The Aim is to Build a Comprehensive System

Exhibit A outlines levels of intervention. The figure is designed to introduce a continuum as one facet of establishing, over time, a comprehensive, multi-faceted, cohesive approach that strives to:
- promote healthy development and prevent problems
- intervene early to address problems as soon after onset as is feasible
- assist with chronic and severe problems.

In keeping with public education and public health perspectives, such a continuum encompasses efforts to enable academic, social, emotional, and physical development and to address behavior, learning, and emotional problems at every school and in every community.

As graphically illustrated in Exhibit A, (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three require integration into an overall system.

A Comprehensive System Requires Weaving School and Community Resources Together

The school and community examples listed in the exhibit highlight programs focused on individuals, families, and the contexts in which they live, work, and play. There is a focus on mental and physical health, education, and social services. Some of the examples reflect the type of categorical thinking about problems that contributes to fragmentation, redundancy, and counterproductive competition for sparse resources.

Moving away from fragmentated approaches requires more than coordination. It involves weaving together school and community efforts at each level of the continuum in ways consistent with institutional missions and sparse resources. And, system building requires concurrent intra- and inter-program integration over extended periods of time.

Note that the continuum helps highlight the principle of appropriately using the least restrictive and nonintrusive forms of intervention in responding to problems and accommodating diversity.

A Comprehensive System Reduces the Number of Students Who Require Specialized Supports

Many problems are not discrete and must be addressed holistically and developmentally and with attention to root causes. An appreciation of these matters helps minimize tendencies to develop separate programs for each observed problem. In turn, this enables coordination and integration of resources which can increase impact and cost-effectiveness.

As graphically illustrated by the tapering of the three levels of intervention in the exhibit, development of a fully integrated set of interventions is meant to reduce the number of individuals who require specialized supports. That is, the aim is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few students needing specialized assistance and other intensive and costly interventions. For individual students, this means preventing and minimizing as many problems as feasible and doing so in ways that maximize engagement in productive learning.

For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and expectations for a bright future.
Each Level has Content

As can be seen in Exhibit B, focusing only on a continuum of intervention is insufficient. For example, “mapping” done with respect to three levels of intervention does not do enough to escape the trend to generate laundry lists of programs/services at each level. By combining the three system levels with a categorization of intervention content, we generate a matrix that constitutes a prototype intervention framework for a comprehensive system of learning supports. Such a matrix can guide and unify school improvement planning for developing such a system. The matrix provides a unifying framework for mapping what is in place and analyzing gaps. Over time, such mapping and analyses are needed at the school level, for a family of schools (e.g., a feeder pattern of schools), at the district level, community-wide, and at regional, state, and national levels.

Continuum + Content = An Enabling Component

In our work, we operationalize a comprehensive system of learning supports as an Enabling or Learning Supports Component (see Exhibit C). This helps to coalesce and enhance programs with the aim of ensuring all students have an equal opportunity to succeed at school. A critical matter is defining what the entire school must do to enable all students to learn and all teachers to teach effectively. School-wide approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to equity and diversity concerns.

As indicated in the Exhibit, an enabling component involves first addressing interfering factors and then (re-)engaging students in classroom instruction. The reality is that interventions that do not include an emphasis on ensuring students are engaged meaningfully in classroom learning generally are insufficient in sustaining, over time, student involvement, good behavior, and effective learning at school.

In essence, beginning in the classroom with differentiated classroom practices and by ensuring school-wide learning supports, an Enabling or Learning Supports Component

- addresses barriers through a broader view of “basics” and through effective accommodation of individual differences and disabilities
- enhances the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- adds remediation, treatment, and rehabilitation as necessary, but only as necessary.

To conclude: Addressing barriers to learning and teaching and reengaging disconnected students is a school improvement imperative. Developing and implementing a comprehensive, multi-faceted, and cohesive system of learning supports is the next evolutionary stage in meeting this imperative. It is the missing component in efforts to close the achievement gap, enhance school safety, reduce dropout rates, shut down the pipeline from schools to prisons, and promote well-being and social justice.

*The Center has compiled a variety of resources, including a toolkit, to provide ready access to a set of resources for developing a comprehensive system of student/learning supports. See http://smhp.psych.ucla.edu/summit2002/resourceaids.htm


The toolkit also has the set of self-study surveys related to developing a comprehensive system of student/learning supports. One of these is a survey of “systems” designed to help determine the degree to which a comprehensive system is being developed. (Directly accessible at http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf)
Exhibit A
Levels of Intervention:* Connected Systems for Meeting the Needs of All Students

**School Resources**
(facilities, stakeholders, programs, services)

Examples:
- General health education
- Social and emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Special education for learning disabilities, emotional disturbance, and other health impairments

**Community Resources**
(facilities, stakeholders, programs, services)

Examples:
- Recreation & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

System for Promoting Healthy Development & Preventing Problems
primary prevention – includes universal interventions (low end need/low cost per individual programs)

System of Early Intervention
early-after-onset – includes selective & indicated interventions (moderate need, moderate cost per individual)

System of Care
treatment/indicated interventions for severe and chronic problems (High end need/high cost per individual programs)

Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems for promoting healthy development and preventing problems, systems of early intervention, and systems of care.

Such collaboration involves horizontal and vertical restructuring of programs and services
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

*Various venues, concepts, and initiatives permeate this continuum of intervention systems. For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support/response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions.
### Exhibit B

**Matrix for Reviewing Scope and Content of a Component to Address Barriers to Learning***

<table>
<thead>
<tr>
<th>Scope of Intervention</th>
<th>System for Promoting Healthy Development &amp; Preventing Problems</th>
<th>System for Early Intervention (Early after problem onset)</th>
<th>System of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classroom-Focused Enabling</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Crisis/Emergency Assistance &amp; Prevention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Involvement in Schooling</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Outreach/ Volunteers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student and Family Assistance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accommodations for differences &amp; disabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialized assistance &amp; other intensified interventions</strong> (e.g., Special Education &amp; School-Based Behavioral Health)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note that specific school-wide and classroom-based activities related to positive behavior support, response to intervention, “prereferral” interventions, and the eight components of Center for Prevention and Disease Control’s Coordinated School Health Program are embedded into the six content (“curriculum”) areas.
Exhibit C

An Enabling or Learning Supports Component to Address Barriers and Re-engage Students in Classroom Instruction*

Range of Learners (categorized in terms of their response to academic instruction at any given point in time)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Motivationally ready &amp; able</td>
</tr>
<tr>
<td>II</td>
<td>Not very motivated/ lacking prerequisite knowledge &amp; skills/ different learning rates &amp; styles/ minor vulnerabilities</td>
</tr>
<tr>
<td>III</td>
<td>Avoidant/ very deficient in current capabilities/ has a disability/ major health problems</td>
</tr>
</tbody>
</table>

*In some places, an Enabling Component is called a Learning Supports Component. Whatever it is called, the component is to be developed as a comprehensive system of learning supports at the school site.

**Examples of Risk-Producing Conditions that Can be Barriers to Learning**

<table>
<thead>
<tr>
<th>Environmental Conditions**</th>
<th>Person Factors**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighborhood</td>
<td>Family</td>
</tr>
<tr>
<td>&gt;extreme economic deprivation</td>
<td>&gt;chronic poverty</td>
</tr>
<tr>
<td>&gt;community disorganization, including high levels of mobility</td>
<td>&gt;conflict/disruptions/violence</td>
</tr>
<tr>
<td>&gt;violence, drugs, etc.</td>
<td>&gt;substance abuse</td>
</tr>
<tr>
<td>&gt;minority and/or immigrant status</td>
<td>&gt;models problem behavior</td>
</tr>
<tr>
<td></td>
<td>&gt;abusive caretaking</td>
</tr>
<tr>
<td></td>
<td>&gt;inadequate provision for quality child care</td>
</tr>
<tr>
<td>School and Peers</td>
<td>Individual</td>
</tr>
<tr>
<td>&gt;poor quality school</td>
<td>&gt;medical problems</td>
</tr>
<tr>
<td>&gt;negative encounters with teachers</td>
<td>&gt;low birth weight/ neurodevelopmental delay</td>
</tr>
<tr>
<td>&gt;negative encounters with peers &amp;/or inappropriate peer models</td>
<td>&gt;psychophysiological problems</td>
</tr>
<tr>
<td></td>
<td>&gt;difficult temperament &amp; adjustment problems</td>
</tr>
<tr>
<td></td>
<td>&gt;inadequate nutrition</td>
</tr>
</tbody>
</table>

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.
Improving Schools, Engaging Students

**Comprehensive System of Learning Supports**

A *Comprehensive System of Learning Supports* enables all students to have an equal opportunity for success at school by addressing barriers to learning, enhancing engagement, and reengaging disconnected students. Every school, with state and district coaching, needs to develop and fully integrate a learning supports component by weaving together the resources of school, home, and community into a full continuum of integrated systems of intervention. Such a continuum encompasses resources, strategies, and practices that provide physical, social, emotional, and cognitive supports in the classroom and schoolwide. A comprehensive, cohesive, and coherent system of learning supports is essential to reducing dropout rates, narrowing the achievement gap, and strengthening school improvement.

Contact the Center at:
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Or write to:
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Dept. of Psychology, UCLA,
Los Angeles, CA 90095-1563
*Or use our website:*
http://smhp.psych.ucla.edu

Most Center resources are immediately accessible online at no cost and with no restrictions on use.

>For access to the latest Center developed resources, go to –
http://smhp.psych.ucla.edu/review.htm

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