May, 1999

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning

Report from the Steering Committee

This report was prepared by Howard Adelman and Linda Taylor, Co-directors of the School Mental Health Project at UCLA and its Center for Mental Health in Schools. Address correspondence to the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

Support comes in part from the U.S. Department of Health and Human Services,
Public health Service, Health Resources and Services Administration,
Maternal and Child Health Bureau, Office of Adolescent Health.

Why a Coalition for Policy Cohesion?

By not moving aggressively to increase policy cohesion, limited resources often are expended unwisely. The negative impact is not just on those experiencing problems, but on society as a whole.

All youngsters, *all* families, *all* neighborhoods are affected by the fragmented and marginalized nature of policies for addressing barriers to development and learning.

Contents

Preface

Coalition Background

Progress on First Activities

Recommendations for Next Steps

Appendices

A. *Purpose & Vision*
>Toward a Vision Statement
>Underlying Assumptions
>Mission Statement
>Some Guidelines for Thinking About Principles in Addressing Barriers to Development and Learning

B. *Participants*

C. *Some Tools to Guide Analyses of Policy Related to Addressing Barriers to Development and Learning*

Preface

There is growing concern about serious flaws in policies and practices *at all levels* aimed at preventing and correcting learning, behavior, emotional, and health problems. Some policies and practices try 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 services and lead to *comprehensive approaches*. And, of course, all of this is meant to improve results.

However, if collaboration is to play a major role in improving how we address barriers to development and learning, initiatives must use all available resources to evolve the type of comprehensive, integrated approaches that are essential for meeting the complex needs of the society and its citizens. To these ends, policy must do more than raise standards and hold agencies accountable for results. Policy must also (a) ensure resource mapping and analyses encompass all systems and resources used to address barriers to development and learning, (b) establish mechanisms for systemic change that reflect sound theories of change and that are effectively linked, and (c) upgrade and provide inservice training keyed to all involved parties.

Initiatives must also do more to involve families and the resources of schools, neighborhoods, and institutions of higher education. With respect to families, policies and practices stressing parent involvement do not go far enough; true involvement requires outreach and support designed to mobilize the many families who are not easily involved. Neighborhood resources include much more than health and social agencies. Policy thinking must expand to encompass schools as major neighborhood resources and must focus on ways to mobilize the full range of resources in a locale (including schools, businesses, recreation, enrichment, and justice organizations, and the faith community). 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, what they don't teach undergraduates, what they don't focus on in pursuing research). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure the type of truly reciprocal relationships necessary to produce progress in confronting the pressing educational, social, and health concerns confronting our society.

Policy also fails to deal with the problems of "scale-up" (e.g., system-wide replication of promising models, institutionalizing systemic changes. In particular, major policies for reform and restructuring seldom link vision for change with how to effect such changes and rarely provide adequate funds for capacity building to accomplish widespread scale-up.

All this underscores that *developing comprehensive, integrated approaches to address barriers to learning and promote healthy development continues to be a low priority* in both policy and practice. Also, there is *no explicit policy framework* to guide policy makers in this arena. Policy makers must come to understand how to realign policy horizontally and vertically to create a cohesive framework. Then, they must use it to restructure the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing barriers to learning and enhancing healthy development.

Implicit in calls for agency collaboration, state cabinet structures focusing on children and families, integration of programs and services, school-community partnerships, school-wide planning, and so forth is the realization that current policies and resources are fragmented and marginalized. It is increasingly evident that the success of such reforms is dependent on the restructuring of existing policies in ways that go beyond calling for collaboration and offering waivers. Existing policies must be revisited with the intent of realigning them to enhance policy cohesion and clarifying major gaps that must be filled. To these ends, organizations concerned with strengthening youth, families, and neighborhoods must work together in new ways. Thus, the need for a *Coalition for Cohesive Policy in Addressing Barriers to Development and Learning* -- which was established in 1998.

With a view to clarifying next steps for Coalition action, the steering committee was convened in April 1999. It has fallen to us to distill and integrate the group's consensus. In doing so, we recognize that such a range of input is always filtered through a personal lens; thus, we apologize for any errors of omission or commission. Such errors and other proposed improvements to this document will be made based on feedback received from participating organizations over the next few months.

Howard Adelman & Linda Taylor

More on:

Why a Coalition for Cohesive Policy in Addressing Barriers to Development and Learning?

The coalition was created to focus on the critical need to enhance policy cohesion (including filling policy gaps) related to addressing barriers to development and learning.

The coalition's view is that:

> *Positive results for youth, families, and neighborhoods require actions that can improve policy cohesion and comprehensiveness in addressing barriers to learning and enhancing healthy development.*

While every organization has specific interests, coalition participants recognize that many organizations share facets of their agenda and have overlapping functions. Thus, they are interested in working more closely around areas of common concern.

Linked by the common aims of fostering policy integration and filling policy gaps related to addressing barriers to development and learning, the coalition's mission is to pursue actions that

foster changes in existing policies at local, state, and national levels to align them in ways that enhance cohesiveness among initiatives for strengthening youth, families, and neighborhoods and encourage flexibility in use of resources

encourage new policy and practice that can fill intervention gaps and help overcome factors that hamper establishment of comprehensive approaches for addressing barriers to learning, enhancing healthy development, and enabling the attainment of high standards of performance.

Note: The School Mental Health Project at UCLA is providing facilitation and support in the initial phases of the coalition's development.

Coalition Background

At the 1997 national summit on addressing barriers to student learning (focused on *Closing Gaps in School/Community Policy and Practice)*, fundamental concerns were underscored regarding the critical need to fill policy gaps and enhance policy cohesion. This led to a proposal for creation of a policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching. The notion was that such a coalition could generate mechanisms to prepare and implement a strategic plan to foster policy integration and close policy gaps.

To help establish the coalition, the School Mental Health Project/Center for Mental Health in Schools at UCLA offered to play a catalytic role and provide technical support (e.g., bringing leaders together, facilitating creation of a steering group, providing support for planning). Organizations were identified and contacted; volunteers were solicited for a steering committee. In early March 1998, a strategic planning meeting was held in DC with those members of the steering committee who could attend. A working draft of the group's report was prepared and circulated for feedback and revision to all steering committee members in late March, and the report was revised and circulated in May. A statement of the coalition's purpose and vision, an exploration of guiding principles, and a set of first step recommendations were outlined in the report (see Appendix A). The recommendations were pursued from May 1998 through March 1999. Progress on first steps is reviewed in this document.

As planned, the steering committee was convened again in April 1999 to plan next steps. With a view to facilitating participation, meetings were held in two sections of the country (in D.C. on April 5th and in Los Angeles on April 12th). The agenda for the meeting reflected feedback over the year that indicated strong interest in the coalition identifying a specific area of focus for the immediate future that reflected an overlapping area of concern among coalition participants. Several possibilities were suggested (e.g., enhancing the priorities of local boards of education related to addressing barriers to student learning, focusing on the ESEA reauthorization, zeroing in on early education and the 21st Century Learning Centers initiatives). As was done previously, once the schedule for the meeting was finalized, all coalition participants were informed so that any who may wished to attend could do so. In addition to those on the current Coalition list, a few other key folks who have a stake in the matters under discussion were invited to provide the Steering group with some invaluable input. The occasion was also used to inform others about the coalition and invite them to join.

As you will see, the meeting was used as a time to decide on a focus the coalition can realistically pursue over the next year and to begin a strategic discussion for how to have a meaningful impact.

This first draft of this report integrates the work done at each meeting and is being sent to all participants for feedback which will then be incorporated to arrive at a consensus plan.

Progress on First Activities

Below is a brief progress update on the activities outlined by the steering committee last year:

(1) ***Generate a Set of Principles to Guide Analyses of and Foster Policy Cohesion.*** The appendices in the May revision of the last Steering Committee report reflect the work done on this task. Next steps will emerge from the Coalitions work this coming year.

(2) ***Approach U.S. Dept. of H&HS Re. Need for Coordination Among its Various School-Based Health Care Initiatives***. Work on this matter continues. Julia Lear headed a group which met with the Dept. and made a few specific suggestions. From the coalition's perspective, however, there still is not enough emphasis on the need for enhancing cohesiveness related to HRSA school-based health initiatives and their relationship to CDC school health initiatives. With respect to CDC, the folks in New Mexico did organize an interchange at the CDC meeting in Atlanta. It was agreed that a mechanism was needed to generate greater cohesion among CDC state infrastructure grants for coordinated school health programs, the MCHB state infrastructure grants for mental health in schools, and other related state initiatives. We should continue to encourage this effort to address the cohesion problems inherent in the fragmented policy approach to these matters.

(3) ***Establish Regular Communication with the Emerging Coalition for Community Schools***. This coalition is meeting regularly and making good organizational progress. They are establishing a website (maintained by the National Center on Community Education). They are helping to disseminate the mapping of school-community initiatives authored by Atelia Melaville, with Martin Blank as project director (work prepared by the Institute for Educational Leadership and the National Center for Community Education with support from the Mott Foundation). Copies of the document have been sent to each member of the Coalition for Cohesive Policy. If a copy did not find its way to you, please let the Coalition facilitators know.

(4) ***Communication Infrastructure.*** Creation of the Coalition's listserv and website has been delayed until the summer to ensure a proper kickoff. The May 1999 report from the steering committee meetings will be used as a focal point for the initial exchange.

(5) ***Gather and Circulate Info about Existing Policy Initiatives, Trends, New Models.*** Coalition participants responses have tended to focus on problems they have had in pursuing a wide range of initiatives related to their organization. The message that has emerged is that policy makers at all levels continue to deal with proposed initiatives in an ad hoc manner. Locally, the example of boards of education emerged as a critical focal point for concern along these lines.

(6) ***Gather and Analyze Data on the Impact of Policy as it Plays Out at a School.*** The School Mental Health Project at UCLA is working with the Center for Healthier Children, Families, and Communities to develop the methodology for gathering data on this matter.

Recommendations for Next Steps

The steering process yielded three basic recommendations.* At this point in time, there is consensus that the coalition can make a meaningful contribution by

developing a *model* for a *policy statement* framing a cohesive approach to addressing barriers to development and learning,

developing a self-study instrument that embodies what is involved in operationalizing a cohesive approach to addressing barriers to development and learning,

convening a small expert panel to explore feasible ways to raise local school boards' awareness of (a) the degree to which a lack of policy cohesion hinders their efforts to address barriers to student learning and
(b) strategies for enhancing policy cohesion.

The rationale and next steps related to each of these recommendations are outlined below:

Develop a *Model* for a *Policy Statement* framing a Cohesive Approach

This is a critical juncture in reforming school and community efforts to address barriers to development and learning. The lack of policy cohesion is hindering effective reform in schools and neighborhoods. There is a clear need to provide models of policy statements that can guide movement toward greater cohesion and that are oriented to the local level.

The idea is to provide policy language as a "road map"/framework to put in front of various bodies (such as legislatures and school boards) to help clarify both what the problem is and what is needed to improve the situation. Such a model also would be a referent for coalition participants as they develop their future policy recommendations.

Once the model policy statement is developed, the coalition would focus on a creating a multi year plan of action for itself designed to put and keep such a model in front of policy makers in ways that encourage establishment of essential reforms.

*Developed during the steering committee meetings and follow-up discussions.

Next steps in pursuing this recommendation is for one or more work groups to use the lens of addressing barriers to development and learning to:

1. initiate a process to elicit information from a wide spectrum of organizations at the national, state, and local levels to (a) identify existing policies and (b) clarify what each group views as needed in terms of policy cohesion;

2. with a view to identifying priorities for change, analyze input to clarify (a) what current policy covers and doesn't cover, (b) what would be ideal, and (c) various points along the continuum from the current state of affairs to what would be ideal;

3. circulate findings and analyses to Coalition participants and identified others for review and revision;

4. draft of model policy statement and circulate it to Coalition participants and identified others for review and revision;

5. disseminate the statement to a wide range of stakeholders;

6. convene a meeting to develop a multi year plan of action for keeping such a model in front of policy makers in ways that encourage establishment of essential reforms. (In connection with such strategic planning, it was emphasized that the workgroup include participants with sophistication in social marketing. It was also stressed that the Coalition should begin the process of compiling outcome evaluation findings and other related data that will support the call for reforms.)

Develop a *Self-study Instrument* Operationalizing a Cohesive Approach

In conjunction with developing a model for a policy statement, there is a need to develop a self-study instrument that embodies what is involved in operationalizing a cohesive approach to addressing barriers to development and learning.

Such an instrument can be used by organizations, agencies, schools, communities, and others to both enhance both their understanding of what is and what might be -- with a view to clarifying desirable changes in policy and practice.

Next steps in pursuing this recommendation is for one or more work groups to:

1. draft of self-study instrument and circulate it to Coalition participants and identified others for review and revision,

2. disseminate the instrument to a wide range of stakeholders.

Convene Expert Panel to Explore How to Raise Local School Boards' Awareness of their Policy Cohesion Problem

At the local level, school boards need to revisit the many fragmented and marginalized policies that are reducing the impact of programs and services designed to enable learning by addressing barriers to learning.

They need to move beyond dealing in an ad hoc manner with policy and funding related to addressing barriers to learning.

They need to ensure that policies and practices are woven together into a cohesive whole and are thoroughly integrated as an essential facet of all initiatives to raise student achievement.

The specific objectives of the panel would be twofold:

(a) explore the feasibility of drawing the attention of boards to these matters in ways that are likely to lead them taking steps to improve cohesive policy and practice in addressing barriers to learning

(b) outline basic strategies for how the coalition could effectively broach the problem with boards.

The next step in pursuing this recommendation would be for a work group to convene such a panel and then circulate its conclusions to Coalition participants and identified others for review and subsequent planning.

Appendix A

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning: Purpose & Vision

One of the ironies when policy makers call for collaboration is that so little attention is given to forming *collaborations to affect policy.* It is increasingly evident that there is a critical need to fill policy gaps and enhance policy cohesion related to addressing barriers to development and learning.

While every organization has specific interests, many share facets of their agenda, have overlapping functions, and want to work more closely around areas of common concern. The organizations participating in the Coalition are linked by the common aims of fostering policy integration and filling policy gaps related to addressing barriers to development and learning. During 1998, through suggestions made at the steering committee meeting and subsequent feedback on drafts, a consensus was developed for statements of vision and mission and an accompanying framework of guiding principles and assumptions.

A Growing Vision

A great deal of existing educational, social, health, and other human services policy intends to redress restricted opportunities that arise from economic inequities. One aim is to minimize external and internal barriers that interfere with youngsters' learning at school; a related aim is to promote healthy physical, social, and emotional development and well-being. For the most part, policy initiatives have been and continue to be developed in a piecemeal fashion. This produces considerable fragmentation of programs and services, hampers effective use of resources, and interferes with achieving desired results.

The coalition was formed specifically to work for greater policy cohesion and will analyze existing initiatives from the perspective of how they address barriers to development and learning and how better results can be achieved through enhancing policy cohesion and filling gaps in policy and practice. Building on perspectives about major policy concerns and dimensions (see Appendix C) and principles that have been developed for efforts to integrate services, the coalition has begun to generate a set of principles to guide analyses of and foster policy cohesion.

At this point, our vision centers around the view that:

> *Positive results for youth, families, and neighborhoods require actions that can improve policy cohesion and comprehensiveness in addressing barriers to learning and enhancing healthy development.*

Underlying Assumptions

We believe that viewing public policy through the lens of how barriers to development and learning are addressed will provide an invaluable analysis of the strengths, weaknesses, and gaps of existing initiatives.

We believe that enhancing intervention effectiveness in addressing barriers to development and student learning requires policy that

is cohesive and flexible

provides the resources necessary for transforming the nature and scope of intervention efforts so that comprehensive, multifaceted, integrated approaches are developed

creates necessary infrastructure and provides for effective capacity building to ensure appropriate implementation of comprehensive, multifaceted, integrated approaches

provides the resources necessary for implementing widespread scale-up.

We believe that inadequate policy support related to any of these matters means that the aim of enhancing intervention effectiveness on a large-scale will not be achieved.

Furthermore, we believe that a comprehensive vision for addressing barriers to development and learning encompasses a commitment to strengthening families, youth, and neighborhoods and requires the combined resources and decision making of families, schools, communities, and the many disciplines that are involved in providing programs and services..

We believe that interventions to address barriers to learning must be comprehensive, multifaceted, and integrated -- encompassing overlapping systems of prevention, systems of early intervention, and systems of care.

We believe that interventions must be designed in ways that ensure they are assets-based and can still appropriately meet designated needs. This requires consistent and appropriate consideration of differences, diversity, and disability and use of the least intrusive, disruptive, and restrictive procedures necessary to accomplish the best results.

We believe that appropriate evaluation and accountability for results is an integral part of capacity building and, in the early stages of program development, must involve short-term benchmarks. Then, within a reasonable time frame, the emphasis must shift to indices of major results -- *especially enhanced school performance.*

Some Guidelines for Thinking About Principles in Addressing Barriers to Development and Learning

In a synthesis of key principles for effective frontline practice, Kinney, Strand, Hagerup, and Bruner (1994) caution that care must be taken not to let important principles simply become

> *the rhetoric of reform, buzzwords that are subject to critique as too fuzzy to have real meaning or impact . . . a mantra . . . that risks being drowned in its own generality.*

With this caution in mind, it is helpful to review the following phrases. They are offered simply to provide a sense of the philosophy guiding efforts to address barriers to development and learning.

- A focus on improving systems, as well as helping individuals
- Full continuum of interventions
- Activity clustered into coherent areas
- Comprehensiveness
- Integrated/cohesive programs
- Systematic planning, implementation, and evaluation
- Operational flexibility and responsiveness
- Cross disciplinary involvements
- Deemphasis of categorical programs
- School-community collaborations
- High standards-expectations-status
- Blend theory and practice
- Family-centered, holistic, and developmentally appropriate
- Consumer-oriented, user friendly
- Consumers should contribute
- Tailor to fit sites and individuals
- Embody social justice/equity
- Account for diversity
- Respect and appreciation for all parties
- Partnerships in decision making/shared governance
- Build on strengths
- Clarity of desired outcomes
- Accountability
- Self-renewing

*J. Kinney, K. Strand, M. Hagerup, & C. Bruner (1994). *Beyond the Buzzwords: Key Principles in Effective Frontline Practice.* Falls Church, VA: NCSI Information Clearinghouse.

(cont. on next page)

The following list reflects guidelines widely advocated by leaders for reform.

An infrastructure must be designed to ensure that enabling activity

includes a focus on prevention (including promotion of wellness), early-age interventions, early-after-onset interventions, and treatment for chronic problems,

is comprehensive (e.g., extensive and intensive enough to meet major needs)

is coordinated-integrated (e.g., ensures collaboration, shared responsibility, and case management to minimize negative aspects of bureaucratic and professional boundaries),

is made accessible to all students (including those at greatest risk and hardest-to-reach),

is of the same high quality for all,

is user friendly, flexibly implemented, and responsive,

is guided by a commitment to social justice (equity) and to creating a sense of community,

uses the strengths and vital resources of all stakeholders to facilitate development of themselves, each other, the school, and the community,

is designed to improve systems and to help individuals, groups, and families and other caretakers,

deals with the child holistically and developmentally, as an individual and as part of a family, and with the family and other caretakers as part of a neighborhood and community (e.g., works with multigenerations and collaborates with family members, other caretakers, and the community),

is tailored to fit distinctive needs and resources and to account for diversity,

is tailored to use interventions that are no more intrusive than is necessary in meeting needs (e.g., the least restrictive environment)

facilitates continuing intellectual, physical, emotional and social development, and the general well being of the young, their families, schools, communities, and society,

is staffed by stakeholders who have the time, training, skills and institutional and collegial support necessary to create an accepting environment and build relationships of mutual trust, respect, and equality,

is staffed by stakeholders who believe in what they are doing,

is planned, implemented, evaluated, and evolved by highly competent, energetic, committed and responsible stakeholders.

Furthermore, infrastructure procedures should be designed to

ensure there are incentives (including safeguards) and resources for reform,

link and weave together (1) enabling activity that is owned by the schools and (2) community public and private resources,

interweave the Enabling Component with the Instructional and Management Components of school and community,

encourage all stakeholders to advocate for, strengthen, and elevate the status of young people and their families, schools, and communities,

provide continuing education and cross-training for all stakeholders,

provide quality improvement and self-renewal,

demonstrate accountability (cost-effectiveness and efficiency) through quality improvement evaluations designed to lead naturally to performance-based evaluations.

Appendix B

Participants
Coalition for Cohesive Policy in Addressing Barriers to Student Learning

Academy for Educational Development (DC)
#David Lohrmann, Project Director
Academy for Educational Development
1255 23rd St., N.W.
Washington, DC 20037
Phone: 202/884-8848 Fax: 202/884-8879
Email: dlohrman@aed.org

Albuquerque Public Schools (NM)
*#Catherine Maple
Dir. of Student Support Services
Albuquerque Public Schools
120 Woodland NW
Albuquerque, NM 87107
Phone: 505/342-7201 Fax: 505/324-7294

Amer. Association of School Administrators (VA)
*E. Joseph Schneider, Deputy Exec. Director
1801 North Moore Street
Arlington, VA 22209
Phone: 703/875-0771 Fax: 703/841-1543
Email: jschneider@aasa.org

*Lynne Glassman, Sr. Assoc. Exec. Dir
1801 N. Moore Street
Arlington, VA 22209
Phone: 703/875-0749 Fax: 703/528-2146
Email: lglassman@aasa.org

#Sharon Adams-Taylor, Dir., Children's Initiative
1801 North Moore St.
Arlington, VA 22209
Phone: 703/875-0720 Fax: 703/807-1849
Email: SADAMS@aasa.org

American School Health Association(OH)
*#Beverly Bradley, President-Elect
2073 Wilbur Ave. (home)
San Diego, CA 92109
Phone: 619/272-7164 Fax: 619/483-9661
Email: bbradley@ucsd.edu

*Susan Wooley, Executive Director
P.O.Box 708
Kent, OH 44240
Ph: 330/678-1601 Fax: 330/678-4526
Email: swooley@ashaweb.org

*Indicates member of steering committee

#Indicates RSVP was received for 1999 meeting

American Psychological Association (DC)
#Angela Oddone
Interim Director
750 First Street, NE
Washington , DC 20002
Phone: 202/336-5772 Fax: 202/336-5797
Email: oddone@apa.org

Bazelon Center (DC)
#Tammy Seltzer
1101 15th St, NW, Suite #1212
Washington, DC 20005
Phone: (202)467-5730x16 Fax: (202)223-0409

California Dept.of Education (CA)
*#Wade Brynelson, Assistant Superintendent
Learning Support and Partnerships Division
721 Capital Mall, Rm. 556
Sacramento, CA 95814
Phone: 916/653-3314 Fax: 916/657-4732
Email: wbrynels@cde.ca.gov

#Paul Meyers
Education Program Consultant
660 J Street, Suite 300
Sacramento, CA 95814
Phone: 916/445-6773 Fax: 916/322-1757
Email: pmeyers@cde.ca.gov

#Susan Thompson, Admin.
Family & Community Partnership Office
721 Capitol Mall, 3rd Floor
Sacramento, CA 95814
Phone: 916/653-3766 Fax: 916/657-4969
Email: sthomps@cde.ca.gov

California Dept. of Health Services (CA)
#Nancy Gelbard, Chief
School Health Connections
714 P Street, Rm. 750
Sacramento, CA 95814
Phone: 916/657-4686 Fax: 916/653-2781
Email: ngelbard@dhs.ca.gov

California State University, Sacramento (CA)
#Mike Adams, Coord. Distance Education
College of Education
6000 J Street
Sacramento, CA 95819-6079
Phone: 916/278-5869 Fax: 916/278-5904
Email: adams@csus.edu

California State University, Los Angeles (CA)
*#Andrea Zetlin, Professor of Education
School of Education
5151 State University Drive
Los Angeles, CA 90032
Phone: 310/459-2894 Fax: 310/459-2894
Email: azetlin@calstatela.edu

Center for Collaboration for Children (CA)
#Sid Gardner, Director
California State Univ., Fullerton -- EC 424
800 North State College Blvd
Fullerton, CA 92834
Phone: 714/278-2166 Fax: 714/278-5235

Ctr. for Comm. Partnerships,Univ. of Penn (PA)
Ira Harkavy, Assoc. Vice Pres., & Dir. of Center
133 South 36th Street, Suite 519
Philadelphia, PA 19104-3246
Phone: 215/898-5351 Fax: 215/573-2799
Email: harkavy@pobox.upenn.edu

Ctr. for Effective Collaboration & Practice (DC)
*#David Osher, Center Director
Chesapeake Institute of the Amer. Inst. for Res.
1000 Thomas Jefferson St., N.W. Suite 400
Washington, DC 20007
Phone: 202/944-5373 Fax: 202/944-5455
Email: dosher@air-dc.org

Center on Effective Services for Children (MD)
#Candace Sullivan, Assoc. Dir.
1560 Overlock Dr.
St. Leonard, MD 20685
Phone: 410/586-9002 Fax: 410/586-3250

Center for Mental Health in Schools (CA)
*#Howard Adelman, Center Co-Director
UCLA / Dept. of Psychology, Box 951563
Los Angeles, CA 90095-1563
Phone: 310/ 825-1225 Fax: 310/ 206-8716
Email: adelman@psych.ucla.edu

*#Linda Taylor, Center Co-Directo
UCLA / Dept. of Psychology, Box 951563
Los Angeles, CA 90095-1563
Phone: 310/ 825-3634
Fax: 310/ 206-8715
Email: smhp@ucla.edu

Ctr. for School Health Programs, EDC (MA)
Eva Marx, Assoc. Director, School Health Prog.
Education Development Center
55 Chapel Street
Newton, MA 02158-1060
Phone: 617/969-7100 Fax: 617/244-3436
Email: evam@edc.org

Center for School Mental Health Assistance (MD)
*Mark Weist, Center Director
UMB Department of Psychiatry
645 West Redwood Street
Baltimore, MD 21201-1549
Phone: 410/328-6364 Fax: 410/328-1749
Email: mweist@csmha.ab.umd.edu

#Olga Acosta, Project Coordinator
UMB Department of Psychiatry
645 West Redwood Street
Baltimore, MD 21201-1549
Phone: 410/706-0982 Fax: 410/706-0984
Email: oacosta@csmha.ab.umd.edu

Center for Young Children and Families/ Teachers College-Columbia (NY)
Jeanne Brooks-Gunn, Professor
Teachers College-Columbia University
525 West 120th Street
New York, NY 10027
Phone: 212-678-3904 Fax: 212-678-3676
Email: Jb224@columbia.edu

Chicago Public Schools (IL)
*Charlene Vega,
Pupil Support Services Officer Center 6
1819 W. Pershing Road
Chicago, IL 60609
Phone: 312/535-8960 Fax: 312/535-8930

Cobre Consolidated Schools (NM)
Ernesto Stolpe, School Health Consultant
P.O. Box 1000
Bayard, NM 88023
Phone: 505/537-3371 Fax: 505/537-5455
Email: snestolp@arriba.NM.org

Collaborative for the Advancement of Social & Emotional Learning (IL)
Roger Weissberg, Exec. Dir., CASEL
1009 BSB, Mail Code 285
1007 W. Harrison
Chicago, IL 60607-7137
Phone: 312/413-1012 Fax: 312/413-4122
Email: u59753@uicvm.uic.edu

Communities in Schools, Inc., SE Field Support Center (GA)
#Douglas Denise, Director
1252 W. Peachtree, Suite 304
Atlanta, GA 30309
Phone: 404/873-1187 x11 Fax: 404/873-2488
Email: dfdenise@cisnet.org

Federation of Families for Children's MH (VA)
*#Trina Osher, Coord. of Policy & Res.
1021 Prince St
Alexandria, VA 22314-2979
Phone: 301/434-4071 Fax: 301/439-6118

Great Lakes Area Regional Resource Center Organization /Ohio State University (OH)
*#Larry Magliocca, Center Director
700 Acherman Rd, Ste 440
Columbus, OH 43202
Phone: 614/447-0844 Fax: 614-447-9043
Email: magliocca.1@osu.edu

Greater Washington Urban League (DC)
Audrey Epperson, Director of Education
3501 14th Street, NW
Washington, DC 20010
Phone: 202-265-8200 Fax: 202-387-7019

Hawaii Dept. of Health (HI)
*Sachiko Taketa, Chief
School Health Services Branch
741-A Sunset Ave. Rm#108
Honolulu, HI 96816
Phone: 808-733-9040 Fax: 808-733-9078

*Candice Radner, Planner
Community Adolescent Program
741-A Sunset Avenue
Honolulu, HI 96816
Phone: 808/733-8339 Fax: 808/733-9078

Henry Ford Health System (MI)
#Kathleen Conway, Director
School Based Health Initiative
One Ford Place, 3A
Detroit, MI 48202
Phone: 313/874-5483 Fax: 313/874-7137
Email: kconway1@hfhs.org

Independence School District (MO)
#Debbie Marlowe
Assistant Superintendent of Special Services
1231 S. Windsor
Independence, MO 64055
Phone: 816/521-2700 Fax: 816/521-2999
Email: dmarlowe@indep.k12.mo.us

#Patty Schumacher
Asst. Superintendent of Student Services
Independence School District
1231 South Windsor
Independence, MO 64055
Phone: 816/521-2700 Fax: 816/521-2999

Institute for Educational Leadership (DC)
*#Martin Blank, Senior Associate
1001 Connecticut Ave NW.
Washington, DC 20036
Phone: 202/822-8405 Fax: 202/872-4050
Email: blankm@iel.org

Institute for Health Policy (CA)
*Claire Brindis, Executive Director
1388 Sutter , 11th Floor
San Francisco, CA 94109
Phone: 415/476-5255 Fax: 415/476-0705
Email: claire_brindis@quickmail.ucsf.edu

Integrated Resources in Schools (KY)
#Beverly Phillips, Commonwealth Coord.
100 Fair Oaks, 4th Floor
Frankfort, KY 40601
Phone: 502/564-7610
Fax: 502/564-9010
Email: blphillips@mail.state.ky.us

Kentucky Intervention Project (KY)
*#David Mawn, Project Coordinator
100 Fair Oaks, 4th Floor
Frankfort, KY 40601
Phone: 502/564-7610 Fax: 502/564-9010
Email: dgmawn@mail.state.ky.us

LIFT- Missouri (MO)
Barry Freedman, Executive Director
500 Northwest Plaza, Suite 601
St. Ann, MO 63074
Phone: 314/291-4443 Fax: 314/291-7385

Los Angeles Co. Dept. of Health (CA)
#Frank Binch, Network Develop. Administration
Personal Health Services
1200 N. State St., Rm, GH 1112
Los Angeles, CA 90033
Phone: 323/226-8326 Fax: 323/226-8320
Email: 73267.2635@compuserve.com

Los Angeles Unified School District (CA)
#Roberta Benjamin
School Reform Office
450 N. Grand Ave., Rm. A427
Los Angeles, CA 90012
Phone: 213/625-6530 Fax: 213/617-2896

Making the Grade, RWJ Foundation (DC)
*Julia Lear, Project Director
George Washington University
1350 Connecticut Avenue, NW, #505
Washington, DC 20036-1722
Phone: 202/466-3396 Fax: 202/466-3467
Email: jgl@gwis2.circ.gwu.edu

Mental Health Advocacy Service (CA)
Lois Weinberg, Education Specialist
1336 Wilshire Blvd., Suite 102
Los Angeles, CA 90017
Phone: 213/484-1628 Fax: 213/484-2907
Email: weinberg@gse.ucla.edu

Mental Health Association in Texas (TX)
Mary E. Nudd, Director of Education
8401 Shoaz Creek Blvd
Austin, TX 78757
Phone: 512/454-3706 Fax: 512/454-3725
Email: HN6649@handsnet.org

MI State Board of Education (MI)
#Dorothy Beardmore, President
213 Nesbit Lane
Rochester, MI 48309
Phone: 248-651-1173 Fax: 248-650-8476
Email: beardmore@state.mi.us

Missouri Dept. of Elem.& Secondary Educ. (MO)
Joan Solomon, Dir., School Improv. Initiatives
P.O. Box 480
Jefferson City, MO 65102
Phone: 573/751-3168 Fax: 573/526-3580
Email: jsolomon@mail.dese.state.mo.us

Nat. Assembly on School Based Health Care (DC)
*John Schlitt, Exec. Director
1522 K Street, NW, Suite 600
Washington, DC 20005
Phone: 202/289-5400 Fax: 202/289-0776
Email: jschlitt@nasbhc.org

Nat. Assoc. of Pupil Services Administrators (IN)
*Steve Davis, Association President
Indiana Dept. of Education
Room 229, State House
Indianapolis, IN 46204
Phone: 317/232-9111 Fax: 317/232-9121

National Association of School Nurses (ME)
#Judy Robinson, Executive Director
PO Box 1300
Scarborough, ME 04074
Phone: 207/883-2117 Fax: 207/883-2683

National Association of School Psychologists (MD)
*Kevin Dwyer, Asst. Executive Director
4340 East West Highway, Suite 402
Betheseda, MD 20814
Phone: 301/657-0270 Fax: 301/657-0275

Nat. Assoc.of State Directors of Spec. Educ. (VA)
Eileen Ahearn, Director
1800 Diagonal Road, Suite 320
Alexandria, VA 22314
Phone: 703/519-3800 Fax: 703/519-3808
Email: eahearn@nasdse.org

Martha Fields, Executive Director
1800 Diagonal Rd. Suite 330
Alexandria, VA 22314
Phone: 703/519-3800 Fax: 703/519-3808
Email: fields@nasdse.org

#Bill East, Deputy Exec. Dir.
1800 Diagonal Rd. Suite 320
Alexandria, VA 22314
Phone: 703-519-3800 Fax: 703-519-3808
Email: east@nasdse.org

*#Luzanne Pierce, Sr. Program Associate
1800 Diagonal Rd., Suite 320
Alexandria, VA 22314
Phone: 703/519-3800 Fax: 703/519-3808
Email: luzanne@nasdse.org

National Association of Social Workers (DC)
*(new rep. TBA) Senior Policy Associate
750 First St., N.E., Suite 700
Washington, DC 20002-4241

Natl. Assoc. of State MH Program Directors (VA)
Andrea Sheerin, Information Specialist
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Phone: 703/739-9333 Fax: 703/548-9517
Email: andrea.sheerin@nasmhpd

National Association of State Boards of Educ. (VA)
#Carlos Vega
1012 Cameron Street
Alexandria, VA 22314-2465
Phone: 703/684-4000 Fax: 703/836-2313

National Center for Schools & Communities (NY)
Center Director
Fordham University
33 West 60th Street, suite 809
New York, NY 10023
Phone: 212/636-6617 Fax: 212/636-6033

Nat. Ctr. School-Based Health Info. Systems (CO)
*David Kaplan, Center Director
The Children's Hospital
1056 East 19th Street
Denver, CO 80218
Phone: 303/861-6133 Fax: 303/837-2962

National Conference of State Legislatures (CO)
#Louise Bauer, Program Manager
1560 Broadway, Suite 700
Denver, CO 80202
Phone: 303/830-2200 x205 Fax: 303/863-8003
Email: louise.bauer@ncsl.org

National Community Education Assoc. (MN)
Bridget Gothberg, President
St. Louis Park Schools
6425 W. 33rd Street
St. Louis Park, MN 55426-3498
Phone: 612/928-6063 Fax: 612/928-6020
Email: bridget_gothberg@qm.stlpark.k12.mn.us

New Jersey Dept. of Human Services (NJ)
*#Ed Tetelman, Assistant Commissione
Capitol Place One
222 S. Warren Street. - CN 700
Trenton, NJ 08625
Phone: 609/292-1617 Fax: 609/984-7380

#Roberta Knowlton, Director (SBYSP)
NJ Dept. of Human Services
Capitol Place One
222 S. Warren Street. - CN 700
Trenton, NJ 08625
Phone: 609-292-7901 Fax: 609-292-1807

#Sue Proietti, Director
School-Based Youth Services Program
Passaic High School
185 Tuaulison Ave
Passaic, NJ 07055
Phone: (973)470-5595 Fax: (973)473-6883

#Linda Seeley, Director
School-Based Youth Services Program
Dover High School
100 Grace St.
Dover, NJ 07801
Phone: (973)989-0540 Fax: (973)442-1779

New Jersey State Mental Health Board (NJ)
#Mark Perrin, Chair
Summit Medical Group
40 Sterling Rd
Watchung, NJ 07060
Phone: (908)769-0100 Fax: (908)769-8927

New Mexico Department of Health (NM)
*Steve Adelsheim, Director
School Mental Health Initiatives
300 San Mateo NE, Suite 705
Albuquerque, NM 87108
Phone: 505/841-2962 Fax: 505/841-6520
Email: sadelshe@unm.edu

New Mexico Dept of Education
Safe & Drug Free Schools & Comm. (NM)
S. Pauline Anaya, Consultant/Trainer
120 S. Federal Pl., Santa Fe, NM 87501
Phone: 505/827-1830 Fax: 505/827-1826

New River Health Association (WV)
Jennifer Mead, School Health Director
P.O. Box 337
Scarbro, WV 25917
Phone: 304/465-1378 Fax: 304/465-1518
Email: mead100w@wonder.em.cdc.gov

Northeast & Islands Regional Ed. Lab. (RI)
Jennifer Wallace, Policy Specialist
Brown University
222 Richmond St. , Suite 300
Providence, RI 02903
Phone: 401/274-9548 Fax: 401/421-7650
Email: jennifer_wallace@brown.edu

Ohio Chapter,Nat. Assoc. of Social Workers (OH)
*Ann Riffle, Dir. of Member Services
118 E. Main St.
Columbus, OH 43215
Phone: 614/461-4484 Fax: 614/461-9793
Email: ohnasw@aol.com

Ohio Family & Children First (OH)
*#Karen Sanders, Executive on Loan
77 S. High Street, 30th Floor
Columbus, OH 43266-0601
Phone: 614/752-4044 Fax: 614/728-9441

Oklahoma Dept. of Health (OK)
Edd Rhoades, MCH Director
Child Health and Guidance Services
OK State Department of Public Health
1000 NE 10th Street, Rm. 703
Oklahoma City, OK 73117-1299
Phone: 405/271-4471

*Bruce Cook, Dir., Behavioral Health
1000 NE 10th Street, Room 506
Oklahoma City, OK 73117-1299
Phone: 405/271-4477 Fax: 405/271-1011
Email: brucec@health.state.ok.us

Paradise Unified School District (CA)
Roy Applegate, Dir. of Special Services
622 Pearson Rd.
Paradise, CA 95969
Phone: 916/872-6400 Fax: 916/877-5073
Email: rapplega@bcoe.butte.k12.ca.us

Penn Program for Public Service (PA)
*Joann Weeks, Associate Director
3440 Market Street, Suite 440
Philadelphia, PA 19104-3325
Phone: 215/898-0240 Fax: 215/573-2096
Email: weeks@pobox.upenn.edu

Philadelphia Center for Health Care Sciences, Children's Seashore House (PA)
*Annie Steinberg, Director of Psychiatry
3405 Civic Center Boulevard
Philadelphia, PA 19104-4388
Phone: 215/895-3592 Fax: 215/895-3605
Email: drannie@mail.med.upenn.edu

Philadelphia School District (PA)
James Lytle, Principal
University City High School
36th and Filbert Streets
Philadelphia, PA 19104-1380
Phone: 215/387-1380 Fax: 215/387-6362

Prevent Child Abuse - NJ (NJ)
Dina Lennon, Program Developer
35 Halsey ST. Suite 300
Newark, NJ 07102
Phone: 973/643-3710 Fax: 973/643-9222
Email: preventchildabuse@worldnet.att.net

Primary Mental Health Project (NY)
*Deborah Johnson, Dir. of Comm. Services
685 South Avenue
Rochester, NY 14620
Phone: 716/262-2920 Fax: 716/262-4761
Email: djohnson@psych.rochester.edu

Region III Comprehensive Center (VA)
*#Kwesi Rollins, Research Associate
1730 N. Lynn Street, Suite 401
Arlington, VA 22209
Phone: 703/528-3588 Fax: 703/528-5973
Email: krollins@ceee.gwu.edu

Region IX (Southwest) Compreh. Center (NM)
#Ann Del Vecchio,Senior Research Associate
1700 Grande Court SE, Suite 101
Rio Rancho, NM 87107
Phone: 505/891-6111 Fax: 505/891-5744
Email: adelvecch@cesdp.nmhu.edu

School Psych. Prog./Inst.for School Reform (FL)
*Howard Knoff, Professor/Director
University of South Florida
4202 East Fowler Avenue, FAO 100U
Tampa, FL 33620-7750
Phone: 813/974-9498 Fax: 813/974-5814
Email: knoff@tempest.coedu.usf.edu

South East Regional Resource Center (AK)
Bill Buell, AK RAC Director
210 Ferry Way, Suite 200
Juneau, AK 99801
Phone: 907/586-6806 Fax: 907/463-3811
Email: billb@akrac.k12.ak.us

Stuart Foundation (CA)
#Jane Henderson, Program Officer
50 California Street, Ste 3350
San Francisco, CA 94111
Phone: (415) 393-1551 Fax: (415) 393-1552
Email: jihender@ix.netcom.com

St. Louis Public School District (MO)
*Carlos Miranda, Health Supervisor
450 Des Peres Ave.
St. Louis, MO 63112
Phone: 314/863-7266 Fax: 314/863-4638

Texas Dept. of Health, Bur. Children's Health (TX)
Hallie Duke, Project Coordinator
1100 W. 49th St.
Austin, TX 78756
Phone: 512/458-7111 Fax: 512/458-7238
Email: Hduke@WC2.tdh.state.tx.us

Tucson Unified School District (AZ)
*Betsy Bounds, Executive Director,
Exceptional Education
1010 East 10th Street
Tucson, AZ 85719
Phone: 520/617-7322 Fax: 520/617-7235
Email: betsyb@azstarnet.com

University of California, Davis (CA)
#Mary Leland, Consultant/Div. of Education
Healthy Start Field Office
CRESS Center/Div. of Ed
UCD - One Shield
Davis, CA 95616
Phone: 530/754-4319 Fax: 530/752-3754
Email: mmaurerleland@ucdavis.edu

University of California. Los Angeles (CA)
#Harry Handler, Asst. Dean
Grad. School of Ed. & Information Science
2320 Moore Hall
Box 951521
Los Angeles, CA 90095-1521
Phone: 310/206-6271 Fax: 310/206-3076
Email: handler@gseis.ucla.edu

University of Colorado, Sch. Health Sciences (CO)
*Judith Igoe, Dir. School Health Progs.
School Health Resource Services
4200 East Ninth Avenue, Campus Box C-287
Denver, CO 80262
Phone: 303/315-7435 Fax: 303/315-3198
Email: judy.igoe@uchsc.edu

University of Utah, Grad. Sch. of Social Work (UT)
*Hal Lawson, Professor
Salt Lake City, UT 84112
Phone: 801/581-4428
Email: hlawson@socwk.utah.edu

University of Virginia, School of Education (VA)
*Carol Yeakey, Prof.
Urban Politics and Policy
Ruffner Hall
405 Emmet Street
Charlottesville, VA 22903-2495
Phone: 804/924-3264 Fax: 804/924-3866
Email: ccy6j@virginia.edu

Washington State Office of Pub. Instruction (WA)
#Chris McElroy, Program Administrator
P.O. Box 47200
Olympia, WA 98504-7200
Phone: 360/753-6760 Fax: 360/664-3575

#Tom Kelly
Asst. Super. for Operations and Support
P.O. Box 47200
Olympia, WA 98504-7200
Phone: (360) 753-1142 Fax: (360) 664-3575
Email: tkelly@ospi.wednet.edu

Yale Bush Ctr. in Ch. Develop.& Soc. Policy (CT)
#Matia Finn-Stevenson, Assoc. Dir.
310 Prospect St.
New Haven, CT 06511-2188
Phone: 203/432-9937 Fax: 203/432-9945
Email: matia.finn-stevenson@yale.edu

Youth & Family Center, Dallas Pub. Schools (TX)
*#Jenni Jennings, Project Director
Youth & Family Center
P.O. Box 4967
Dallas, TX 75208
Phone: 214/827-4343 Fax: 214/827-4496

INDIVIDUAL PARTICIPANTS

*#Joy Dryfoos
Independent Researcher
20 Circle Drive
Hastings-on-Hudson, NY 10706
Phone: 914/478-3489
Fax: 914/478-5201
Email: jdryf65322@aol.com

Appendix C

Some Frameworks to Guide Analyses of Policy Related to Addressing Barriers to Development and Learning

For purposes of analysis, policy can be seen as a purposive course of action aimed at dealing with a matter of concern. Public policy is a course of action carried out by institutions and people who staff them. The process of developing policy is political, but not limited to the enactment of laws, regulations, and guidelines. That is, while much policy is enacted by legally elected representatives, policy often emerges informally because of the way people in institutions pursue a course of action each day. Decisions not to act also constitute policy making.

McDonnell and Elmore (1987) categorize alternative policy "instruments" (mechanisms that translate substantive policy goals into actions) as (1) mandates -- defined as rules governing the action of individuals and agencies, intended to produce compliance, (2) inducements -- the transfer of money to individuals or agencies in return for certain actions, (3) capacity-building -- the transfer of money for the purpose of investment in material, intellectual, or human resources, and (4) system-changing -- the transfer of official authority among individuals and agencies to alter the system by which public goods and services are delivered. This framework has been used to study the effects of education reform policies and the specific question "Under what conditions are different instruments most likely to produce their intended effects?" The answer to this question is seen as requiring understanding of "why policymakers choose different instruments; how those instruments operate in the policy arena; and how they differ from one another in their expected effects, the costs and benefits they impose, their basic operating assumptions, and the likely consequences of their use."

A great deal of discussion in recent years focuses on whether policy should be made from the top-down or the bottom-up. Some argue that efforts to generate systemic changes must focus on the top, bottom, and at every level of the system.

The commitment and priority assigned to a policy generally is reflected in the support provided for implementing specified courses of action. Some actions are mandated with ample funds to ensure they are carried out; others are mandated with little or no funding; some are simply encouraged.

Designated courses of action vary considerably. More often than not policy is enacted in a piecemeal manner, leading to fragmented activity rather than comprehensive, integrated approaches. Relatedly, time frames often are quite restricted -- looking for quick payoffs and ignoring the fact that the more complex the area of concern, the longer it usually takes to deal with it. The focus too often is on funding short-term projects to show what is feasible -- with little of no thought given to sustainability and scale-up.

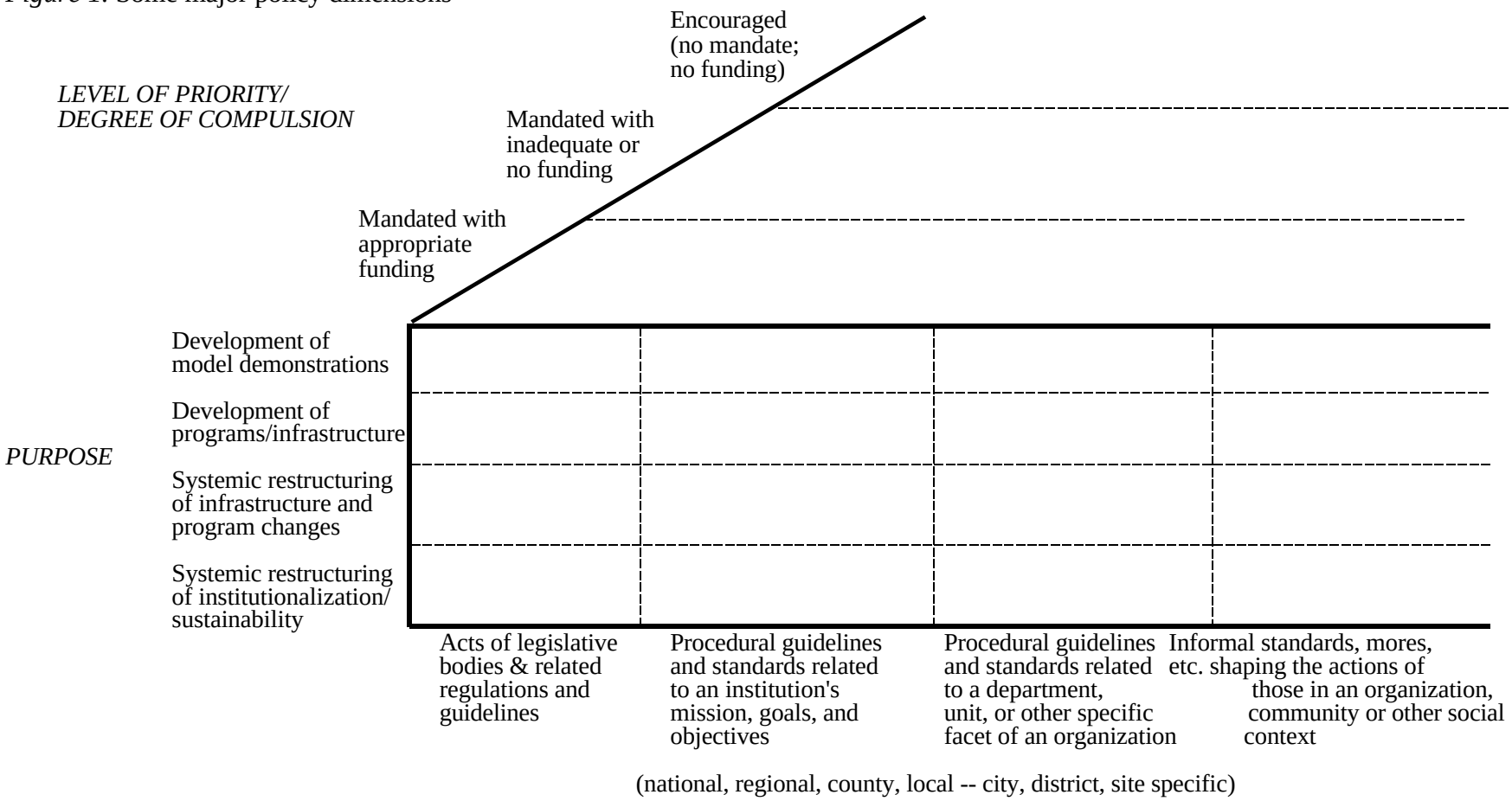
Those concerned with addressing barriers to development and learning have a role to play in both analyzing the current policy picture and influencing needed changes. Figures 1 through 4 provide some frameworks for mapping and generating questions in efforts to analyze the status of policy. Figure 1 outlines three dimensions: the purpose of the policy, its form, and the level of priority/degree of compulsion for carrying it out.

Figure 2 groups major policy and practice for addressing barriers to development and learning into five areas: (1) measures to abate economic inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification and amelioration of learning, behavior, emotional, and health problems as early as feasible, (4) ongoing amelioration of mild-moderate learning, behavior, emotional, and health problems, and (5) ongoing treatment of and support for chronic/severe/ pervasive problems. As a guide for ongoing analyses of policy and practice, these areas are presented in a framework organized as an intervention continuum ranging from broadly focused prevention to narrowly focused treatments for severe/chronic problems.

Figure 3 provides a grid for beginning to map the many initiatives that exist for addressing barriers to development and learning (including those aimed at strengthening schools, families, and neighborhoods).

Ultimately, the intent of policy initiatives focusing on ameliorating complex psychosocial problems should be to enhance the *effectiveness* of interventions. As current policy efforts recognize, one aspect of achieving this aim is the commitment to *cohesiveness* (or integrated effort) by improving agency and department coordination/collaboration. Another aspect involves efforts to enhance the nature and scope of intervention activity. Figure 4 outlines considerations related to the focus of prescribed changes, the forms of change that are intended, and the essential elements of capacity building to ensure change is accomplished.

Figure 1. Some major policy dimensions



OTHER DIMENSIONS

Comprehensiveness = piecemeal (fragmented) action <---> comprehensive (integrated) action

Degree of flexibility in administering policy = none <---> full waivers granted as appropriate

Length of funding = brief <---> long-term

Requirement of in-kind contribution (buy-in) = none <---> designated percentage (kept constant or with proportion shifting over time)

Figure 2. Addressing barriers to development and learning: A continuum of five fundamental areas for analyzing policy and practice.

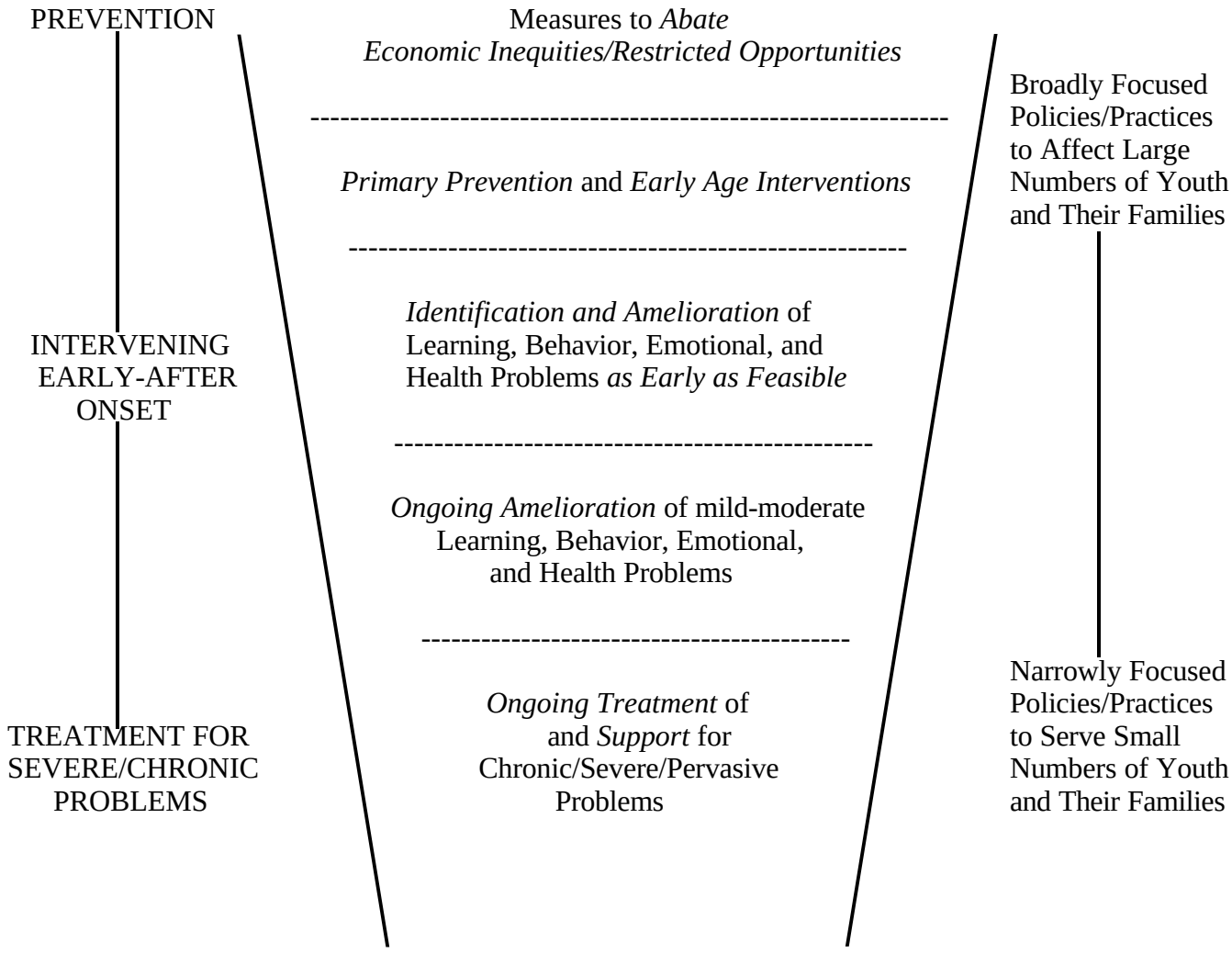


Figure 3. Framework outlining areas of interest in addressing barriers to development and learning (including strengthening schools, families, and neighborhoods)

	Health (physical, mental)	Education (regular/special trad./alternative)	Social Services	Work/ Career	Enrichment/ Recreation	Juvenile Justice	Neighborhood/ Comm. Improvement
Prevention							
Early-After-Onset Intervention							
Treatment of Chronic & Severe Problems							

Level of Initiatives

National (federal/private)
State-wide
Local
School/neighborhood

Questions:

What are the initiatives at the various levels?

How do they relate to each other?

How do they play out a school site and in a neighborhood?

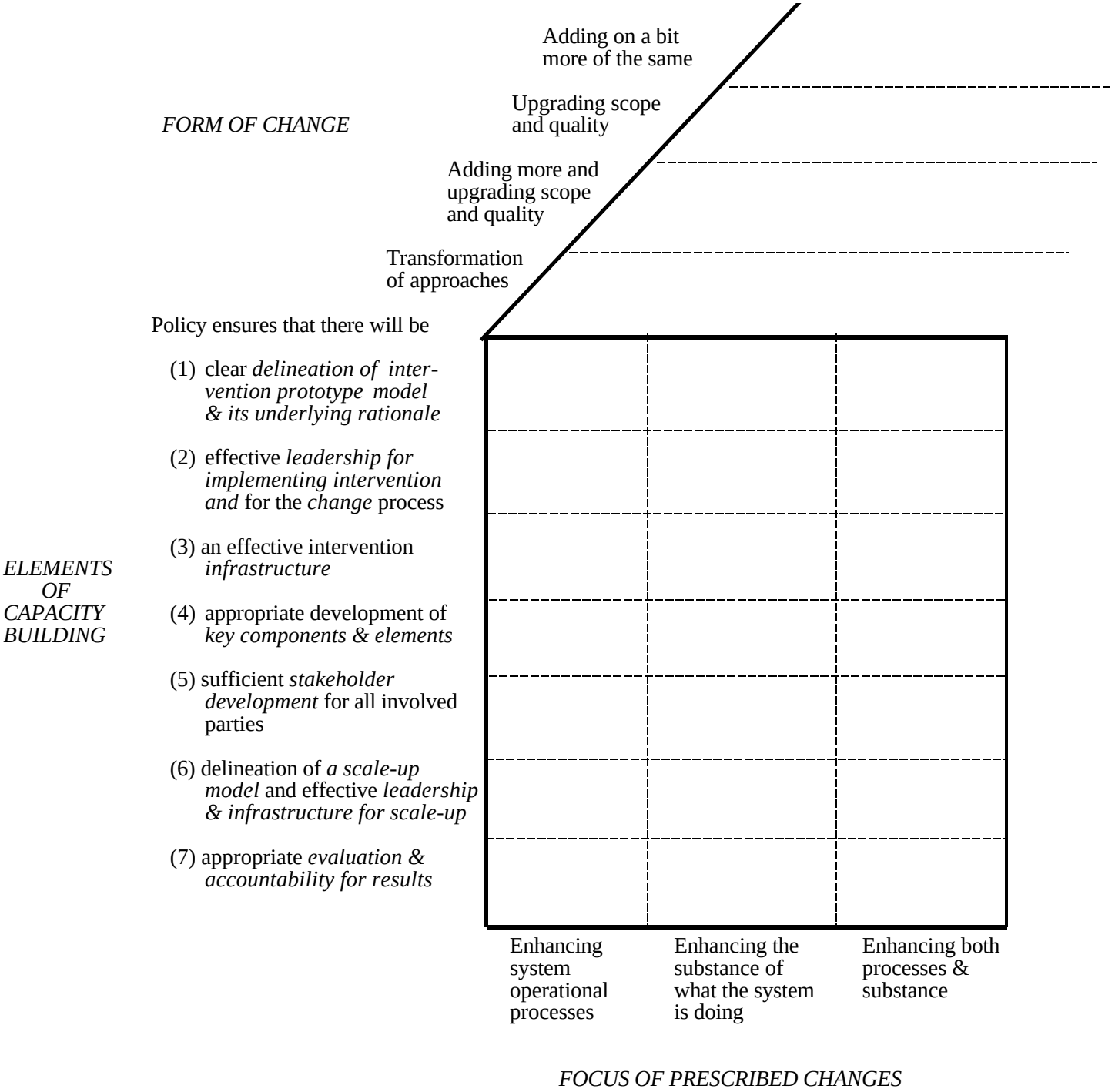



Figure 4. Example of a dimensional framework for analyzing intervention policy at national, state, and local levels.