Report from the Steering Committee for the

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning

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.

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Preface

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. The present document incorporates feedback received as of May 1.

This report remains a work in progress as is the Coalition itself. Please use the accompanying *Response Form* to offer suggestions for improvement.

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
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Preamble

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.

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.
Steering Committee Report

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning

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. Currently, there is no group or mechanism focusing specifically on these matters.

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. From this perspective, it seemed worth determining whether enough key organizations would agree to enter into a coalition -- linked by the common aims of fostering policy integration and filling policy gaps related to addressing barriers to development and learning.

To help establish the coalition, the School Mental Health Project at UCLA set out to identify interested organizations, facilitated creation of a steering group, and is providing support for the coalition’s initial activities. The excellent response to the announcements about forming the coalition is a solid indication of both need and interest. See Appendix A for the list of those who have already responded. Others have indicated interest, and as the coalition moves forward, it is certain that more organizations will join. All organizations at all levels are welcome to join, as are individuals whose interests and talents can move the agenda forward.

In December 1997, inquiries were sent to all who expressed interest to identify those willing to serve on the coalition’s steering committee to set priorities and establish a plan of action for moving forward. Again, the response has been excellent. Through long-distance communications, some initial work was done, and a decision was made to meet with those who could attend a March 6th 1998 steering group session in Washington, DC.

At the meeting, the Steering Group worked on a statement of purpose, discussed ideas related to organizational and operational structure, and delineated some first activities.
Purpose & Vision

Through suggestions made at the steering committee meeting and subsequent feedback on drafts, a consensus is being developed for statements of vision and mission and an accompanying framework of guiding principles and assumptions.

Toward a Vision Statement

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 B) and principles that have been developed for efforts to integrate services (see Appendices C and D), the coalition will soon 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 (see Figure 1; also see Figure B-2).

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.
Mission Statement

The coalition for cohesive policy in addressing barriers to development and learning will 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.
At the Steering Group meeting, seven activities were identified that could be pursued immediately. Accomplishment of these will establish the coalition as a functional entity. Once these initial activities are well underway, the steering group will have a more in-depth discussion about further developing the coalition's organizational and operational structure and next activities.

(1) Report on the Coalition's Formation and Outreach to Other Organizations and Networks. Establishment of the coalition and its steering group represents a first step and this report is a first product. Circulation of the report will serve to (a) announce the coalition's creation, (b) clarify its intent, and (c) outreach to others who may wish to join. Intensive outreach will be made to key organizations that play a major role in shaping policy.

(2) Build a Communication Infrastructure. The steering group proposed creation of a listserv and website to facilitate networking and widespread visibility for the coalition. The Center for Mental Health in Schools has volunteered to (a) coordinate gathering E-mail addresses from participating organizations for the coalition's listserv and (b) create a website for the coalition with links to member websites and other relevant sites. The Center will also coordinate the amassing of pertinent information for dissemination through the listserv and website. To facilitate direct discussion, a "chatroom" will be established. After this infrastructure is in place, the steering group will discuss the possibility of a newsletter and other communication processes.

(3) Generate a Set of Principles to Guide Analyses of and Foster Policy Cohesion. A great deal of attention has been paid to developing principles for service integration (see Appendices C and D). In comparable fashion, members of this coalition will develop a set of guiding principles that can be used to analyze the current status of policy initiatives. Such a set of principles and the data from studies guided by these principles are fundamental to any effort to improve policy.

(4) Approach the U.S. Department of Health and Human Services Regarding the Need for Coordination Among its Various School-Based Health Care Initiatives. At the steering group meeting, one member drew attention to the announcement that the Division of Programs for Special Populations has established a Center for School-based Health Care. Given that the Centers for Disease Control and Prevention (CDC) operates the Division for Adolescent and School Health (DASH) and the Maternal and Child Health Bureau operates the Office of Adolescent Health, steering committee members expressed concern about what could easily be increasing fragmentation of school-based initiatives. (Concerns were also raised about the fact that the new Center had been created with so little input from those who have been engaged with the school-based health care movement for many years.) A decision was made to send a letter to the Department indicating the need to discuss ways to use establishment of the new center as a catalytic event to enhance cohesion in policy and practice, rather than sit back and watch as another initiative independently stakes out its turf. The letter that was drafted and sent indicated that a commitment to cohesive policy and practice makes it essential that a discussion about areas of overlapping and complementary functions be arranged. It was stressed that those present at the steering committee meeting want to discuss how the new center will mesh with already established initiatives to minimize redundancy and fragmentation. It was also suggested that this is a propitious time for such a discussion given the current efforts to revitalize the Interagency Task Force on School Health and the National Coordinating Committee on School Health and given the role that schools will play in the Child Health Insurance Programs.
(5) Establish Regular Communication with the Emerging Coalition for Community Schools. Several members of the coalition are also involved with the emerging Coalition for Community Schools (with facilitation from the Institute for Educational Leadership). Its principal aim is “the promotion of public and private policies to support community schools.” The steering committee viewed the emerging coalition as having areas of overlapping interest and recommended maintaining close communication with it and any others pursuing policies designed to address barriers to learning and enhance healthy development. Regular communication will be established through use of the listserv, website, and chatroom and will focus on highlighting proposed initiatives, encouraging discussion of ways to avoid further fragmentation, and formulating specific steps to build cohesive policy.

(6) Gather and Circulate Information about Existing Policy Initiatives, Trends, New Models. One key to minimizing further fragmentation and building cohesive policy is increased awareness of existing and emerging efforts designed to address barriers to learning and enhance healthy development. This encompasses successes and promising practices as well as problems, and new directions related to initiatives such as welfare reform, child care, after school programs, and the children’s health insurance program. It also includes legislation just reauthorized (e.g., Individuals with Disabilities Education Act) or about to be reauthorized (e.g., Title I of the Elementary and Secondary Education Act). Each participating organization is asked to provide a flow of information to a central source so that two-way process of sharing and discussion can be facilitated among all interested parties. Here, too, the initial mechanisms will be the listserv, website, and chatroom. Over time it is expected that the accumulating body of information can be compiled and analyzed to provide improved understanding of the impact of fragmented policy and how greater policy cohesion can be achieved. The reports and “white papers” generated can include specific recommendations to policy makers and other audiences for reworking current policy so overlapping functions can be pursued in ways that maintain the integrity of essential specialized functions while enabling effective integration of nonspecialized activity. Such products can also address “disconnects” between national and state intent and local implementation (see Appendix E).

(7) Gather and Analyze Data on the Impact of Policy as it Plays Out at the School Level. The School Mental Health Project at UCLA is planning to conduct a study beginning with three states (possibly California, Ohio, and New Mexico) to provide an analysis of which policies require alignment to ensure cohesion in efforts to evolve a multifaceted, integrated, comprehensive approach to addressing barriers to development and learning. This work will encompass not only mapping and analyzing relevant policies but also how the policies and related dollars play out at a school site. Such information should be a model for other states to emulate and will provide the coalition with data and analyses it can use in making recommendations for how to enhance policy cohesion.

Other Potential Activities for Future Consideration. A variety of activities have been suggested by one or more members for later consideration: (a) a public relations campaign to enhance support for policy changes to upgrade and unify efforts to address barriers to learning, (b) convening groups to formulate specific proposals for unifying and linking policy at federal, state, and local levels, (c) a summit at which key organizations can discuss the proposals that are generated and their willingness to commit to a unified lobbying campaign for enactment of changes, (d) a conference (perhaps a video teleconference) to explore ways to reform and restructure school programs and services and how to integrate community resources, and (e) leadership training institutes focused on policy concerns.
Subsequent Steps in Creating the Organizational & Operational Infrastructure

Implementation of initial activities will provide an opportunity to demonstrate the value of the coalition. By Summer 1998, the group will have a “track record,” and the steering committee can have an in-depth discussion about (a) developing the coalition's organizational and operational infrastructure and (b) formulating a detailed strategic plan (including long term goals and next activities). Examples of topics to consider are:

Membership. All organizations at all levels are welcome to join. In addition, we have heard from folks who have much to contribute to the process as individuals. The coalition still needs to clarify such membership questions as: What type of follow-up should be made with key organizations that have not responded? How should the benefits of membership be described? What should be expected of member organizations?

Financial considerations. Initially, the School Mental Health Project at UCLA is providing various forms of support and technical assistance to facilitate establishment of the coalition. In the near future, it will be necessary to clarify the likely costs related to coalition activity and how to cover the costs. The steering committee already has stressed the importance of minimizing costs by piggy-backing activity on the current efforts of participating organizations whenever appropriate and feasible and encouraging them to include discussion of the need for policy cohesion in their newsletters, at their conferences, etc. Subsequent discussion will focus on matters such as: Should a guideline be adopted assuring that no activity would be implemented unless the majority of the coalition agrees to it? Would agreement about undertaking a particular activity constitute agreement to underwrite a share of the costs? Would exceptions be made for organizations indicating that they cannot afford to pay a share?

Leadership cadre, ongoing role of steering committee, and regular operations for the immediate future. Currently, the steering committee members are leading the way. Over time, what type of leadership structure will work best? To minimize costs, voluntary efforts of the nature reflected so far are invaluable. What will best keep the process moving?

As indicated above, the first months of the coalition's operation will continue to be facilitated by the School Mental Health Project at UCLA. This will allow member organizations time to explore ways they can benefit and contribute to the coalition's mission and will allow steering committee members time to reflect on recommendations for the coalition's organizational and operational structure and next activities.
Appendix A
Participating Organizations (as of 3/98)
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

Robert Brynelson, Assistant Superintendent
Academy for Educational Development Learning Support and Partnerships Division
1255 23rd St., N.W.
Washington, DC 20037
Phone: 202/884-8848 Fax: 202/884-8879
Email: wbrynels@cde.ca.gov

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

American Association of School Administrators (VA)
*E. Joseph Schneider, Deputy Exec. Direc
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

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 Direct
P.O.Box 708
Kent, OH 44240
Phone: 330/678-1601 Fax: 330/678-4526
Email: swooley@ashaweb.org

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

Shirley Hazlett, Admin I
721 Capitol Mall, 3rd Floor
Sacramento, CA 95818-3816
Phone: 916/657-2810 Fax: 916/445-5657
Email: shazlett@cde.ca.gov

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

Center for Effective Collaboration and 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

*Indicates member of steering committee
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-Director  
UCLA / Dept. of Psychology, Box 951563  
Los Angeles, CA 90095-1563  
Phone: 310/ 825-3634  
Fax: 310/ 206-8715  
Email: u59753@uicvm.uic.edu

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

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

Center for School Health Programs,  
Education Development Center (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

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

Center for School Mental Health Assistance (MD)  
*Mark Weist, Center Director  
UMD 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

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

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

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

Chicago Public Schools, Dept. of Pupil Support Services (IL)  
*Charlene Vega, Pupil Support Services Office 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

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
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, State Interagency Council (KY)
*David Mawn, Project Coordinator
100 Fair Oaks, 4th Floor
Frankfort, KY 40601
Phone: 502/564-7610    Fax: 502/564-9010
Email: dgmawn@mhrdmc.chr.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 Child Guidance Clinic (CA)
*Donna Heider, Clinical Director
3787 So. Vermont Ave.
Los Angeles, CA 90007
Phone: 213/766-2345    Fax: 213/766-2369

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

Missouri Dept. of Elementary and Secondary Education (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

National Assembly of 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@mail.nasbhc.org

National Association 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)
*Beverly Farquhar, 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
Bethesda, MD 20814
Phone: 301/657-0270    Fax: 301/657-0275

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

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

App. A-3
National Association of Social Workers (DC)
  *Caren Kaplan, Senior Policy Associate
  750 First St., N.E., Suite 700
  Washington, DC 20002-4241
  Phone: 202/336-8259  Fax: 202/336-8313
  Email: ckaplan@naswdc.org

National Assoc. of State Mental Health 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 Center for Schools & Communities (NY)
  Carolyn Denham, Center Director
  Fordham University
  33 West 60th Street, suite 809
  New York, NY 10023
  Phone: 212/636-6617  Fax: 212/636-6033
  Email: denham@mary.fordham.edu

National Center School-Based Health Information 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 City Collaborative (CA)
  *Kimberly Dark, Consultant/Writer
  1405 Dale St.
  San Diego, CA 92102
  Phone: 619/235-9315  Fax: 619/235-8641
  Email: kimdark@aol.com

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 Commissioner
  Capitol Place One
  222 S. Warren Street. - CN 700
  Trenton, NJ 08625
  Phone: 609/292-1617  Fax: 609/984-7380

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: 401/274-7650
  Email: jennifer_wallace@brown.edu

Ohio Chapter, Nat. Assoc. of Social Workers (OH)
  *Ann Riffle, Director 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, Director, 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, Director 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 Community 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

School Psychology Program/Institute 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

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,
Bureau of 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

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

University of Colorado,
School of Health Sciences (CO)
*Judith Igoe, Dir. School Health Programs
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,
Graduate School of Social Work (UT)
*Hal Lawson, Professor
Salt Lake City, UT 84112
Phone: 801/581-4428
Email: hlawson@socwk.utah.edu

App. A-5
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

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

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

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

Youth Fair Chance (CA)
Al Rios, Project Manager
Pacific Asian Consortium in Employment
404 S. Bixel St.
Los Angeles, CA 90017
Phone: 213/482-8618   Fax: 213/240-8600

INDIVIDUAL PARTICIPANTS

Youth & Family Center
Youth Fair Chance
Appendix B

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

As can be seen in Appendix E, policy makers have been active in many areas that affect youngsters and their families. Now it is time to review what has been created and make some improvements. To this end, we need some policy-oriented tools to guide analyses.

Frameworks for Analyzing Policy

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.

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 B-1, B-2, B-3, and B-4 provide some frameworks for mapping and generating questions in efforts to analyze the status of policy.

Figure B-1 outlines three dimensions: (1) the purpose of the policy, (2) its form, and (3) the level of priority/degree of compulsion for carrying it out.

Figure B-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 B-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 B-4 outlines considerations related to (1) the focus of prescribed changes, (2) the forms of change that are intended, and (3) the essential elements of capacity building to ensure change is accomplished.

**Sampler for Thinking About and Accessing Policy Related to Addressing Barriers**

The Center for Mental Health in Schools at UCLA has a technical assistance “sampler” that covers a range of basic published references, highlights guidebooks and models, lists agencies and websites, and other related resources.
Figure B-1. Some major policy dimensions.

<table>
<thead>
<tr>
<th>LEVEL OF PRIORITY/DEGREE OF COMPULSION</th>
<th>Encouraged (no mandate; no funding)</th>
<th>Mandated with inadequate or no funding</th>
<th>Mandated with appropriate funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of model demonstrations</td>
<td></td>
<td></td>
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<tr>
<td>Development of programs/infrastructure</td>
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<td></td>
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<tr>
<td>Systemic restructuring of infrastructure and program changes</td>
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</tr>
<tr>
<td>Systemic restructuring of institutionalization/sustainability</td>
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<tr>
<td>PURPOSE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Systemic restructuring of infrastructure and program changes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Systemic restructuring of institutionalization/sustainability</td>
<td></td>
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</tr>
<tr>
<td>FORM OF POLICY</td>
<td>Acts of legislative bodies &amp; related regulations and guidelines</td>
<td>Procedural guidelines and standards related to an institution's mission, goals, and objectives</td>
<td>Procedural guidelines and standards related to a department, unit, or other specific facet of an organization</td>
</tr>
<tr>
<td>OTHER DIMENSIONS</td>
<td>(national, regional, county, local -- city, district, site specific)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comprehensiveness = piecemeal (fragmented) action

Degree of flexibility in administering policy = none

Length of funding = brief

Requirement of in-kind contribution (buy-in) = none

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App. B-3
Figure B-2. Addressing barriers to development and learning: A continuum of five fundamental areas for analyzing policy and practice.
Figure B-3. Framework Outlining Areas of Interest in Addressing Barriers to Development and Learning (including Strengthening Schools, Families, and Neighborhoods)

<table>
<thead>
<tr>
<th>Health (physical, mental)</th>
<th>Education (regular/special trad./alternative)</th>
<th>Social Services</th>
<th>Work/Career</th>
<th>Enrichment/Recreation</th>
<th>Juvenile Justice</th>
<th>Neighborhood/Comm. Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
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<td></td>
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<tr>
<td>Early-After-Onset Intervention</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of Chronic &amp; Severe Problems</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FORM OF CHANGE</th>
<th>Adding on a bit more of the same</th>
<th>Upgrading scope and quality</th>
<th>Adding more and upgrading scope and quality</th>
<th>Transformation of approaches</th>
</tr>
</thead>
</table>

Policy ensures that there will be

1. clear *delineation of intervention prototype model & its underlying rationale*
2. effective *leadership for implementing intervention and for the change process*
3. an effective intervention *infrastructure*
4. appropriate development of *key components & elements*
5. sufficient *stakeholder development* for all involved parties
6. delineation of *a scale-up model and effective leadership & infrastructure for scale-up*
7. appropriate *evaluation & accountability for results*

**FOCUS OF PRESCRIBED CHANGES**

<table>
<thead>
<tr>
<th>Enhancing system operational processes</th>
<th>Enhancing the substance of what the system is doing</th>
<th>Enhancing both processes &amp; substance</th>
</tr>
</thead>
</table>

App. B-6
Appendix C

Over 50 National Organizations Offer “Principles to Link By”

In January 1994, over 50 national organizations sent representatives to a meeting to develop a set of "Principles to Link By” focusing on integrated services that are community based and school-linked. These principles are categorized into four groups.

I. Basic Elements of Preventive Strategies for Effective Services

- Services should be community-based and community delivered.
- Services should be family-centered, driven by the needs of children, youth, and families; and built on strengths.
- Needed services should be available and accessible to all in a variety of settings, using a combination of public, private, community and personal resources.
- Services should be culturally competent.
- Services should focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.
- Services should be comprehensive, and a continuum of services should be available.
- Services should be flexible.
- Public, private and community services should be coordinated, integrated, and collaboratively delivered.
- Services should be of high quality and developmentally appropriate.
- Services should be cost-effective.

II. The Role of Financing

- Two priorities should guide funding policies -- a focus on achieving desired results and greater flexibility in how dollars are used to accomplish them.
- States and communities should have greater flexibility in using categorical funds.
- Stable and adequate funding should be available to support collaboration, particularly the infrastructure needed for effective services.
- Funding should promote intra-agency, interagency and inner-system decision making.
- Dollars gained by increased efficiency and expenditures on prevention and early intervention should be invested to further expand prevention and early intervention.
- Funding should protect vulnerable populations.

III. The Role of Needs Assessment and Program Evaluation

- Needs assessment, program development, and evaluation should be part of an ongoing process.
- Needs assessment and program evaluation should be tailored to each community and shaped by community members.
- Needs assessment should focus on community strengths and available resources as well as needs and service gaps.
- Needs assessment and program evaluation should give communities the information they need to meet their objectives.
- Funding from all levels and sources, private as well as public, should balance accountability with the need to encourage service innovation.
- Federal and state agencies should establish uniform reporting requirements and standardize their data definitions.
- To support change, investments should be made in multiple strategies for needs assessment and program evaluation.
- Communities should receive technical and financial support in assessing needs and measuring progress.

IV. The Importance of Stronger Structures for Coordination

- Coordinating structures should be collaborative.
- Coordinating structures should be community based and reflect the diversity and uniqueness of the community.
- Coordinating structures should be empowered to guide systems change and assure collaboration.
- Coordinating structures should have flexibility in defining geographic boundaries and institutional relationships.
- Coordinating structures should be establish and maintain a results-based accountability system.
- Coordinating structures should be encouraged without prescribing a specific structure or authority.
- Federal and state levels should model collaboration that supports community efforts.
- Federal and state policies should provide incentives that encourage collaboration among public, private, and community agencies.

*Copies of the report are available from the American Academy of Pediatrics, 601 13th Street, NW, Suite 400 North, Washington, DC 20005.
Appendix D

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

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 E
Examples of Initiatives that Need to be Mapped & Analyzed

Education

Elementary and Secondary Education Act/Improving Americas Schools Act (ESEA/IASA)

Title I -- Helping Disadvantaged Children Meet High Standards
   Part A: Improving Basic Programs Operated by LEAs
   Part B: Even Start Family Literacy
   Part C: Migratory Children
   Part D: Neglected or Delinquent
Title II -- Professional Development (upgrading the expertise of teachers and other school staff to enable them to teach all children)
Title III -- Technology for Education
Title IV -- Safe and Drug-Free Schools
Title V -- Promoting Equity (Magnet schools, women's educational equity)
Title VI -- Innovative Education Program Strategies (school reform and innovation) (scale-up of New American Schools?)
Title VII -- Bilingual Education, Language Enhancement, and Language Acquisition (includes immigrant education)
Title IX -- Indian Education
Title X -- Programs of National Significance Fund for the Improvement of Education
Title XI -- Coordinated Services
Title XIII -- Support and Assistance Program to Improve Education (builds a comprehensive, accessible network of technical assistance)

21st Century Community Learning Centers (after school programs)

Other after school programs (involving agencies concerned with criminal justice, recreation, schooling, child care, adult education)

McKinney Act (Title III) -- Homeless Education

Goals 2000 -- "Educational Excellence"

School-to-Work (with the Labor Dept.)

Vocational Education

Individuals with Disabilities Education Act (IDEA)

Social Security Rehabilitation Act of 1973, Title V -- commonly referred to as Section 504 -- this civil rights law requires schools to make reasonable accommodations for students with disabilities so they can participate in educational programs provided others. Under 504 students may also receive related services such as counseling even if they are not receiving special education.

Head Start and related pre-school interventions

Adult Education (including parent education initiatives and the move toward creating Parent Centers at schools)

Related State/Local Educational Initiatives
   e.g., State/Local dropout prevention and related initiatives (including pregnant minor programs); State and school district reform initiatives; student support programs and services funded with school district general funds or special project grants; Community School Initiatives, etc.
**Labor & HUD**

- Job Corps
- Summer Youth (JTPA Title II-B)
- Youth Job Training (JTPA Title II-C)
- YouthBuild

**Health**

Public Health Service
- Substance Abuse and Mental Health Services Administration (SAMHSA) Initiatives
  - (including Substance Abuse Prevention and Treatment Block Grant, Systems of Care initiatives)
- Center for Substance Abuse Treatment
- Center for Substance Abuse Prevention
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institute on Child Health

Health Resources and Services Administration (HRSA) Initiatives
- Maternal & Child Health Bureau
  - Block Grants -- Title V programs -- at State and local levels for
    - reducing infant mortality & the incidence of disabling conditions
    - increase immunizations
    - EPSDT for low income youth
    - comprehensive perinatal care
    - preventive and primary child care services
    - comprehensive care for children with special health needs
    - rehabilitation services for disabled children under 16 eligible for SSI
    - facilitate development of service systems that are comprehensive, coordinated, family centered, community based and culturally competent for children with special health needs and their families

Approximately 15% of the Block Grant appropriation is set aside for special projects of regional and national significance (SPRANS) grants.

There is also a similar Federal discretionary grant program under Title V for Community Integrated Service Systems (CISS) -- includes the Home Visiting for At-Risk Families program.

- Ryan White Title IV (pediatric AIDS/HIV)
- Emergency Medical Services for Children program
- Healthy Start Initiative
- Healthy Schools, Healthy Communities -- a collaborative effort of MCHB and the Bureau of Primary Health Care -- focused on providing comprehensive primary health care services and health education/promotion programs for underserved children and youth (includes School-Based Health Center demonstrations)
- Mental health in schools initiative -- 5 states, 2 national centers

App. E-2
Administration for Children and Families -- Family and Youth Services Bureau

- Runaway and Homeless Youth Program
- Youth Gang Drug Prevention Program
- Youth Development -- Consortia of community agencies to offer programs for youth in the nonschool hours through Community Schools
- Youth Services and Supervision Program

Centers for Disease Prevention and Control (CDC)

- Comprehensive School Health -- infrastructure grants and related projects
- HIV & STD initiatives aimed at youth

Adolescence Family Life Act

Family Planning (Title X)/Abstinence Education

Robert Wood Johnson Foundation States -- Making the Grade initiatives (SBHCs)

Related State/Local health services and health education initiatives (e.g., anti-tobacco initiatives and other substance abuse initiatives; STD initiatives; student support programs and services funded with school district general funds or special project grants; etc.)

**Social Services**

<table>
<thead>
<tr>
<th>Social Services Block Grant</th>
<th>Foster Care/Adoption Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support Enforcement</td>
<td>Adoption Initiative (state efforts)</td>
</tr>
<tr>
<td>Community Services Block Grant</td>
<td>Independent Living</td>
</tr>
<tr>
<td>Family Preservation and Support Program (PL 103-66)</td>
<td></td>
</tr>
</tbody>
</table>

**Juvenile Justice** (e.g., Office of Juvenile Justice and Delinquency Prevention)

<table>
<thead>
<tr>
<th>Crime prevention initiatives</th>
<th>Parental responsibility initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gang activities, including drug trafficking</td>
<td>Youth and guns</td>
</tr>
<tr>
<td>State Formula &amp; Discretionary Grants</td>
<td>State/Local Initiatives</td>
</tr>
</tbody>
</table>

**Agency Collaboration and Integrated Services Initiatives**

- Federal/State efforts to create Interagency Collaborations
- State/Foundation funded Integrated Services Initiatives (school-linked services/full services schools/Family Resource Centers)
- Local efforts to create intra and interagency collaborations and partnerships (including involvement with private sector)

**On the way are major new and changing initiatives at all levels focused on**

- child care (Child Care and Development Block Grant)
- youth health insurance (Child Health Insurance Program)
- welfare reform (including ongoing concern for family preservation and family support)

**Related to the above are a host of funded research, training, and TA resources.**

- Comprehensive Assistance Centers (USDOE)
- National Institute on the Education of At-Risk Students (USDOE)
- National Training and Technical Assistance Centers for MH in Schools (USDHHS/MCHB)
- Higher education initiatives for Interprofessional Collaborative Education
Response Form

Steering Committee Report for

Coalition for Policy Cohesion in Addressing Barriers to Student Learning

(1) Please feel free to propose changes to the report (Attach corrections, format changes, additional ideas for coalition activities).

(2) Provide the names and addresses of others who should be sent a copy of this report.
   (list here: use reverse side of the sheet if needed)

(3) Over the next month, we will create the Coalition’s listserv and Website. Please attach to this form any information you would like coalition participants to know about. (We can put short pieces on the listserv; both short and longer items can go on the web. If you have the material in a computer format, please send us a disk.) For the listserv, indicate both your personal Email address and your organization’s Email address if it is different when you fill out the bottom of this form.

   ____ Included is information to share with coalition participants.

(4) Of the activities listed in the report, in which would you like to be involved personally?

(5) Is your organization likely to be willing to include a focus on the need for policy cohesion in your
   Newsletter Yes___ No___ NA____
   Conferences Yes___ No___ NA____

(6) Can we count on your organization starting a regular flow of information to the coalition?
   Yes____ No____

(7) Use the back of this form for additional Comments.

Your Name _______________________________ Title _______________________
Agency ______________________________________________________________
Address ______________________________________________________________
____________________________________________________________________
City __________________ State _______ Zip ___________ Phone ( )___________
FAX ( ) __________ Email__________________ Org. Email_______________________

[Return by mail or FAX: Howard Adelman/Linda Taylor, Center for Mental Health in Schools, UCLA, Box 951563, Los Angeles, CA 90095-1563 FAX: (310) 206-8716]
Thank you for your interest and support of the Center for Mental Health in Schools. You have just downloaded one of the packets from our clearinghouse. Packets not yet available on-line can be obtained by calling the Center (310)825-3634.

We want your feedback! Please rate the material you downloaded:

How well did the material meet your needs? Not at all Somewhat Very much

Should we keep sending out this material? No Not sure Yes

Please indicate which if any parts were more helpful than others.

In general, how helpful are you finding the Website? Not at all Somewhat Very Much

If you are receiving our monthly ENEWS, how helpful are you finding it? Not at all Somewhat Very Much

Given the purposes for which the material was designed, are there parts that you think should be changed? (Please feel free to share any thoughts you have about improving the material or substituting better material.)

We look forward to interacting with you and contributing to your efforts over the coming years. Should you want to discuss the center further, please feel free to call (310)825-3634 or e-mail us at smhp@ucla.edu

Send your response to:
School Mental Health Project,
UCLA Dept of Psychology
405 Hilgard Ave.
Los Angeles, CA 90095-1563

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

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