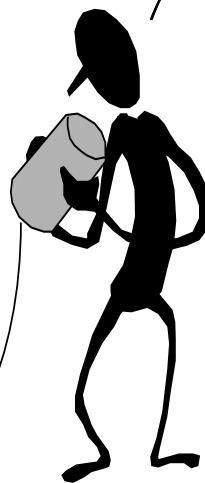
## Summary Recommendations

- Charge local School Health Advisory Councils with exploring the coordination of mental health and substance abuse needs and services for their districts.
- Encourage local school boards to adopt policies on positive behavior support to improve campus environment.
- Teach positive behavior support in preservice programs and alternative certification programs as a tool for classroom management.
- Increase the amount of time high school counselors devote to substance abuse prevention and substance abuse counseling.
- Maximize resources by encouraging child-serving agencies to coordinate services to children.
- All teachers should receive preservice credit hours or continuing education hours for training in early identification of students with mental health and/or substance abuse problems.
- Encourage the expansion of the wrap-around process for children's mental health services.

Can you define "collaboration" for me?



Sure! Collaboration is an unnatural act Between nonconsenting adults.



**Current Ways  
Policy Problems  
are Described**

**Gaps Related to School-based Mental Health  
as Identified in a 2003 Report**

From: *Back to School: Advancing School-Based Mental Health Care in Texas* a collaborative effort of: Texas Department of Mental Health and Mental Retardation, Texas Education Agency, Texas Federation of Families for Children's Mental Health, and the MH Assoc. in Texas (August 2003)  
<http://www.dshs.state.tx.us/mhservices/statePlanExecutiveSummary.pdf>

The gaps in school-based mental health care identified across sites tend to fall into one of four categories: 1) financial resources, 2) human resources, 3) training resources and 4) policies.

Almost all of the sites identified an ongoing lack of funding as a major gap to providing school-based mental health care. Coming from communities in a state that is 47th in the union for mental health funding, this gap is not unexpected. Some sites observed that not all Local Mental Health Authorities elect to take advantage of the option to create flexible funding for non-traditional services and supports for youth with intensive needs. As a result, high-need youth and families in those communities may not be able to access the types of services they really need.

The second category of responses focused on human resources. Specifically, respondents noted a lack of board certified child and adolescent psychiatrists in Texas and a lack of mental health professionals in schools. Indeed, Texas has only 156 child and adolescent psychiatrists who are certified by the American Board of Psychiatry and Neurology. While 71% of Texas public schools have school guidance counselors, only 28% of schools in Texas actually employ licensed mental health professionals. As it stands currently, counselors have such high workloads that they are rarely able to provide actual mental health interventions. Indeed, academic counseling, student schedules, and disciplinary issues often take priority. As budgets get tighter, school counselors are often asked to take on more and more administrative duties. As a result, it is very difficult, if not impossible, for school counselors to provide effective mental health services at the level of intensity and frequency needed for a large number of students.

The third category of responses centered on the lack of consistent cross-discipline training related to education and mental health. Several respondents noted that educators often do not have the experience in identifying the early indicators of emotional disturbance, nor do they have experience in identifying and accessing community resources. In fact, many of the sites acknowledged that there seems to be a knowledge deficit related to resources available at the state and local levels.

The final category of responses related to the policies and practices of meeting the mental health needs of students. Respondents feared that some non-disruptive students might have mental health needs that go unidentified in a school setting. Also, there were concerns that after school and summer access to school-based offices/services is limited and results in decreased opportunities to serve families.

Additionally, some sites recognized that, because of budget limitations, local mental health providers must prioritize those children who receive services. According to these respondents, the definition of a child priority population promulgates an eligibility-based service design rather than one based on the needs of the child and family. Also, the eligibility requirements for serious emotional disturbance are quite different in the education and mental health systems. The federal education law is much more stringent. If students do not qualify as having a serious emotional disturbance as defined by federal education law, most schools have limited resources to address the mental health problems of other students.

Finally, one of the sites noted that schools, by their nature, might find it difficult to integrate mental health care into their already full days. Mental health services must often compete with the school's focus on the Texas Assessment of Knowledge and Skills (TAKS), inconsistent administrative support, and the lingering stigma related to mental illness.

### **Disproportion of Children with Serious Emotional Disturbances in Disciplinary Placements**

From: Hogg Foundation for Mental Health  
<http://www.hogg.utexas.edu/pages/SpecialEd.html>

Children with serious emotional disturbances present unique challenges to the public school system in providing an education and managing their behavioral disability. Federal and state laws protect children with disabilities and guide schools in ensuring that children with serious emotional disabilities receive their education in the least restrictive environment. Data reported by the Hogg Foundation for Mental Health indicate that in disproportionate numbers Texas schools remove students with special needs from the classroom and transfer them to disciplinary placements segregated from the rest of the school population. Some of these placements may not be appropriate, especially when they are used as a response to problematic behavior caused by the student's emotional disturbance. While school administrators have broad authority under state law to determine the best response to students' behavior problems, placing an emotionally disturbed student in a disciplinary educational setting may not be conducive to meeting the student's educational and special needs. Such placements may also fail to comply with three decades of federal law and policy requiring schools to educate students with disabilities in the least restrictive environment. Despite school administrators' awareness of these requirements, current data indicates that Texas administrators move a disproportionately high number of students with serious emotional disturbances from their educational setting to a disciplinary placement.

In 1995, the Texas legislature created two new separate disciplinary placements for students committing serious offenses. The legislature required counties with over 125,000 residents to develop a *juvenile justice alternative education program* (JJAEP).<sup>1</sup> The JJAEP is responsible for educating juveniles who receive mandatory expulsions from school for conduct found by a court to constitute one of the serious offenses detailed in the Texas Education Code.<sup>2</sup> The court (not the school district) will refer the juvenile to the JJAEP. A school district may also contract with the JJAEP to educate juveniles receiving a discretionary expulsion for other serious offenses listed by statute<sup>3</sup> or students who persistently misbehave in another disciplinary placement.<sup>4</sup> Most students are placed in a JJAEP through a school's exercise of discretion.<sup>5</sup>

The second, and most commonly used, disciplinary placement created in 1995 is for students who have not been expelled. Under state law, each school district must have two *disciplinary alternative education programs* (DAEPs), one for elementary students and one for older students.<sup>6</sup> The DAEP is responsible for educating students who require a disciplinary placement but have not been expelled and sent to a JJAEP. State law requires a school to send to the DAEP students it reasonably believes have committed specified offenses. The school must schedule a conference with the student's parent or guardian within three days of removing the student to the DAEP.<sup>7</sup>

Most commonly, the school district exercises its broad discretion to place a student in a DAEP.<sup>8</sup> A school can place a student in a DAEP under any circumstances detailed in its student code of conduct.<sup>9</sup> A school may also place a student in a DAEP if the student has ever been adjudicated delinquent or placed on probation for an "offense against the person" (regardless of when and where the conduct occurred or whether the student successfully complied with any court sanctions) as long as the school determines that the student's presence "threatens the safety of other students or teachers," "will be detrimental to the educational process," or "is not in the best interests of the district's students."<sup>10</sup> Students and their guardians cannot appeal such a determination.<sup>11</sup>

In response to the problem, the Hogg Foundation recommends: The Texas Education Agency make accessible to individuals outside the Agency the relevant data about DAEPs it collects through the Public Education Information Management System (PEIMS), the Academic Excellence Indicator System (AEIS), and the TEA Financial Accountability System. They specify a range of data that should be analyzed and reported on a district-by-district basis.

References: 1) Texas Education Code §§37.011(a). 2) Texas Education Code §§37.011(b); Texas Education Code §§37.007(a), (d), (e). 3) Texas Education Code §§37.007(b) 4) Texas Education Code §§37.007(c). Under this provision, a student must be in a disciplinary alternative education program (DAEP) before a placement in the JJAEP for persistent misbehavior. 5) Texas Education Agency, *Annual 425 Report*. 6) Texas Education Code §§37.008; TEC §§38.006(f). 7) Texas Education Code §§37.009. 8) Texas Education Agency, *Annual 425 Report*. 9) Texas Education Code §§37.001(a)(2). In addition to placement in a DAEP, a student may receive a citation issued by a school peace officer for a violation of the student code of conduct. TEA does not collect data on the number of such citations or the dollar amount of the fines. 10) Texas Education Code §§37.0081(a). 11) Texas Education Code §§37.0081(b).

## **Recommendations to the Legislature from the State TIFI Consortium**

From: Report to the Governor and 79th Legislature on Systems of Care for Children with Severe Emotional Disturbances and Their Families. Submitted by the State Texas Integrated Funding Initiative Consortium in Cooperation with the Texas Health And Human Services Commission (January 2005)  
[http://www.hhsc.state.tx.us/pubs/01\\_2005\\_TIFI.html#rto](http://www.hhsc.state.tx.us/pubs/01_2005_TIFI.html#rto)

The State TIFI Consortium developed ten recommendations to the 79th Legislature which are listed below. These were developed “with sensitivity to the need to be realistic and fiscally sound within the current environment related to health and human services, education, and juvenile justice areas. The expected outcomes of these recommendations are intended to address the four areas that local CRCGs cited needing attention from state-level stakeholders, including increased funding, collaboration and coordination, family and community-based support, and training.”

- (1) Appropriate new funds to create an integrated statewide system for purchasing behavioral health<sup>1</sup> care services that promote the well-being of children, youth and their families, encourage a seamless system of care which is accessible, continuously available, and emphasizes prevention and early intervention, resiliency, recovery and rehabilitation. Place these new appropriations into one fund shared and governed by child-serving state agencies with representation of family and advocacy organizations, to coordinate and ensure access to services in the least restrictive, most effective settings.
- (2) Direct state agencies that provide health and human services, educational services, and juvenile justice services to pair a designated agency staff member with an identified family/youth partner to serve on the State TIFI Consortium. The Consortium shall build upon existing efforts and provide statewide oversight to further develop system of care practices across Texas.

Functions will include expert consultation relating to:

- (a) Interagency agreements and cooperation for integrated service delivery to children and youth with behavioral health needs;
  - (b) System of care training and technical assistance to state and community partners (including community leaders) in collaboration with the federally designated statewide family network; and
  - (c) Policy and program issues related to children/youth with behavioral health needs.
- (3) Direct the Regional Councils of Government (COG) to build or enhance existing regional or local collaborative infrastructures to develop a community master plan for children, youth, and families. This master plan should identify barriers to accessing behavioral health services, direct local resources to remove those barriers, and promote positive social-emotional development for all children and youth. Membership of the collaborative shall include leaders from the business and faith-based communities, family advocacy groups, local community leaders, volunteers, local school boards<sup>2</sup>, service providers, local Public Advisory Committees for local mental health authorities, drug and alcohol abuse councils, and local community resource coordination groups.

*Reform is a paradox ...*

*Everyone is going down the same road with different agendas.*

- (4) Provide that parent/guardian(s) of a child/youth needing mental health services or treatment who voluntarily relinquish the custody of a child, but retain some partial conservatorship interest in the child, shall have:
  - Notice of any and all treatment (including medical, service coordination, educational, etc.) prior to treatment, or as soon as possible, and
  - The opportunity to participate in the decision-making processes for the child's behavioral health treatment
- (5) Restore the Children's Health Insurance Program (CHIP) behavioral health benefits to fiscal year 2000 service levels, including eligibility, cost sharing, mental health, substance abuse and services for co-occurring disorders. Consider the incorporation of system of care practices into the design of the restored benefits package, including wraparound planning<sup>(3)</sup>, flexible funds and other family supports.
- (6) Restore to all health insurance policies regulated by the State mandated benefits that prevent or treat illnesses or disabilities in children and youth that were excluded by:
  - Senate Bill (S.B.) 541, 78th Texas Legislature, Regular Session, 2003, and/or
  - S.B. 10, 78th Texas Legislature, Regular Session, 2003.
- (7) Restore all prevention and early intervention funding including:
  - Monies previously appropriated at fiscal year 2002 levels for Department of Family and Protective Services and the Texas Youth Commission
  - Texas Education Agency's Non-Educational Community-Based Support funding level to the original 2 million dollars
- (8) Increase the quality and availability of a trained public workforce for child and youth services in underserved areas of Texas through mechanisms such as incentives and tuition waivers for continued years of service, identification and use of federal funds for tuition, supported internships/externships, loan forgiveness for mental health professionals willing to work in underserved areas for designated timeframes, and expanded collaborations among state agencies, universities, colleges, and the Texas Higher Education Coordinating Board.
- (9) Direct the Legislative Budget Board (LBB) to incorporate requirements in the guidelines for each child and youth-serving state agency's strategic plan to ensure family/youth involvement in planning and policy development related to behavioral health services needs. The proposal should be cost neutral for the family/youth representatives and reflect the core values and guiding principles of system of care.
- (10) Direct DSHS to review and augment current continuity of care rules related to behavioral health services to ensure children and youth discharged from residentially based treatment will have immediate access to behavioral health services, provided by local mental health authorities, at the level and intensity they require.

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<sup>1</sup>Mental health, substance abuse or co-occurring mental disorders

<sup>2</sup>Schools offer a primary opportunity for success for children with emotional, behavioral or mental disorders and represent a primary, non-stigmatizing role within childhood. School achievement must be successfully mastered in order for children and their families to flourish. Supportive environments are created by a strong partnership between schools and community involvement, and because best practices in children's mental health involve local communities.

**Examples of Acts  
Introduced at this  
Legislative Session  
Related to Mental  
Health in Schools**

**Relating to the provision of alcohol and substance abuse programs by school districts (HB 1805 – Campbell)**

This bill would allow a school district to establish an alcohol and substance abuse program to assist students who are or are becoming alcohol or substance abusers and include the participation of a school counselor and the employment of a mental health professional. The program must include procedures for referring a student to a treatment facility.

**Relating to providing children mental health and substance abuse services, including school-based services (SB 1703 – Shapleigh)**

Amends Education Code to ensure training in early identification of and referral strategies for students with mental health and substance abuse problems to be included in the requirements for certification. Establishes a local school health advisory council to make recommendations to the board of trustees of the school district regarding coordination of existing school-based mental health and substance abuse services and further development of those services, including the incorporation of information regarding substance abuse prevention, mental health education, and access to related services. Establishes an Office of Children's Mental Health and Substance Abuse. (a) The commissioner by rule shall establish an Office of Children's Mental Health and Substance Abuse to provide services to children in this state. (b) To ensure the quality of mental health and substance abuse services and delivery of those services, the department, through the office established under Subsection (a), shall collaborate with: (1) state agencies and local governments that provide education services and mental health and alcohol and drug prevention and treatment services; (2) consumers of mental health and alcohol and drug prevention and treatment services; and (3) families of children requiring mental health and alcohol and drug prevention and treatment services.

**Relating to contact between a public school student who assaults another student and the student victim (HB 1024 – Farrar)**

This bill would allow a victim of assault or sexual assault who is assigned to the same campus as the student who committed the offense to notify a school counselor of the offense or other conduct and request that the counselor attempt to limit contact between the two students. The counselor then would be required to suggest to the parent of the student who committed the offense that the parent attempt to transfer the student to or enroll the student in another school. If the parent refuses or is unable to comply, the counselor would be required to develop a plan for ensuring that the two students have limited contact during the day and during any extracurricular activities. The counselor would coordinate with the parents of the two students separately in developing the plan.

**Relating to corporal punishment in public schools  
(HB 2413 – Allen, Alma)**

Sec. 37.901. CORPORAL PUNISHMENT. (a) In this section, "corporal punishment" includes hitting, spanking, paddling, or deliberately inflicting physical pain by any means on the whole or any part of a student's body as a penalty or punishment for the student's behavior on or off campus. (b) A school district employee or a volunteer or independent contractor of a district may not administer corporal punishment or cause corporal punishment to be administered to a student. (c) A school district employee or a volunteer or independent contractor of a district may use reasonable and necessary physical restraining techniques for the purpose of: (1) preventing a student from injuring a person or property; (2) self-defense; or (3) obtaining from a student possession of an object specified by Section 37.007(a)(1) or another dangerous object. (d) Section 9.62, Penal Code, and Section 22.0511(a) do not apply to an action of a school district employee or a volunteer or independent contractor of a district that violates Subsection (b).



**Relating to the transfer of public school students who are the victims of bullying (H.B. 283 – Hope)**

This bill would define bullying as engaging in written or verbal expression or physical contact that the student knows or reasonably believes will cause significant emotional distress to another student, that causes significant emotional distress to another student, and that would cause significant emotional distress to a reasonable person under the same circumstances. This bill would also require a school board, upon request of a parent or other person authorized to act on behalf of a student who is a victim of bullying, to transfer the victim to another classroom or another campus in the district. Prior to transfer, the board would be required to verify that the student was the victim of bullying.

**Relating to the possession and self-administration of certain prescription medications by public school students while on school property or at a school-related event or activity (SB 221 – Zaffirini)**

This bill relates to the possession and self-administration of anaphylaxis medicine by public school students while on school property or at a school-related event or activity

**Relating to a school district policy concerning the use of school counselor's work time (HB 2089 – Oliveira)**

This bill would require a school district to adopt a policy that ensures that a counselor will not spend more than 10 percent of the counselor's time performing duties not included in the components of a counseling or guidance program. The school district must maintain a copy of the policy and make it available to the public upon request. Before an investigation by TEA, the agency shall interview a percentage of the counselors to determine compliance.

**Relating to a school district policy concerning the use of school counselors' work time (SB 207 – Lucio)**

This bill would require a school board to adopt, implement, and make available a policy establishing the percentage of work time a counselor is expected to spend on counseling or guidance, which would not include time spent in connection with assessment instruments except data interpretation. The bill would also require the commissioner of education, prior to an on-site investigation, to have a district assess its compliance with this policy and provide a written copy of the assessment to investigators who would interview a percentage of counselors to assess compliance.

**Relating to the qualifications for school counselors in certain elementary schools (HB 2477 – Delisi)**

This bill would require a school district with fewer than 500 students enrolled in elementary schools to employ a part-time social worker.

**Relating to the provision of behavioral health services by school-based health centers (SB 1194 – Van de Putte)**

This bill would include behavioral health services as part of the services that may be offered by a school-based health center.

**Relating to a review of the rule concerning the content of individualized education programs for students with autism or other pervasive developmental disorders (SB 124 – Shapiro)**

This bill would require TEA to establish a committee composed of parents of students with autism or other pervasive developmental disorders, teachers, administrators, and other interested persons to study the rule concerning the content of an individualized education program for a student with autism or other pervasive developmental disorder (19 TAC 89.1055(e)). The committee would be required to consider the relevancy of the rule and whether any other considerations should be included in the rule. The committee would recommend changes to the commissioner of education not later than July 1, 2006.

**Relating to the discipline of public school students who voluntarily surrender prohibited items (HB 625 – Olivo)**

This bill would require a student code of conduct to include guidelines under which a student who unknowingly brings to school a prohibited item may avoid disciplinary action by turning over the item to a school official. The school official must provide written notice of the incident to the student's parent.

**Relating to the compulsory school attendance age (HB 509 – McClendon)**

This bill would require a child who is at least five years old or who is younger than five and has previously enrolled in pre-kindergarten or kindergarten to attend school. It would also require a school district to provide public notice concerning preschool programs for students with disabilities who are at least three but younger than five years old.

**Relating to the use of the special education allotment to fund Saturday classes for certain students (HB 465 – Dutton)**

This bill would allow the use of special education funds to provide Saturday classes to third grade students who fail to perform satisfactorily on an assessment instrument.

**Relating to a maximum class size for certain public school students who perform poorly on a assessment instrument (HB 569 – Dutton)**

This bill would prohibit a school campus from enrolling a student who is enrolled in the third, fourth, or fifth grade in a class with more than nine other students if the student does not perform satisfactorily on an assessment instrument. The prohibition would be in effect until the student reaches the sixth grade.

**Relating to the optional flexible year program for public school students who fail to perform satisfactorily on an assessment instrument or who would not otherwise be promoted (HB 889 – Smith, Todd)**

This bill would not allow a school district to use more than 5 days that would otherwise be used for staff development or teacher preparation to provide additional instructional days to students who do not perform satisfactorily on an assessment instrument. The bill also redefines "average daily attendance."

**Relating to scope and authority of school health advisory councils and broadens the availability of coordinated school health programs for elementary schools (SB 1357 – Nelson)**

Bill establishes a local school health advisory council, rather than a local school health education advisory council, to assist the district in ensuring that local community values are reflected in the district's health education instruction; the council is required to make as part of a coordinated school health program for the district and requires the Texas Education Agency to make available to each school district one or more, rather than one, coordinated health programs in elementary school students.

**Relating to an urban school choice pilot program for certain public school students (HB 1263 – Harper-Brown)**

The bill applies to certain school districts that are located in a county with a population of 800,000 or more. A school district may participate in the school choice program if it is the largest district in the county in which a majority of the students are economically disadvantaged or at least 90 percent of the students in the district were educationally disadvantaged during the previous year. A child is eligible to participate in the program if the child has dropped out of school, is at risk of dropping out, or is financially disadvantaged. School districts would be required to provide written notice to parents of children who are eligible to participate in the program. Schools of choice resource centers would also be established at eligible school districts by independent and privately funded nonprofit organizations. An annual scholarship to attend a qualifying school would be provided. A qualifying school must be accredited by or have an application for accreditation by an accreditation association recognized by the commissioner to accredit nongovernmental schools in this state and not advocate or foster unlawful behavior to teach hatred of any person or group on the basis of race, ethnicity, national origin, or religion. A qualifying school may not deny admission based on race, national origin, or ethnicity. A school that receives a scholarship is not considered an agent or arm of the state or federal government. A qualifying school is granted autonomy in order to "allow maximum freedom to the private sector to respond to and provide for the educational needs of the children in this state without governmental control..." The number of participants is limited to 5% of the number of students in the district as of October 1 in the preceding school year.

*Without a "big picture" analysis, policy makers and practitioners are deprived of information essential to determining equity and enhancing system effectiveness.*

Policy Leadership Cadre for MH in Schools

**Relating to a pilot program designed to improve educational services in participating school districts (HB 238 – Menendez)**

This bill would implement the "Student Achievement Guarantee in Education Pilot Program." The program would involve four geographically representative school districts selected by the commissioner from applications of eligible districts. Each of these districts would enter a contract with TEA in which the district would agree to provide specified educational services in exchange for funds. A district would be eligible to participate if, during the prior school year, 50 percent or more of the students enrolled at an elementary campus in the district were educationally disadvantaged. Likewise, an elementary campus would be eligible to receive funds if 50 percent of its students were educationally disadvantaged. The bill specifies the contract requirements and prescribes numerous measures that a participating district must implement at each campus that receives funds. Under the bill, the commissioner would pay each participating district \$2,000 for each educationally disadvantaged student who is enrolled in a grade level and at a campus designated in the contract. A district or campus could use funds only to employ additional teachers in kindergarten through third grade at a campus receiving funds. The bill would create a program review committee to review the progress of each campus that receives funds. The program would expire August 31, 2015.

**Relating to the compensatory education and bilingual education allotments under the foundation school programs (HB 627 – Oliveira)**

This bill would increase the multiplier relating to compensatory education and bilingual education allotments from 0.1 to 0.4.

**Relating to eligibility of children with learning disabilities for free public prekindergarten classes (HB 2605 – Guillen)**

This bill would allow a child who has been diagnosed with a learning disability to enroll in a prekindergarten class.

**Relating to free prekindergarten programs for certain children**  
(HB 745 – Oliveira)

This bill would require a district to offer a pre-kindergarten class on a full-day basis. No exemptions from this requirement would be allowed.

**Relating to eligibility for enrollment in public school prekindergarten classes** (HB 1246 – Villarreal)

This bill would allow a child who comes from a family with a household income at or below 200 percent of the federal poverty level to enroll in prekindergarten classes.

**Relating to providing the national free or reduced-price breakfast and lunch program to a greater number of public school students** (HB 2578 – Rodriguez)

This bill would require the Department of Agriculture to develop a formula to determine the percentage of school district students that would be required to participate in the reduced-price breakfast and lunch program. The formula would be used to identify school districts that could be providing free meals but chooses not to. The Department would encourage each district to provide free meals to all students.

**Relating to an optional flexible school day program for students in grades nine through twelve who have dropped out of school or who are at-risk of dropping out** (H.B. 870 – Hochberg)

This bill would allow school districts to provide a flexible school day program for high school students who have dropped out or who are at-risk of dropping out. The program could have flexible hours and days, and students could enroll in less or more than a full course load. The program would have to provide at least the same number of instructional hours for each course as those offered in a traditional program.

**Relating to protecting of private family information of children attending public schools** (HB 531 – Howard)

This bill would prohibit school districts from administering any test or survey or from presenting any curriculum that reveals specific private information about a student or the student's family unless the student's parent is given notice and an opportunity to review the materials in question and to refuse to allow participation. In addition, the district would be required to get prior written consent to the test, survey, or curriculum from a student's parent. Further, any such test, survey, or curriculum could not be used to determine a student's grade for a course, whether a student is promoted, or whether the student will graduate. This bill would also prohibit a district from providing psychological services, including a "progressive relaxation technique," to a child without the parent's informed written consent. Psychological services would have to be administered by a licensed health-care practitioner qualified to provide the service.

**Committee to examine the impact of public school assessment instruments on the quality of education** (SCR 1 – Madla)

Requesting the Lt. Governor and the speaker of the house to create a joint interim committee to examine the impact of public school assessment instruments on the quality of instruction, teacher morale and student motivation to learn.

The current norm related to efforts to advance mental health policy is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates for different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. But in the long-run, it may be counterproductive in that it fosters piecemeal, fragmented, and redundant policies and practices.

Moreover, it is evident that the most potent advocacy mechanisms have been developed by those who focus mainly on psychopathology and the special needs of the mentally ill. Clearly, such advocacy is essential. However, this agenda is creating a perspective of the field that is too narrow and practices that often are overly specialized. This is particularly evident in reviewing the state of the art with respect to *professional training and certification*. Those involved in efforts to advance policy and practice related to mental health have long recognized that there are major inadequacies in professional preparation programs and professional continuing education programs. For the most part, MH training focuses on mental illness, with little emphasis on psychosocial problems and their relationship to mental disorders or on positive MH. The result is primarily a person-pathology orientation to assessment and a clinical orientation to amelioration of problems. This contributes to the dearth of R&D investment in (a) assessment practices and classification schemes to account for environmental causes and (b) large-scale programs to prevent and correct psychosocial problems.

To counteract such problems, advocacy for mental illness should be conceived as one facet of advancing a comprehensive and cohesive agenda for addressing a full spectrum of mental health and psychosocial concerns.

Policy Leadership Cadre for Mental Health in Schools

What's Needed to Advance Policy to End the Marginalization of Mental Health in Schools in Texas?

Based on what we have learned so far about the history and current status of Texas policy related to mental health in schools, it seems that most of the general concerns raised in 2000 by the Policy Leadership Cadre are relevant to efforts to advance Texas policy.

Thus, policy leaders in Texas who want to end the marginalization of mental health in schools might want to consider the following tasks:

- Clarifying what the term mental health in schools should encompass in Texas  
  
(Should the focus only be on specific services for those with emotional problems? Should the term encompass programs responding to psychosocial problems? prevention? affective education? wellness? school climate? What should be the institutional context for mental health in schools?)
- Compiling and agreeing on the science-base for presentation to policy makers in support of policy for mental health in schools  
  
(Data that supports the value *to schools* of including a focus on mental health; info about promising interventions; clarification of gaps in the knowledge base related to interventions schools might find useful.)
- Clarifying the state and impact of current policy with respect to the *policy marginalization and fragmentation* that hinders attempts to improve how schools address mental health and psychosocial concerns. For example:
  - >How policy that equates mental health with severe and profound problems minimizes prevention (including promotion of healthy social and emotional development) and early-after-onset interventions
  - >How the lack of a significant integration of efforts to address barriers to learning and teaching with school reform/improvement planning maintains their marginalization
  - > How the lack of focus on developing effective infrastructures has prevented establishment of comprehensive, multifaceted, and integrated approaches and related accountability procedures
  - >How the dearth of attention given to enhancing policy cohesion affects what does and doesn't happen each day at school sites (including how piecemeal and ad hoc "silo" funding leads to fragmented practices, maintains redundancy and waste, and interferes with establishing cost-effective school-community connections)
  - >How existing policies work against system-wide scale-up
- Clarifying the role institutions of higher education must play in advancing the work.

## Appendices

- A. Center Online Clearinghouse Quick Find on Legislation Related to Student Supports and Mental Health in Schools
- B. Guidelines for a Student Support Component
- C. Examples of Policy Statements for a Student/Learning Supports Component

## Appendix A

### Center Online Clearinghouse Quick Find on Legislation Related to Student Supports and Mental Health in Schools

<http://smhp.psych.ucla.edu/qf/legislation.html>

As a starting point for doing an analysis of legislation related to student and learning supports and mental health in schools, the Center is creating a list of relevant legislation and including it as part of our Quick Find Online Clearinghouse. Staff are working on this currently, and the list is growing each week.

To see what has been found to date, go to  
<http://smhp.psych.ucla.edu/qf/legislation.html>

There you will find links to a growing sample of legislation *currently in place or being proposed* that focuses on student/learning supports, student support professionals, mental health in schools, and specific problems and programs related to such matters as bullying and violence, substance abuse, safe schools, before- and after-school, alternative education, parent involvement, service learning, and so forth. Also included is other enacted and proposed legislation that affect school policy related to student/learning supports (e.g., braiding or redeploying funds, infrastructure changes, ending corporal punishment).

Also listed are links to resources that help in searching for and tracking legislation.



## Appendix B

### Guidelines for a Student or Learning Support Component\*

#### ***1. Major Areas of Concern Related to Barriers to Student Learning***

- 1.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity; physical health problems)
- 1.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 1.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

#### ***2. Timing and Nature of Problem-Oriented Interventions***

- 2.1 Primary prevention
- 2.2 Intervening early after the onset of problems
- 2.3 Interventions for severe, pervasive, and/or chronic problems

#### ***3. General Domains for Intervention in Addressing Students' Needs and Problems***

- 3.1 Ensuring academic success and also promoting healthy cognitive, social, emotional, and physical development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 3.2 Addressing external and internal barriers to student learning and performance
- 3.3 Providing social/emotional support for students, families, and staff

#### ***4. Specialized Student and Family Assistance (Individual and Group)***

- 4.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 4.2 Referral, triage, and monitoring/management of care
- 4.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological and physical first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)

(cont.)

## Guidelines for a Student or Learning Support Component (cont.)

- 4.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 4.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 4.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

### **5. *Assuring Quality of Intervention***

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

### **6. *Outcome Evaluation and Accountability***

- 6.1 Short-term outcome data
- 6.2 Long-term outcome data
- 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

\* Adapted from: *Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations* a document developed by the Policy Leadership Cadre for Mental in Schools. This document is available from the Center for Mental Health in Schools at UCLA; downloadable from the Center's website at: <http://smhp.psych.ucla.edu/pdfdocs/policymakers/guidelinesexecsumm.pdf> A separate document providing the rationale and science-base for the version of the guidelines adapted for learning supports is available at <http://smhp.psych.ucla.edu/summit2002/guidelinessupportdoc.pdf>

## Appendix C

### Examples of Policy Statements for a Student/Learning Supports Component

Hawai'i and California took an early lead in focusing attention on the need to develop policy for a component to address barriers to student learning. In doing so, they are making the case for moving school reform from a two to a three component model.

- One of the first major policy statements was developed at the Elizabeth Learning Center in Cudahy, California. This K-12 school is one of the demonstration sites for the Urban Learning Center Model which is one of the eight national comprehensive school reform models developed with support from the New American Schools Development Corporation. The model incorporated and implemented the concept of a component to address barriers to learning as primary and essential and is proceeding to replicate it as one of the comprehensive school reforms specified in the Obey-Porter federal legislation. The school's governance body adopted the following policy statement:

*We recognize that for some of our students, improvements in Instruction/curricula are necessary but not sufficient. As a the school's governance body, we commit to enhancing activity that addresses barriers to learning and teaching. This means the Elizabeth Learning Center will treat the Enabling Component on a par with its Instructional/Curriculum and Management/ Governance Components. In policy and practice, the three components are seen as essential and primary if all students are to succeed.*

- As part of its ongoing efforts to address barriers to learning, the California Department of Education has adopted the concept of Learning Supports. In its 1997 Guide and Criteria for Program Quality Review, the Department states:

*Learning support is the collection of resources (school, home, community), strategies and practices, and environmental and cultural factors extending beyond the regular classroom curriculum that together provide the physical, emotional, and intellectual support that every child and youth needs to achieve high quality learning.*

- Several years ago the Los Angeles Unified School District began the task of restructuring its student support services. In 1998, the district's Board of Education resolved that a component to address barriers to student learning and enhance healthy development is one of the primary and essential components of the District's educational reform. In keeping with the California Department of Education's adoption of the unifying concept of *Learning Support*, the Board adopted this term to encompass efforts related to its component of addressing barriers to student learning and enhancing healthy development. The resolution that was passed is offered on the following pages.
- Paralleling the work in California, Hawaii's legislature passed an act establishing a *Comprehensive Student Support Systems (CSSS)* in 1999. A copy can be found on the following pages.
- In 1995, California Assembly Member Juanita McDonald brought together a set of task forces to develop an Urban Education Initiative package of legislation. One major facet focused on *Overcoming Barriers to Pupil Learning*. This facet of the legislation called on school districts to ensure that schools within their jurisdiction had an enabling component in place. The draft of that part of the various bills is available from our Center on request. Just before the legislation was to go to the Education Committee for review, McDonald was elected to Congress. As indicated below, new efforts are being made to incorporate the ideas into various policy initiatives.
- In 2004, the speaker pro tem of the California assembly, Leland Yee, offered an new act to move forward with a *Comprehensive Pupil Learning Support System* for the state. A copy is included in this section.

Policy Resolution Proposed to and Passed by the  
Los Angeles Unified School District's Board of Education in 1998

Whereas, in its "Call to Action", the Los Angeles Unified School District has made clear its intent to create a learning environment in which all students succeed;

Whereas, new governance structures, higher standards for student performance, new instructional strategies, and a focus on results are specified as essential elements in attaining student achievement;

Whereas, a high proportion of students are unable to fully benefit from such reforms because of learning barriers related to community violence, domestic problems, racial tension, poor health, substance abuse, and urban poverty;

Whereas, teachers find it especially difficult to make progress with the high proportion of youngsters for whom barriers to learning have resulted in mild-to-moderate learning and behavior problems;

Whereas, many of these youngsters end up referred for special services and often are placed in special education;

Whereas, both the Los Angeles Unified School District and various community agencies devote resources to addressing learning barriers and initial processes have been implemented to reform and restructure use of their respective resources - including exploring strategies to weave District and community efforts together -- in ways that can overcome key barriers to student achievement;

Whereas, a comprehensive, integrated partnership between all District support resources and community resources will provide the LEARNING SUPPORT necessary to effectively break down the barriers to student achievement; now, therefore, be it

Resolved, that the Board of Education should adopt the following recommendations made by the Standing Committee on Student Health and Human Services:

1. The Board should resolve that a component to address barriers to student learning and enhance healthy development be fully integrated with efforts to improve the instructional and management/governance components and be pursued as a primary and essential component of the District's education reforms in classrooms, schools, complexes/clusters, and at the central office level.
2. In keeping with the California Department of Education's adoption of the unifying concept of **Learning Support**, the Board should adopt this term to encompass efforts related to its component for addressing barriers to student learning and enhancing healthy development.

(cont.)

3. In adopting the concept of **Learning Support**, the Board should adopt the seven area framework currently used by the Division of Student Health and Human Services to guide coordination and integration of existing programs and activities related to school, home, and community.

4. The Board should direct the Superintendent to convene a working group to develop a plan that promotes coordination and integration of the **Learning Support** component with instruction and management reform efforts at every school site. This plan would also clarify ways for complex/cluster and central office operations to support school site efforts (e.g. helping schools achieve economics of scale and implement practices that effectively improve classroom operations and student learning). The plan would also focus on ways to further promote collaboration with communities at the classroom, school, complex/cluster, and central office levels. Such a plan should be ready for implementation by Spring 1998.

5. To counter fragmentation stemming from the way programs are organized and administered at the central office, the Board should restructure the administrative organization so that all programs and activity related to the Learning Support including Special Education are under the leadership of one administrator. Such an administrator would be charged with implementing the strategic plan developed in response to recommendation #4.

6. The Board should direct those responsible for professional and other stakeholder development activity throughout the District to incorporate a substantial focus on the **Learning Support** component into all such activity (e.g. all teacher professional education, training activity related to LEARN, the Chanda Smith Special Education Consent Decree, early literacy programs).

7. To facilitate continued progress' related to the restructuring of student health and human services, the Board should encourage all clusters and schools to support the development of Cluster/Complex Resource Coordinating Councils and School-Site Resource Coordinating Teams, Such Councils and Teams provide a key mechanism for enhancing the **Learning Support** component by ensuring that resources are mapped and analyzed and strategies are developed for the most effective use of school, complex, and District-wide resources and for appropriate school-community collaborations.

**MULTNOMAH EDUCATION SERVICE DISTRICT  
MEMORANDUM**

Date: July 20, 2004  
To: MESD Board of Directors  
From: Board Program Review Committee  
Re: Policy for Learning Supports

The Program Review Committee has spent the year conducting specific reviews of elements of the MESD programs. Additionally the Committee has considered the larger question of the nature of today's learners and the role MESD plays in their education. We would like to share with members of the Board observations and findings we have made throughout the year.

1. We wish to affirm our intent to create a learning environment in which all students succeed.
2. We endorse State Superintendent Castillo's 2003-04 initiative to close the achievement gap on behalf of all students.
3. We are clear that the recently revised mission statement should be followed by all employees of the ESD

To support our local school districts and share in providing a quality education for the children and families of our communities.

4. Further, we are committed to our vision statement that we hold for the district:

We work as a team dedicated to enhancing the learning of the communities' children by designing and delivering services responsive to family and school district needs. We strive to demonstrate leadership, wise utilization of resources, cooperative relationships with school districts and other agencies and a commitment to being a learning organization.

5. We support the following value statements upon which the mission and vision are based:

- C Children are our most important natural resource;
- C Families should be supported in education of their children;
- C Each student should reach proficiency on challenging academic standards and assessments;
- C A quality staff is essential in carrying out the mission of the agency;
- C Supportive working relationships that value diversity within the ESD are vital to achieving our mission;
- C Community partnerships maximize resources;
- C Adequate and stable financial resources are required for a quality education;
- C Interagency relationships strengthen services to children;
  
- C Delivering effective services to schools is a process of continuous improvement;
- C A strong system of public education is essential to the future of our society.

6. Higher standards for student performance, new instructional strategies, and a focus on results are specified as essential elements in attaining student achievement.

7. As an agency, we strive to utilize the developmental assets and strength-based approach to students and families.

8. A high proportion of students are unable to benefit fully from educational reforms because of learning barriers related to lack of engagement in the learning process for many reasons including urban poverty, poor health, community violence, domestic problems, racial and cultural tensions, substance abuse, insufficient support for transitions such as entering a new school and/or grade, insufficient home involvement in schooling, and inadequate response when learning, behavior and emotional problems first arise.
9. We recognize that teachers find it especially difficult to make progress with the high proportion of youngsters for whom barriers to learning have resulted in moderate-to-mild learning and behavior problems and even disengagement from classroom learning.
10. We believe in a balanced approach to deliver the 12 Quality Indicators for all students from the State of Oregon Quality Education Model.
11. Many of our youngsters who are referred for special services and placed in special education could have their needs met better by addressing barriers to learning through programs that prevent problems, respond to problems as soon as they arise, and promote healthy development.
12. We believe that the economic case for public funding of Early Childhood Education is clearly justified along with the efficacy of barrier reduction for children.
13. The MESD, its constituent districts and various community agencies have devoted resources to addressing learning barriers and initial processes have been well implemented to reform and restructure use of their respective resources - including exploring strategies to weave education and community efforts together – in powerful ways that can overcome key barriers to student achievement.
14. A comprehensive, integrated collaboration among all MESD support resources along with community resources will allow for development of “Components for Learning Supports” that are fully integrated with instructional efforts to effectively address barriers to learning and teaching. Properly developed and implemented, such components will enhance student achievement and reduce the achievement gap.

**We therefore recommend that the MESD Board of Directors consider and adopt a Learning Supports policy.**

**RESOLUTION 04-45 – Approval for Second Reading of New Board Policy IAB  
(Learning Supports to Enhance Achievement)**

This resolution is for second reading for new Board Policy IAB (Learning Supports to Enhance Achievement).

Background: The resolution is necessary for a policy on development of components of Learning Supports to enhance student achievement and reduce the achievement gap.

The Superintendent recommends adoption of the following resolution:

**WHEREAS** to achieve in school, students need to be wanted and valued. They need a positive vision of the future, and

**WHEREAS** students require safe, orderly schools, strong community support, high-quality care, and adults they can trust, and

**WHEREAS** students become alienated because they may not feel worthy, they may not have a supportive home or opportunities to learn to care, or they may not be successful in handling frustrations, or have good experiences in school. They may not see relevance to their education or have positive role models or may not have access to essential supports, and

**WHEREAS** the MESD Board of Directors, the Superintendent, and staff need to ensure that each student can read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from other students, teachers, and members of the school community, and

**WHEREAS** the MESD Board of Directors finds that the generalized Learning Support system and individualized student support created by comprehensive and systemic Learning Support components can give parents what they and their children and teachers want most from education--schools that provide the type of safe and caring environment that enhances student learning and reduces the achievement gap, and

**WHEREAS** implementation of comprehensive, integrated components for Learning Supports will serve our community by developing successful, well-educated citizens, and

**WHEREAS** steps should be taken to fully implement such components through alignment and redeployment of existing resources and through strategically filling gaps over time, and

**WHEREAS** the Board reviewed this policy during first reading on July 20, 2004,

**NOW THEREFORE BE IT RESOLVED** that Board Policy IAB is approved for Second Reading as written and adopted.

#### **LEARNING SUPPORTS TO ENHANCE ACHIEVEMENT**

11. The Board of Directors resolves that components to address barriers to student learning and enhance healthy development be fully integrated with efforts to improve instruction and management/governance for instruction and be pursued as a primary and essential component of MESD education reforms in classrooms, schools, and consultation/services to component districts.
2. In keeping with the Oregon Quality Education Standards for best practices, the Board adopts the term learning supports as a unifying concept that encompasses all efforts related to addressing barriers to learning and enhancing healthy development.
3. The Board encourages and supports administrative efforts toward securing resources at the state, federal and local public level as well as private sector and philanthropic efforts to more fully fund a comprehensive system of related learning supports.
4. The Board will direct administrative efforts toward aligning, deploying and redeploying current funding and community resources related to learning support efforts in order to initiate development of comprehensive and systematic components of learning supports for schools.
5. The Board directs the Superintendent to ensure those responsible for professional and other stakeholder development throughout the District incorporate a substantial focus on learning support components into all such training and developmental activities.
6. The Board will direct administrative efforts to allocate funds in ways that fill gaps related to fully developing comprehensive and systematic components of learning supports for schools.



# Hawaii's Legislation for its *Comprehensive Student Support System*

**S.B. NO. 519 – TWENTIETH LEGISLATURE, 1999 STATE OF Hawaii  
A Bill for an Act Relating to a Comprehensive Student Support System**

**DESCRIPTION:** Requires the department of education to establish a comprehensive student support system (CSSS) in all schools to create a school environment in which every student is cared for and respected.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

**SECTION 1.** The legislature finds that the goal of the superintendent of education's success compact program is total support for every student, every time; every school, every time; and every community, every time. This integrated model focuses on the student and identifies the importance of literacy for every student, every time. To fulfill government's obligation to the children of this State, the superintendent, the board of education, the governor, and the legislature must reach every student, school, and community by realigning and redefining existing services and programs into a comprehensive student support system that systematically strengthens students, schools, and communities rather than by impulsively responding to crisis after crisis. It is the legislature's intention to create the comprehensive student support system from existing personnel and programmatic resources, i.e., without the need for additional or new appropriations.

The comprehensive student support system is a coordinated array of instructional programs and services that, as a total package, will meet the needs of traditional and nontraditional learners in school and community settings. This package takes what works, improves on others, and creates new avenues to services. The result will be customized support throughout a student's K-12 educational career. These services will include developmental, academic core, preventive, accelerated, correctional, and remedial programs and services. Linkages with other organizations and agencies will be made when services needed are beyond the purview of the department of education.

To achieve in school, students need to be wanted and valued. They need a positive vision of the future. They need safe, orderly schools, strong community support, high-quality care, and adults they can trust. Students often become alienated because they may not feel worthy, they may not have a supportive home or opportunities to learn to care, or they may not be successful in handling frustrations, or have good experiences in school. They may not see relevance to their education or have positive role models or may not have access to support services. Consequently, the superintendent, the board of education, the governor, and the legislature need to ensure that each student can read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from other students, teachers, and members of the school community.

The legislature finds that the generalized school support groups and individualized student support teams created by the comprehensive student support system can give parents what they and their children want most from government -- schools that are safe, and where the environment is focused on teaching and learning. The educational climate in Hawaii's public schools, as measured by average class and school size, absenteeism, tardiness, classroom misbehavior, lack of parental involvement, and other indicators, suggests that the time to implement the success compact program and the comprehensive student support system is today--not tomorrow when the State's economy might improve. According to the 1999 "Education Week, Quality Counts" survey, the educational climate in the State's public schools, given the grade of "F" (as in failed), would be hard pressed to get any worse than it already is.

The legislature's objective is to ensure that every student will become literate, confident, and caring, and be able to think critically, solve problems, communicate effectively, and function

as a contributing member of society. The purpose of this Act is to authorize the department of education to establish a comprehensive student support system to meet this objective.

SECTION 2. Chapter 302A, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

## "PART . COMPREHENSIVE STUDENT SUPPORT SYSTEM

### A. General Provisions

§§302A-A Establishment of comprehensive student support system. There is established within the department and for all schools the comprehensive student support system.

§§302A-B Description of the comprehensive student support system.

(a) The comprehensive student support system establishes a school environment in which every student is cared for and respected. The comprehensive student support system is teacher-driven because teachers know students better than anyone in the department. The foundation of the comprehensive student support system is the school support group, in which groups of teachers and students become familiar with each other and share experiences, ideas, problems, and concerns that allow them to support one another. Every student shall belong to a group of teachers and students who will care about them and who will be the first to respond to their support needs.

(b) When students are deemed by their teachers and counselors in the school support groups to need special services and programs, supports shall be customized to address each student's needs so the individual can satisfactorily benefit from classroom instruction.

(c) A coordinated and integrated student support system:

(1) Avoids duplication and fragmentation of services, and ensures that services are timely; (2) Involves the use of formal and informal community supports such as churches and ethnic and cultural resources unique to the student and family.

(d) The comprehensive student support system shall be focused on the strength of the student and the student's family, and create a single system of educational and other support programs and services that is student-, family-, and community- based.

(e) The comprehensive student support system shall allow for the integration of:

(1) Personal efforts by teachers and students to support each other within the school support groups, including the support of parents and counselors where needed;

(2) Educational initiatives such as alternative education, success compact, school-to-work opportunities, high schools that work, after-school instructional program, and the middle school concept; and

(3) Health initiatives such as early intervention and prevention, care coordination, coordinated service planning, nomination, screening, and evaluation, staff training, service array, and service testing.

This integration shall work to build a comprehensive and seamless educational and student support system from kindergarten through high school.

§§302A-C Student support array.

(a) A student's social, personal, or academic problems shall be initially addressed through the school support group structure that involves interaction between student and student, student and adult, or adult and adults. Teachers, family, and other persons closely associated with a student may be the first to begin the dialogue if the student has needs that can be addressed in the classroom or home.

(b) Through dialogue within the school support group or with parents, or both, the teacher shall implement classroom accommodations or direct assistance shall be provided to address students' needs. Other teachers and school staff shall also provide support and guidance to assist families and students. These activities shall be carried out in an informal, supportive manner.

(c) School programs shall be designed to provide services for specific groups of students. Parents and families, teachers, and other school personnel shall meet as the student's support team to discuss program goals that best fit the individual student's needs. Regular program evaluations shall be used to keep the regular teacher and parents involved.

(d) When a student's needs require specialized assessment or assistance, a request form shall be submitted to the school's core team. One of the identified members of the core team shall serve as the interim coordinator who will organize and assemble a student support team. A formal problem solving session shall be held and a plan developed. Members of this student support team may include teachers, counselors, parents and family, and other persons knowledgeable about the student or programs and services. One or more members may assist in carrying out the plan. For the purposes of this section, "core team" refers to the faculty members comprising a school support group. "Core team" does not include persons who are only physically located at a school to facilitate the provision of services to the school complex.

(e) When the needs of the student and family require intensive and multiple supports from various agencies, the student support team shall develop a coordinated service plan. A coordinated service plan shall also be developed when two or more agencies or organizations are involved equally in the service delivery. A care coordinator shall be identified to coordinate and integrate the services.

(f) The comprehensive student support system shall recognize and respond to the changing needs of students, and shall lend itself to meet the needs of all students to promote success for each student, every time.

#### §§302A-D Mission and goals of the comprehensive student support system.

(a) The mission of the comprehensive student support system shall be to provide all students with a support system so they can be productive and responsible citizens.

(b) The goals of the comprehensive student support system shall be to:

(1) Involve families, fellow students, educators, and community members as integral partners in the creation of a supportive, respectful, learning environment at each school;

(2) Provide students with comprehensive, coordinated, integrated, and customized supports that are accessible, timely, and strength-based so they can achieve in school; and

(3) Integrate the human and financial resources of relevant public and private agencies to create caring communities at each school.

#### §§302A-E Classroom instruction component of the comprehensive student support system.

(a) "Classroom instruction" includes education initiatives and programs directed to all students such as success compact, school-to-work opportunities, high schools that work, after-school instructional program, and general counseling and guidance activities.

(b) Classroom instruction shall emphasize literacy development through hands-on, contextual learning that recognizes diversity in student needs, and shall be provided through coordinated and integrated instructional programs and services that are articulated among teachers in all grade levels in the school.

(c) Classroom instruction shall be guided by the Hawaii content and performance standards, assessed by student performances, and guided by teachers and other service providers who clearly exhibit caring and concern towards students. The ultimate outcome of classroom instruction shall be students who can read, compute, think, communicate, and relate.

(d) Students shall learn from each other and build a community of learners who care about each other. All schools shall incorporate success compact and the teaming of teachers with students into groups that result in a greater caring environment in a more personalized group setting. Every student shall belong to a group of teachers and students who care about them. These groups shall be the first to respond to students in need of support.

§§302A-F Management component of the comprehensive student support system. Management functions, for example, planning, budgeting, staffing, directing, coordinating, monitoring, evaluating, and reporting, shall organize the instructional and student support components to maximize the use of limited resources. The comprehensive student support system, management component, shall be consistent with and complement school/community-based management. The management of resources and services shall be integrated and collaborative.

#### §§302A-G Classroom, school, family, and community settings under the comprehensive student support system.

(a) Teachers shall work with students to provide informal assistance as needed.

(b) Other caring adults in the school shall be available to work together and provide support and assistance to students, parents, and teachers. The student support team shall convene when a student requires support for more complex needs.

(c) Family strengths, resources, and knowledge shall be an integral part of a student support team.

(d) Resources with expertise in various areas of child development shall be included in providing services that enhance the quality of customized services when needed.

§§302A-H Student support team.

(a) "Student support team" includes the student, family, extended family, close family friends, school, and other related professionals and agency personnel who are knowledgeable about the student or appropriate teaching methods, and programs and services and their referral processes. "Student support team" includes the parent and family at the outset of the planning stage and throughout the delivery of support.

(b) If community programs and services become necessary to address needs that are not being met by existing supports within the school, then professionals with specific expertise who are not located at the school shall be contacted by a designated student support team member, and may become additional members of the student support team.

(c) A student support team's general responsibilities shall include functions such as assessing student and family strengths and needs, identifying appropriate services, determining service and program eligibility, and referring to or providing services, or both. A student support team shall have the authority and resources to carry out decisions and follow-up with actions. The responsibilities of the student support team shall be determined by the issues involved and the supports and services needed.

(d) Each profession or agency involved shall adhere to its particular ethical responsibilities. These responsibilities shall include:

- (1) The ability to work as members of a team;
- (2) Actively listen;
- (3) Develop creative solutions; enhance informal supports;
- (4) Arrive at a mutually acceptable plan; and
- (5) Integrate and include the family's views, input, and cultural beliefs into the decision-making process and plan itself.

(e) Student support teams may focus on the following activities:

- (1) Working with the classroom teacher to plan specific school-based interventions related to specific behavior or learning needs, or both;
- (2) Participating in strength-based assessment activities to determine appropriate referrals and eligibility for programs and services;
- (3) Ensuring that preventive and developmental, as well as intervention and corrective, services are tailored to the needs of the student and family, and provided in a timely manner;
- (4) Facilitating the development of a coordinated service plan for students who require support from two or more agencies. The service plan shall incorporate other plans such as the individualized education plan, modification plan, individual family service plan, and treatment plan. A designated care coordinator shall monitor the coordination and integration of multi-agency services and programs, delivery of services, and evaluation of supports; and
- (5) Including parents and families in building a community support network with appropriate agencies, organizations, and service providers.

## B. Implementation

§§302A-I School level implementation of the comprehensive student support system.

(a) School-communities may implement the comprehensive student support system differently in their communities; provided that, at a minimum, the school-communities shall establish both school support groups and student support teams in which all students are cared for.

(b) All school-communities shall design and carry out their own unique action plans that identify items critical to the implementation of the comprehensive student support system at the school level using the state comprehensive student support system model to guide them. The local action plan may include:

- (1) Information about school level policies, guidelines, activities, procedures, tools, and outcomes related to having the comprehensive student support system in place;
- (2) Roles of the school support group and student support team;
- (3) Roles of the school level cadre of planners;
- (4) Partnerships and collaboration;
- (5) Training;
- (6) Identification, assessment, referral, screening, and monitoring of students;
- (7) Data collection; and
- (8) Evaluation.

(c) If there are existing action plans, projects, or initiatives that similarly address the comprehensive student support system goals, then the cadre of planners shall coordinate and integrate efforts to fill in the gaps and prevent duplication.

(d) The action plan shall be an integral part of the school's school improvement plan, not separated but integrated.

§§302A-J Complex level implementation of the comprehensive student support system. The comprehensive student support system shall be supported at the school complex level. A school-complex resource teacher shall provide staff support, technical assistance, and training to school-communities in each school complex in the planning and implementation of comprehensive student support system priorities and activities.

§§302A-K State level implementation of the comprehensive student support system.

(a) The department shall facilitate the process of bringing other state departments, community organizations, and parent groups on board with the department and allow line staff to work collaboratively in partnerships at the school level.

(b) The department, at the state level in partnership with other agencies, shall provide on-going professional development and training that are especially crucial in this collaborative effort.

(c) The department shall facilitate the procurement of needed programs and services currently unavailable or inaccessible at school sites.

(d) The department shall be responsive to complex and individual school needs.

### C. Evaluation

§§302A-L Purpose of evaluating the comprehensive student support system.

(a) The department shall evaluate the comprehensive student support system to:

(1) Improve the further development and implementation of the comprehensive student support system;

(2) Satisfy routine accountability needs; and

(3) Guide future replication and expansion of the comprehensive student support system.

(b) Successful program development and implementation shall result in:

(1) Improved prevention and early intervention support;

(2) Coordinated services made possible through cross- discipline, cross-agency teams with a problem-solving, collaborating orientation;

(3) Promotion of pro-social skills;

(4) Increased family involvement in collaborative planning to meet the needs of students;

(5) Development of schools' capacity to assess and monitor progress on the program's objectives through the use of specially developed educational indicators; and

(6) Successful long and short-term planning integrated with school improvement plans.

§§302A-M Outcomes expected of the comprehensive student support system. The outcomes expected of the comprehensive student support system are:

(1) Increased attendance;

(2) Improved grades;

(3) Improved student performance, as measured by established content and performance standards;

(4) A substantial increase in parental participation; and

(5) At the secondary level, increased participation in extracurricular activities."

SECTION 3. If any provision of this Act, or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 4. In codifying the new sections added to chapter 302A, Hawaii Revised Statutes, by section 2 of this Act, the revisor of statutes shall substitute appropriate section numbers for the letters used in the new sections' designations in this Act.

SECTION 5. This Act shall take effect on January 1, 2000.

Online at: [http://www.capitol.hawaii.gov/session1999/bills/sb519\\_.htm](http://www.capitol.hawaii.gov/session1999/bills/sb519_.htm)

BILL NUMBER: AB 171      INTRODUCED  
BILL TEXT

INTRODUCED BY    Assembly Member Yee

JANUARY 20, 2005

An act to add Chapter 6.4 (commencing with Section 52059.1) to Part 28 of the Education Code, relating to pupils.

LEGISLATIVE COUNSEL'S DIGEST

AB 171, as introduced, Yee.    Pupils

Existing law establishes various educational programs for pupils in elementary, middle, and high school to be administered by the State Department of Education.

This bill would establish the Comprehensive Pupil Learning Support System to ensure that each pupil will be a productive and responsible learner and citizen. The bill would require the State Department of Education to administer and implement the program through existing resources that are available to the department for the purposes of the program. The bill would require the department to adopt regulations to implement the program.

The bill would authorize each elementary, middle, and high school to develop a school action plan, as specified, based on guidelines to be developed by the State Department of Education. The bill would require each school action plan to, among other things, enhance the capacity of each school to handle transition concerns confronting pupils and their families, enhance home involvement, provide special assistance to pupils and families, and incorporate outreach efforts to the community.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature hereby finds and declares all of the following:(a) The UCLA Center for Mental Health in Schools, the WestEd Regional Educational Laboratory, the State Department of Education, and other educational entities have adopted the concept of learning support within ongoing efforts to address barriers to pupil learning and to enhance healthy development.

(b) Learning supports are the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports intended to enable all pupils to have an equal opportunity for success at school. To accomplish this goal, a comprehensive, multifaceted, and cohesive learning support system should be integrated with instructional efforts and interventions provided in classrooms and schoolwide to address barriers to learning and teaching.

(c) There is a growing consensus among researchers, policymakers, and practitioners that stronger collaborative efforts by families,

schools, and communities are essential to pupil success.

(d) An increasing number of American children live in communities where caring relationships, support resources, and a profamily system of education and human services do not exist to protect children and prepare them to be healthy, successful, resilient learners.

(e) Especially in those communities, a renewed partnership of schools, families, and community members must be created to design and carry out system improvements to provide the learning support required by each pupil in order to succeed.

(f) Learning support is the collection of resources, strategies and practices, and environmental and cultural factors extending beyond the regular classroom curriculum that together provide the physical, emotional, and intellectual support that every pupil needs to achieve high-quality learning.

(g) A school that has an exemplary learning support system employs internal and external supports and services needed to help pupils become good parents, good neighbors, good workers, and good citizens of the world.

(h) The overriding philosophy is that educational success, physical health, emotional support, and family and community strength are inseparable.

(i) To implement the concept of learning supports, the state must systematically realign and redefine existing resources into a comprehensive system that is designed to strengthen pupils, schools, families, and communities rather than continuing to respond to these issues in a piecemeal and fragmented manner.

(j) Development of learning supports at every school is essential in meeting the needs arising from the federal No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Act. The state needs to ensure that each pupil is able to read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from their peers, teachers, pupil support professionals, family members, and other school and community stakeholders.

(k) It is essential that each pupil becomes literate, confident, caring, and capable of thinking critically, solving problems, communicating effectively, and functioning as a contributing member of society.

(l) The education climate in the public schools of the state, as measured by overcrowded schools, absenteeism, increasing substance and alcohol abuse, school violence, sporadic parental involvement, dropouts, and other indicators, suggest that the state is in immediate need of learning supports.

(m) A learning support system needs to be developed at every school to ensure that pupils have essential support for learning, from kindergarten to high school.

(n) A learning support system should encompass school-based and school-linked activities designed to enable teachers to teach and pupils to learn. It should include a continuum of interventions that promote learning and development, prevent and respond early after the onset of problems, and provide correctional, and remedial programs and services. In the aggregate, a learning support system should create a supportive and respectful learning environment at each school.

(o) A learning support system is a primary and essential component at every school, designed to support learning and provide each pupil with an equal opportunity to succeed at school. The learning support



system should be fully integrated into all school improvement efforts.

(p) The State Department of Education, other state agencies, local school districts, and local communities all devote resources to addressing learning barriers and promoting healthy development. Too often these resources are deployed in a fragmented, duplicative, categorical manner that results in misuse of sparse resources and failure to reach all the pupils and families in need of support. A learning support system will provide a unifying concept and context for linking with other organizations and agencies as needed and can be a focal point for braiding school and community resources into a comprehensive, multifaceted, and cohesive component at every school.

(q) It is the intent of the Legislature that the Comprehensive Pupil Learning Support System (CPLSS) is fully integrated with other efforts to improve instruction and focuses on maximizing the use of resources at individual schools and at the district level. Collaborative arrangements with community resources shall be developed with a view to filling any gaps in CPLSS components.

SEC. 2. Chapter 6.4 (commencing with Section 52059.1) is added to Part 28 of the Education Code , to read:

#### CHAPTER 6.4. COMPREHENSIVE PUPIL LEARNING SUPPORT SYSTEM

52059.1. (a) There is hereby established the Comprehensive Pupil Learning Support System (CPLSS). The CPLSS shall be implemented with existing personnel and program resources, without the need for additional or new appropriations.(b) It is the intent of the Legislature in establishing the CPLSS to provide pupils with a support system to ensure that they will be productive and responsible learners and citizens. It is further the intent of the Legislature that the CPLSS ensure that pupils have an equal opportunity to succeed at school and to do so in a supportive, caring, respectful, and safe learning environment.

(c) It is the intent of the Legislature that these goals be accomplished by involving pupils, teachers, pupil support professionals, family members, and other school and community stakeholders in the development, daily implementation, monitoring, and maintenance of a learning support system at every school and by braiding together the human and financial resources of relevant public and private agencies.

52059.2. The department shall facilitate the establishment of the CPLSS by doing all of the following:(a) Developing standards and strategic procedures to guide the establishment of the CPLSS component at each school.

(b) Providing ongoing technical assistance, leadership training, and other capacity building supports.

(c) Rethinking the roles of pupil services personnel and other support staff for pupils and integrating their responsibilities into the educational program in a manner that meets the needs of pupils, teachers, and other educators.

(d) Detailing procedures for establishing infrastructure mechanisms between schools and school districts.

(e) Coordinating with other state agencies that can play a role in strengthening the CPLSS.

(f) Ensuring that the CPLSS is integrated within the organization of the department in a manner that reflects the school action plans developed by schools pursuant to subdivision (a) of Section 52059.3.

(g) Enhancing collaboration with state agencies and other relevant resources to facilitate local collaboration and braiding of resources.

(h) Including an assessment of the CPLSS in all future school reviews and accountability reports.

52059.3. (a) Each elementary, middle, and high school may develop a CPLSS component by developing a school action plan based on the guidelines developed by the department pursuant to Section 52059.2.

(b) Each school action plan shall be developed with the purpose of doing all of the following:

(1) Enhance the capacity of teachers to address problems, engage and re-engage pupils in classroom learning, and foster social, emotional, intellectual, and behavioral development. The component of the school action plan required by this paragraph shall emphasize ensuring that teacher training and assistance includes strategies for better addressing learning, behavior, and emotional problems within the context of the classroom. Interventions may include, but not be limited to, all of the following:

(A) Addressing a greater range of pupil problems within the classroom through an increased emphasis on strategies for positive social and emotional development, problem prevention, and accommodation of differences in the motivation and capabilities of pupils.

(B) Classroom management that emphasizes re-engagement of pupils in classroom learning and minimizes over-reliance on social control strategies.

(C) Collaboration with pupil support staff and the home in providing additional assistance to foster enhanced responsibility, problem solving, resilience, and effective engagement in classroom learning.

(2) Enhance the capacity of schools to handle transition concerns confronting pupils and their families. The component of the school action plan required by this paragraph shall emphasize ensuring that systems and programs are established to provide supports for the many transitions pupils, their families, and school staff encounter. Interventions may include, but are not limited to, all of the following:

(A) Welcoming and social support programs for newcomers.

(B) Before, during, and afterschool programs to enrich learning and provide safe recreation.

(C) Articulation programs to support grade transitions.

(D) Addressing transition concerns related to vulnerable populations, including, but not limited to, those in homeless education, migrant education, and special education programs.

(E) Vocational and college counseling and school-to-career programs.

(F) Support in moving to postschool living and work.

(G) Outreach programs to re-engage truants and dropouts in learning.

(3) Respond to, minimize the impact of, and prevent crisis. The component of the school action plan required by this paragraph shall emphasize ensuring that systems and programs are established for emergency, crisis, and followup responses and for preventing crises at a school and throughout a complex of schools. Interventions may include, but are not limited to, all of the following:

(A) Establishment of a crisis team to ensure immediate response

when emergencies arise, and to provide aftermath assistance as necessary and appropriate so that pupils are not unduly delayed in re-engaging in learning.

(B) Schoolwide and school-linked prevention programs to enhance safety at school and to reduce violence, bullying, harassment, abuse, and other threats to safety in order to ensure a supportive and productive learning environment.

(C) Classroom curriculum approaches focused on preventing crisis events, including, but not limited to, violence, suicide, and physical or sexual abuse.

(4) Enhance home involvement. The component of the school action plan required by this paragraph shall emphasize ensuring there are systems, programs, and contexts established that lead to greater involvement to support the progress of pupils with learning, behavior, and emotional problems. Interventions may include, but are not limited to, all of the following:

(A) Interventions that address specific needs of the caretakers of a pupil, including, but not limited to, providing ways for them to enhance literacy and job skills and meet their basic obligations to the children in their care.

(B) Interventions for outreaching and re-engaging homes that have disengaged from school involvement.

(C) Improved systems for communication and connection between home and school.

(D) Improved systems for home involvement in decisions and problemsolving affecting the pupil.

(E) Enhanced strategies for engaging the home in supporting the basic learning and development of their children to prevent or at least minimize learning, behavior, and emotional problems.

(5) Outreach to the community in order to build linkages. The component of the school action plan required by this paragraph shall emphasize ensuring that there are systems and programs established to provide outreach to and engage strategically with public and private community resources to support learning at school of pupils with learning, behavior, and emotional problems. Interventions may include, but are not limited to, all of the following:

(A) Training, screening, and maintaining volunteers and mentors to assist school staff in enhancing pupil motivation and capability for school learning.

(B) Job shadowing and service learning programs to enhance the expectations of pupils for postgraduation opportunities.

(C) Enhancing limited school resources through linkages with community resources, including, but not limited to, libraries, recreational facilities, and postsecondary education institutions.

(D) Enhancing community and school connections to heighten a sense of community.

(6) Provide special assistance for pupils and families as necessary. The component of the school action plan required by this paragraph shall ensure that there are systems and programs established to provide or connect with direct services when necessary to address barriers to the learning of pupils at school. Interventions may include, but are not limited to, all of the following:

(A) Special assistance for teachers in addressing the problems of specific individuals.

(B) Processing requests and referrals for special assistance, including, but not limited to, counseling or special education.

(C) Ensuring effective case and resource management when pupils are receiving direct services.

(D) Connecting with community service providers to fill gaps in school services and enhance access for referrals.

(c) The development, implementation, monitoring, and maintenance of the school action plan shall include, but not be limited to, all of the following components:

(1) Ensuring effective school mechanisms for assisting individuals and families with family decisionmaking and timely, coordinated, and monitored referrals to school and community services when indicated.

(2) A mechanism for an administrative leader, support staff for pupils, and other stakeholders to work collaboratively at each school with a focus on strengthening the school action plan.

(3) A plan for capacity building and regular support for all stakeholders involved in addressing barriers to learning and promoting healthy development.

(4) Compliance with the guidelines developed by the department pursuant to Section 52059.2.

(5) Accountability reviews.

(6) Minimizing duplication and fragmentation between school programs.

(7) Preventing problems and providing a safety net of early intervention.

(8) Responding to pupil and staff problems in a timely manner.

(9) Connecting with a wide range of school and community stakeholder resources.

(10) Recognizing and responding to the changing needs of all pupils while promoting the success and well-being of each pupil and staff member.

(11) Creating a supportive, caring, respectful, and safe learning environment.

52059.4. Each school with a CPLSS school action plan shall integrate the CPLSS school action plan with other school safety plans, school improvement plans, or other programs to improve instruction, and focus on maximizing its use of available resources at the individual school level and the school district level in order to implement this program. The school action plan shall reflect all of the following:(a) School policies, goals, guidelines, priorities, activities, procedures, and outcomes relating to implementing the CPLSS.

(b) Effective leadership and staff roles and functions for the CPLSS.

(c) A thorough infrastructure for the CPLSS.

(d) Appropriate resource allocation.

(e) Integrated school/community collaboration.

(f) Regular capacity building activity.

(g) Delineated standards, quality and accountability indicators, and data collection procedures.

52059.5. (a) For the purposes of this section, "complex of schools" means a group of elementary, middle, or high schools associated with each other due to the natural progression of attendance linking the schools.(b) To ensure that the CPLSS is developed cohesively, efficiently uses community resources, and capitalizes on economies of scale, CPLSS infrastructure mechanisms shall be established at the school and district level.

(c) Complexes of schools are encouraged to designate a pupil

support staff member to facilitate a family complex CPLSS team consisting of representatives from each participating school.

(d) Each school district implementing a CPLSS shall establish mechanisms designed to build the capacity of CPLSS components at each participating school, including, but not limited to, providing technical assistance and training for the establishment of effective CPLSS components.

52059.6.(a) The department shall evaluate the success of the CPLSS component according to the following criteria:(1) Improved systems for promoting prosocial pupil behavior and the well-being of staff and pupils, preventing problems, intervening early after problems arise, and providing specialized assistance to pupils and families.

(2) Increasingly supportive, caring, respectful, and safe learning environments at schools.

(3) Enhanced collaboration between the school and community.

(4) The integration of the CPLSS component with all other school improvement plans.

(5) Fewer inappropriate referrals of pupils to special education programs or other special services.

(b) The department shall consider all of the following in evaluating the success of the CPLSS component:

(1) Pupil attendance.

(2) Pupil grades.

(3) Academic performance.

(4) Pupil behavior.

(5) Home involvement.

(6) Teacher retention.

(7) Graduation rates.

(8) Literacy development.

(9) Other indicators required by the federal No Child Left Behind Act of 2001 (20 U.S.C. Sec. 6301 et. seq.) and included in the California Healthy Kids Survey.

SEC. 3. A local educational agency may use funds made available pursuant to Title I of the No Child Left Behind Act of 2001 (20 U.S.C. Sec. 6301 et seq.), to the extent allowable for the purposes of implementing this act, if approved by a schoolsite council.



## Feedback Form

### *Policy Leadership Cadre for Mental Health in Schools*

Feedback to this report was elicited at the statewide *Policy Leadership Institute for Mental Health in Schools* that was held in Texas in September, 2005. Now that this report is to be circulated more widely, additional feedback is anticipated and welcome.

(1) If there are errors of omission or commission in the report, please indicate them below or separately and send them to the UCLA Center so that corrections can be made. Also, let us know if there are others to whom you want us to send this report.

Readers of this report may be interested in the *Report from the Texas Leadership Institute for Mental Health in Schools*. It can be accessed online at the webpage for the *Policy Leadership Cadre for Mental Health in Schools* – see <http://smhp.psych.ucla.edu/policy.htm>

(2) The majority of Institute participants indicated that they wanted to be part of the *Policy Leadership Cadre for Mental Health in Schools* (see Cadre description at the webpage cited above). Check below if you would like to be part of:

\_\_\_\_ (a) the national *Policy Leadership Cadre for Mental Health in Schools*

\_\_\_\_ (b) a Texas chapter of the cadre

(3) Even if you don't want to be a Cadre member, would you like to be part of the network of leaders the Cadre keeps informed about policy concerns related to MH in schools?                      Yes    No

(4) Other comments?

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

*Thanks for completing this form. Return by FAX to (310) 206-5895.*



The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

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