



Barriers to Prevention in Schools: A Look at What's Happening

Introduction to the series:

Barriers to Prevention in Schools

Prevention of learning, behavior, and emotional problems is a long-standing concern.

Despite the many compelling arguments for prevention and for minimizing the impact of factors interfering with learning and teaching, policy makers in schools and agencies have yet to make prevention a high priority.

The purpose of this series is to underscore the reasons for this state of affairs in order to clarify ways to address policy, practice, and implementation barriers.

This brief highlights examples of policies and sources of support at the federal, state, and local levels related to prevention in schools. Policies over the past five years are emphasized, with a major focus on 2010 to 2012.

The table and comments that follow highlight:

- Support for school-based prevention from the federal, state and local, and private sectors
- Recent policy changes
- Difficulties for prevention in schools stemming from these policies

*This series has been initiated and uses information culled from the literature by Stephanie Moore as part of her work with the national Center for Mental Health in Schools at UCLA.

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Examples of Recent School-Based Policies Supporting Prevention

Sources	Type of Support for Prevention
<i>Federal</i>	
<i>Elementary and Secondary Education Act (ESEA)</i>	Recommends and allocates funds for early identification, prevention, and early intervention program implementation and research.
<ul style="list-style-type: none"> ➤ Title I Part H: School Dropout Prevention ➤ Safe Schools/Healthy Students ➤ Safe and Drug Free Schools and Communities ➤ Safe and Supportive Schools 	<p>Funding was designed to aid dropout prevention in schools. Funding keyed to evidence-based programs targeting dropout prevention and reentry programs.</p> <p>Grants were provided to Local Education Agencies (LEAs) to support programs for creating safe and drug free schools and to promote healthy development; programs focused on preventing violence, drug use, promoting safety, and establishing community partnerships.</p> <p>Grants to State Education Agencies (SEAs) for drug and violence prevention; required that the majority of funds be disbursed to LEAs for program implementation.</p> <p>Grants to SEAs to support interventions to improve school climate and reduce substance use.</p>
(For more information on ESEA, see www.ed.gov)	
<i>Juvenile Justice and Delinquency Prevention Act -- Title V</i>	Community prevention grant program to fund programs that reduce risk factors and enhance protective factors for children and families in schools and communities.
<i>Early, Periodic Screening, Diagnosis, and Treatment (EPSDT)</i>	Child health component of Medicaid required in every state designed to fund health, mental health, and screening services to youth under age 21 who are enrolled in Medicaid. EPSDT works with a variety of health providers, including those that are school-based.
<i>Individuals with Disabilities Education Act (IDEA)</i>	Legislation aimed at ensuring services for students with special needs or disabilities. Up to 15% of IDEA funds distributed to LEAs may be used to support early intervention efforts for students not already identified as needing services. Activities can include community partnerships, professional development, evaluations, and services with emphasis on scientifically valid practices. (For more information see www.idea.ed.gov)

State and Local

Bullying Prevention

Most states (46) have bullying laws and all but one of those states require schools to adopt bullying policies, 36 states prohibit cyber-bullying, and 13 states have laws providing jurisdiction over behavior occurring off campus that contributes to a hostile school climate (U.S. Department of Education, 2011). Of the states with bullying legislation, 37 offer technical assistance to districts and schools but only 25 states require technical assistance (e.g., training or access to informational materials) to be provided (Piscatelli & Lee, 2011). However, 11 states' anti-bullying policies focus only on intervention, neglecting prevention.

Safe Schools and Violence Prevention

Most schools have regulations aimed at enhancing school safety and disciplinary procedures. For example, to promote safety many schools issue identification cards, regulate visitors, and may implement safety precautions like metal detectors or security/police personnel on campus (Cook, Gottfredson, & Na, 2010). Similarly, zero-tolerance policies are common in schools in which a student who brings a gun to school will be suspended for one year, although these policies are not without controversy (Cook, Gottfredson, & Na, 2010).

Thirty-six states have disciplinary policies related to school violence that exceed minimum federal expectations. However, only 28 states provide funding for prevention programs (Murray, 2008).

Alcohol and Drug Use Prevention

All states prohibit possession and most prohibit consumption of alcoholic beverages by youth under age 21 (U.S. Department of Health and Human Services, 2012).

Common school-based policies often pertain to drug-free zones, zero tolerance, and drug searches (The National Center on Addiction and Substance Abuse at Columbia University, 2011). A survey of school staff revealed that 31% of schools conduct random searches while 45% search student possessions or lockers based on suspicions (i.e., for cause; The National Center on Addiction and Substance Abuse at Columbia University, 2011). While most school-based policies are punitive and reactive, the majority of schools also integrate substance use prevention curriculum into their students' education.

School Climate

Twenty-four states have policy (e.g., administrative code, education standards, rules and regulations) on school climate, eight have state climate-related guidelines, and 27 offer technical assistance to districts or schools (Piscatelli & Lee, 2011). However, school climate policies rarely are stand alone policies and are typically interspersed among other forms of policy (e.g., in school quality standards, school improvement standards, school health and safety, etc.). Most standards focus on the role of schools, administrators, and teachers while few focus on the student.

Suicide Prevention

The most common state action targeting suicide prevention includes required trainings for teachers and school staff as well as awareness and prevention programs. Many of these policies may have been developed by state health and welfare agencies and, therefore, are not as rigorous as school-specific programs (Leahy, 2012).

Private Sector

Collaborative for Academic, Social, and Emotional Learning (CASEL)

CASEL is a nonprofit organization whose goal is to give Social and Emotional Learning (SEL) a primary role in education via research, collaboration to test and implement high quality SEL programs in schools, establishment of learning standards for SEL, and knowledge dissemination. (For more information, see www.casel.org)

Prevention Institute

A national nonprofit organization whose focus is on primary prevention in the fields of health, safety, and social equality. Prevention Institute collaborates with states, cities, and other organizations to design and support prevention initiatives. (For more information see www.preventioninstitute.org)

National School Climate Center (NSCC)

NSCC aims to promote positive school climate via integration of social emotional learning into academia. NSCC works with a variety of school personnel, including teachers, staff, mental health professionals, students, and their families to establish programs, services, and guides for a positive school climate. (For more information, see www.schoolclimate.org)

As the table indicates, current policy continues to under-support comprehensive efforts to prevent learning, behavior, and emotional problems (Committee on Prevention, 2009). For example, as almost all states have moved to mandate that schools do more about bullying, few have expanded funding to underwrite prevention and too many have not provided support for capacity building (Ingebrigtsen, 2010; Piscatelli & Lee, 2011; U.S. Department of Education, 2011).

Moreover, current sparse funding for prevention is distributed across states in a political rather than need-focused manner, and a relatively small portion of prevention funds awarded to SEAs is implemented at the school level and across all schools in a state (Hallfors, Pankratz, & Harman, 2007).

Schools and many community agencies could play a greater role in prevention, but this will require overcoming barriers to enacting a high level policy commitment to preventing learning, behavior, and emotional problems and embedding prevention into a full continuum of intervention for addressing barriers to learning and teaching.

Policy Barriers to be Addressed

As Martin Bloom noted thirty years ago,

Primary prevention deals with problems that don't exist, with people who don't want to be bothered, with methods that probably haven't been demonstrated to be efficacious, in problems that are multidisciplinary, multifaceted, and multigenerational, involving complex longitudinal research designs for which clear-cut results are expected immediately for political and economic reasons unrelated to the task in question.

Inadequate funds and guidance as well as lack of leadership and collaborative infrastructure have led to a piecemeal approach to prevention that is marginalized in school policy and practice. There is little guidance for capacity building.

In general, planning implementation and evaluation are highly fragmented, and the work is marginalized in school policy and practice. Fragmentation of services and programs has been recognized by policymakers for decades. For example, in their 2013 report on federal drug abuse prevention and treatment programs, the Government Accountability Office (GOA) found fragmentation, duplication, and overlap across the federal programs (Government Accountability Office, 2013). While coordination exists among some youth programs, the report indicated an overlap in prevention or treatment of 59 of the 76 programs (Government Accountability Office, 2013). Substance abuse prevention and treatment programs are only one example of the lack of coordination and fragmentation of prevention and intervention across the nation, stemming from and amplifying the marginalization of prevention in policy. However, little progress has been made in this time. Part of the problem is that much of the fragmentation is a symptom of the policy marginalization.

Prevention Policy: A Changing State of Affairs

Reflecting recent budget cuts, support for full scale prevention in schools has been decreasing, with the exception of the emphasis on early learning. Additionally, in recent years policies, programs, and offices at the federal level have been reorganized or eliminated.

For example, the 2002 Safe and Drug Free Schools and Communities Act (SDFSC), a key policy for school-based prevention and community collaboration housed in the U.S. Department of Education, was designed to support programs targeting prevention of violence and substance use via grants to SEAs and LEAs from the Office of Safe and Drug Free Schools (OSDFS). In 2011, several of these programs were eliminated by Congress, and the remaining programs were relocated into a new Office of Safe and Healthy Students within the Office of Elementary and Secondary Education (U.S. Department of Education, 2012a). Furthermore, as outlined in the 2013 and 2014 education budgets, proposed legislation would eliminate funding and consolidate programs for safe and drug-free schools and communities, elementary and secondary school counseling, and physical education into the new Successful, Safe, and Healthy Students (SSHS) program authorized under ESEA. This program is to award competitive grants to states, districts, and schools to support student academic success, physical and mental health, and school climate (Department of Education, 2013). If approved, requests for \$195,900,000 in 2013 and an additional \$280,000 for 2014 would serve to initiate the program (Department of Education, 2013).

More specifically, the Successful, Safe, and Healthy Students initiative is intended to encourage student success through:

- Reducing and preventing violence, substance use, and bullying
- Improving school safety
- Improving health and well-being through access to services to address physical and mental health needs

Awardees are to use school climate and comprehensive needs measures to inform efforts to meet student and school needs.

Events such as the shooting in Newtown, CT, tend to increase immediate advocacy for policies to enhance safety and reduce violence at schools. For example, of the \$280 million requested for Successful, Safe, and Healthy students in 2014, \$112 million is planned to support the President's efforts to reduce gun violence, enhance school climate, and improve schools' emergency plans (Department of Education, 2013). At the same time, however, some state departments and school districts are moving away from such ad hoc, piecemeal approaches to addressing these and other concerns about student and school well-being. For example, Alabama, Illinois, Iowa, and Ohio, along with school districts in Georgia, Minnesota, and elsewhere, have adopted a comprehensive and cohesive approach to addressing a full range of factors that interfere with effective teaching and contribute to student learning, behavior, and emotional problems (for more information see <http://smhp.psych.ucla.edu>).

Moving Forward

The integration of several programs and funding streams into the federal Successful, Safe, and Healthy Students initiative represents another effort to reduce fragmentation. However, as Adelman and Taylor (2000) suggest, the fundamental problem is to move prevention from the fringes into the mainstream of school improvement policy and practice. Toward this end, our Center embeds prevention into a framework for a unified and comprehensive intervention system for addressing barriers to learning and teaching and re-engaging disconnected students (e.g., see Adelman and Taylor, 2006, 2010; Center for Mental Health in Schools, 2013). As Congress moves forward with reauthorization of the Elementary and Secondary Education Act, such a framework can be instrumental not only of ending the marginalization of prevention but of all efforts to enhance equity of opportunity for all students to succeed at school and beyond.

Concluding Comments

Policies are instrumental tools that may either enable or inhibit large scale, comprehensive prevention in schools. Enacted policy provides guidelines and standards for implementation of prevention practices in schools and communities, but often is inadequate to ensure effective prevention. Although several enacted policies presently support prevention efforts (see table), barriers inherent within the prevention policy framework must be addressed if prevention is to become a high priority in schools. In the absence of high level policy support, prevention efforts will remain minimalistic, lackluster, and short-lived.

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