

Looking at School Health and School Reform Policy Through the Lens of Addressing Barriers to Learning

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Viewing policy, research, and practice through the lens of addressing barriers to student learning produces an analysis that differs markedly from prevailing discussions of how to enhance student well-being and achievement. This lens highlights the full range of barriers to learning and helps clarify the full implications of education's commitment to ensure all students succeed at school. By adopting such a broad perspective, those concerned with school health can embed their agenda into a comprehensive, multifaceted continuum of programs and services that school reformers increasingly will come to understand is a primary and essential component of enabling effective learning and teaching.

Those concerned about enhancing the health status of children and adolescents know that schools provide an important venue for their efforts. This perspective is well articulated in an Institute of Medicine report (Allensworth, Wyche, Lawson, & Nicholson, 1997) and in initiatives funded by the federal government designed to foster coordinated school health programs and mental health in schools (Adelman et al., 1999; Marx, Wooley, & Northrop, 1998).

One fundamental problem encountered by those who want schools to play a greater role related to health stems from the simple fact that schools are not in

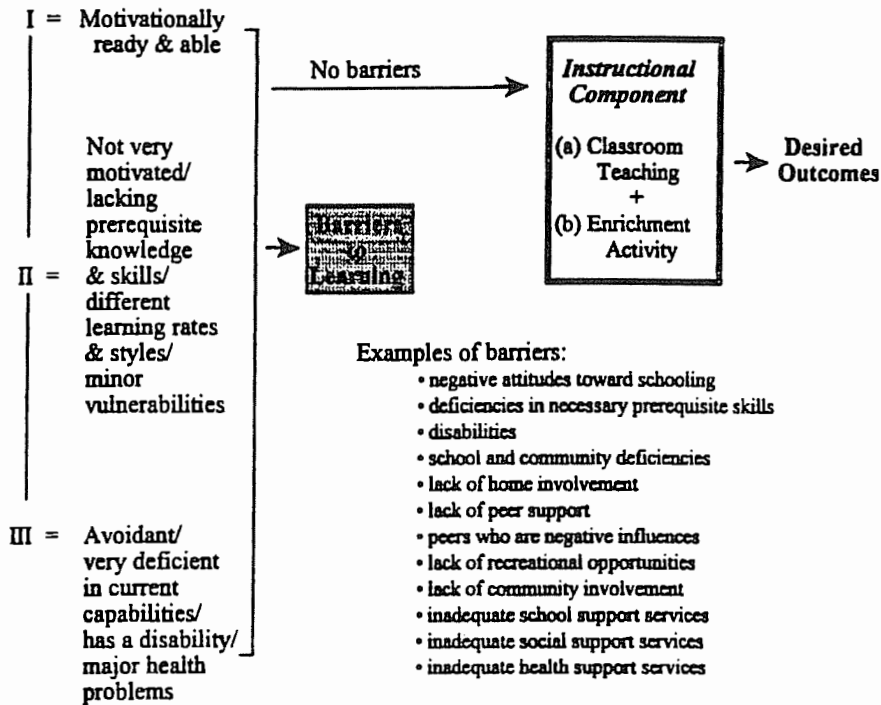
the health business. Education is the mission of schools, and policymakers responsible for schools are quick to point this out whenever schools are asked to do more about physical or mental health. In response, proponents of school health argue that their efforts will contribute to healthier students, and healthier students will learn and perform better. However, this argument has had limited impact because the accountability pressures on schools increasingly have focused attention on improving instruction at the expense of all matters not seen as *directly* related to raising achievement test scores. In this context, the case for school health (putting aside standard health education units and courses) probably is best made by not presenting it separately, but embedding it as one element of a comprehensive, multifaceted continuum of programs and services schools need to enable effective learning and teaching. Such a continuum encompasses efforts both to promote healthy development and address barriers to development, learning, parenting, and teaching.

Any analysis of policy reflects the lens through which the observer chooses to look (Ewalt, Freeman, Kirk, & Poole, 1997; Fuhrman, 1993; Hatch, 1998; House, 1996; Lorion, Iscoe, DeLeon, & VandenBos, 1996; McDonnell & Elmore, 1987; Sarason, 1996; Schorr, 1997; Tyack & Cuban, 1995; Vinovskis, 1996; Watkins & Callicutt, 1997; Youn & Freudenburg, 1997). Thus, we find that viewing efforts to enhance the well-being of young people through the lens of addressing external and internal barriers to learning produces analyses that differ markedly from prevailing discussions of school health and general school reform (Adelman & Taylor, 1993, 1994; Center for Mental Health in Schools, 1996, 1997, 1998, 1999a). Such a lens also has relevance for analyses of school–community partnerships, community schools, school-linked services, full-service schools, youth development programs, and related work (Adelman, 1996; Adelman & Taylor, 1997, 1998; Center for Mental Health in Schools, 1999b). The resulting perspective helps develop a full appreciation of the importance and value of (a) embedding *school* health into a broad framework of activity for addressing barriers to learning and (b) fully integrating the activity into school reform policy.

At this point, we hasten to stress that our emphasis on addressing barriers to learning is in no way meant to diminish the importance of the complementary perspective gained by using the lens of promoting healthy development. Together, both perspectives provide a sense of what is meant by a holistic, developmental approach.

We begin the following discussion by briefly outlining why barriers to learning must be a central concern for school reform. Then, we review the need for policy and practice that addresses the full range of barriers to learning and conclude with suggestions for new policy directions.

Range of Learners
(categorized in terms of their response to academic instruction)



*Although a few youngster start out with internal problems and many others internalize negative experiences, there can be little doubt that external factors are primarily responsible for the majority of learning, behavior, and emotional problems encountered in schools.

FIGURE 1 Students encountering barriers to learning are cut off from instruction. From *On Understanding Intervention in Psychology and Education*, by H. S. Adelman and L. Taylor, 1994, Westport, CT: Praeger. Copyright © 1994 by H. S. Adelman and L. Taylor. Adapted with permission.

Policy, estimated that 40% of young people are in “very bad educational shape” and “at risk of failing to fulfill their physical and mental promise” (p. 24). Many live in inner cities or impoverished rural areas or are recently arrived immigrants. The reality for many large urban and poor rural schools is that over 50% of their

GOOD POLICY DEPENDS ON A BETTER UNDERSTANDING OF WHOM WE ARE TALKING ABOUT

Enabling all students to learn and all teachers to teach effectively means ensuring school reforms are designed for more than those students who are motivationally ready and able to profit from "high-standards" curricula and instruction. Schools also must be able to address the needs of those encountering external and internal barriers that interfere with their benefitting from improved instruction (see Figure 1). And, of course, such barriers include much more than health concerns. They encompass all those factors that get in the way of teachers teaching and students learning effectively at school. Schoolwide approaches to addressing barriers are especially important where large numbers of students are affected.

Although some youngsters have serious health problems and disabilities that can interfere with development and learning, it is important to remember that few start out with such problems. Even those who do so usually have assets, strengths, or protective factors that can counter deficits and contribute to success. The majority of learning, behavior, and emotional problems seen in schools stem from not appropriately personalizing instruction to account for external barriers and learner diversity. Moreover, the problems are exacerbated as youngsters internalize the frustrations of confronting barriers to development and learning and the debilitating effects of performing poorly at school (Adelman & Taylor, 1993; Allensworth, et al., 1997; Carnegie Council on Adolescent Development, 1989; Dryfoos, 1990; Sarason, 1996; Schorr, 1997).

The litany of barriers is all too familiar to anyone who lives or works in communities where families struggle with low incomes. In such neighborhoods, insufficient school and community resources often deprive youngsters of basic opportunities (not to mention enrichment activities) found in higher income communities. Furthermore, the resources are inadequate for dealing with such threats to well-being and learning as gangs, violence, and drugs. In many of these settings, additional barriers to student learning and family involvement in schooling are created by inadequate attention to health problems, difficult and culturally diverse family circumstances, lack of English language skills, and high rates of student mobility (Dryfoos, 1990; Knitzer, Steinberg, & Fleisch, 1990; Schorr, 1997).

How many are affected? Estimates vary. With specific respect to mental health concerns, between 12% and 22% of all children are described as suffering from a diagnosable mental, emotional, or behavioral disorder—with relatively few receiving mental health services (Costello, 1989; Hoagwood, 1995). If one adds the many others experiencing significant psychosocial problems, the numbers grow dramatically. Harold Hodgkinson (1989), director of the Center for Demographic

students manifest learning, behavior, and emotional problems. Clearly, with so many students encountering barriers, schools need to address such concerns in a comprehensive manner.

Failure to differentiate external from internal barriers to development and learning results in a great deal of confusion and controversy. Currently, almost any student who is not doing well in reading and writing stands a good chance of being diagnosed as having learning disabilities (LD). If the youngster also manifests behavior problems, the diagnosis may be attention deficit hyperactivity disorder (ADHD), and in some cases both labels may be assigned. Research has not clarified the prevalence of misdiagnosis, but now that over half of all youngsters assigned special education labels are designated as having LD, the need for such research is imperative. Our preliminary work suggests false positive diagnoses of LD may be as high as 85% (Adelman, Lauber, Nelson, & Smith, 1989). High rates of false positive diagnoses mean that many who do not have disabilities or disorders are treated as if the cause of their problems was some form of personal (biological, psychological, or both) pathology. This leads to prescriptions of unneeded treatments for nonexistent internal dysfunctions. It also interferes with efforts to clarify which interventions do and do not show promise for ameliorating different types of learning and behavior problems. Ultimately, keeping problems such as LD and ADHD in proper perspective is essential for improving policy, research, and practice.

Given that in many schools the majority of problems stem initially from external factors, the first concern in preventing large numbers of learning, behavior, and emotional problems is to improve environments and systems that affect how well youngsters flourish. This involves broad-band interventions that not only facilitate positive development but are also designed to directly minimize factors that interfere with development and learning. Such interventions are the key to meeting the best interests of all youngsters without targeting and labeling specific individuals, and continuous efforts to improve environments and systems are basic to reducing the number who require specialized assistance. Furthermore, sound broad-band interventions are an essential foundation on which to build support programs and services and also are the best screening procedure for identifying specific persons who need additional interventions. The implications stemming from an appreciation of external barriers to learning and their magnitude for many students are straightforward. The less society does regarding improving environments and systems, the more problems it has to respond to with specialized (and costly) assistance. Thus, policy and practice that pay too little attention to minimizing factors that interfere with growth, development, and learning result in individuals and society having to pay dearly as increasing numbers of youngsters do poorly at school.

FRAGMENTATION AND MARGINALIZATION

As McDonnell and Elmore (1987) noted,

A major challenge for the next generation of policy research will be to apply the lesson of past implementation studies in building a more powerful conceptual framework and in producing more useful information for policymakers.... Past research provides only limited guidance, because it has tended to focus on relatively narrow categorical programs, rather than programs targeted at all students, and has not addressed the core of schooling. (p. 3)

Viewed through the lens of addressing barriers to learning, additional concerns arise. The picture that emerges is one of school policy that marginalizes and fragments most efforts that are not viewed as directly related to instruction and management.

School Reform Policy and Addressing Barriers to Learning

School reform and restructuring focuses primarily on ways to enhance instruction and curriculum and school governance and management. Increasingly, such efforts are shaped by the policy push for (a) higher standards and expectations, (b) a focus on results, (c) strategies to enhance direct academic support, (d) movement away from a deficiency model to a strengths or resilience-oriented paradigm, and (e) devolving control to school sites.

Beyond these primary considerations, there is a secondary focus on students who are not doing well. Here, three types of initiatives have emerged. One line of policy stresses approaches to deal with targeted problems. These “categorical” initiatives generate auxiliary programs, some supported by school district general funds and some underwritten by federal and private sector money. Examples of activities include those related to special and compensatory education; violence reduction; prevention of substance abuse, youth pregnancy, suicide, and dropouts; immunization campaigns; early periodic screening and treatment; school-based health centers; family and youth resource centers; and so forth.

A second group of overlapping policies includes an emphasis on linking community resources to schools. Terms used in conjunction with these initiatives include school-linked services—especially health and social services, full-service schools, school–community partnerships, and community schools. In a few states where such initiatives have been underway for some time, there are discussions of strengthening the linkage between school reforms and efforts to integrate community services and strengthen neighborhoods (e.g., see recent efforts related to Missouri’s Caring Communities).

A third set of initiatives is designed to promote coordination and collaboration among governmental departments and service agencies to foster integrated services with an emphasis on greater local control, increased involvement of parents and business, and linking services to schools when feasible. The federal government has offered various forms of support to foster this policy direction

(e.g., Title XI of the Improving America's Schools Act of 1994 administered by the U.S. Department of Education, which is intended to foster service coordination for students and their families; Center for Disease Prevention and Control's grants to foster Coordinated School Health Programs by establishing an infrastructure between state departments of health and education). Also, to encourage organizational changes, local, state, and federal intra- and interagency committees have been established; legislative bodies are rethinking their committee structures, and some states have gone so far as to create new executive branch structures (e.g., combining all agencies and services for children and families under one cabinet level department). In their most ambitious forms, these efforts are evolving into comprehensive community initiatives with an emphasis on community building.

All of the initiatives are relevant to addressing barriers to student learning and, in that context, encompass a variety of school health concerns. All are important pieces and need to be understood both in terms of what they do and do not accomplish with respect to addressing barriers.

Concerns About Current Policy Initiatives

Clearly, policy initiatives for specific elements of school health or for coordinated school health programs are negatively affected by the piecemeal and categorical ways in which school-related intervention policies are enacted. Indeed, this is the case for all school-owned and linked support programs and services. The roots of the problem lie in the marginalized status of such efforts vis-à-vis school reform. The symptoms of this problem are seen in the ensuing fragmentation that usually results in costly redundancy and limited intervention effectiveness.

Ultimately, the intent of all policy focusing on addressing barriers to development and learning should be to enhance the effectiveness of interventions. One concern about achieving this aim is the lack of cohesiveness (or integrated effort) related to policy and practice. The prevailing approach in addressing this concern involves strategies for improving coordination and collaboration within and among agencies, departments, and others responsible for programs and services. Another approach to increasing effectiveness encompasses efforts to enhance comprehensiveness in dealing with the multiple facets of complex problems. In this arena, concerns arise about how to expand the nature and scope of intervention activity.

Our analyses suggest that current policy initiatives designed to ensure that all students succeed at school generally add only a bit more of what already is being done. Moreover, in reaction to the narrow focus on categorical approaches and the related widespread fragmentation of activity, reformers are prematurely fixated on service coordination and integration. This has been especially the case with school

health policy. As a result, policy is not contributing much to development of the type of comprehensive, multifaceted approaches that are needed to address the full range of barriers to learning.

For instance, policy aimed at students experiencing difficulty with reading and writing mostly calls for improving direct instruction and instituting higher standards and greater accountability. If necessary, students also may be referred for special services. With this in mind, there usually is provision in a school's budget for a few specialized supports. However, because such supports are costly, schools in poor neighborhoods are being encouraged to increase their linkages with community agencies in an effort to expand services and programs. The reality in poor neighborhoods, of course, is that there simply are not enough community agency resources for all services to link with all schools. Thus, the situation becomes either a matter of limiting linkages to the first schools that express an interest or of spreading limited resources (until they are exhausted) as more schools reach out.

Where school-linked services are feasible, some agencies have moved to colocate staff on a few school campuses. In doing so, they provide a small number of clients better access to health and social services. Given that access is a prerequisite to, if not a guarantee of, effective intervention, this can be beneficial to those who are served. However, too few are likely to be served, and colocation is not a good model for fostering intervention cohesiveness. In linking with schools, community agencies often operate in parallel to the intervention efforts of school personnel (as occurs with some school-based clinics), ignoring school staff (such as nurses, school psychologists, counselors, and social workers) who perform similar or complementary functions. Thus, colocation of services often contributes to another form of fragmentation. Furthermore, by approaching school-linked services with a colocation model, outside agencies are creating a fear of job loss among personnel who staff school-owned support services. This sense of threat is growing as school policymakers in various locales explore the possibility of contracting out services. The atmosphere created by such approaches certainly is not conducive to collaboration and interferes with cohesiveness.

To deal with the lack of policy cohesion, there has been a trend toward offering flexibility in using categorical funds, granting temporary waivers from regulatory restrictions, and offering support to encourage development of interagency infrastructure. These moves have helped in specific instances but have not provided the type of impetus for change that is needed if fundamental reforms are to play out at school sites. Direct attention to restructuring and reforming existing policy with a view toward fostering cohesive intervention is long overdue.

The most fundamental concern, however, is that prevailing intervention approaches are inadequate to the task of effectively addressing barriers to learning, and this lamentable state of affairs will not change as long as such activity is marginalized in policy and practice. This marginalization is seen clearly in how

little attention is paid to dealing with the ineffective and inefficient ways resources are used in efforts to address barriers and promote healthy development. In the long run, substantially increasing intervention effectiveness requires changes that transform the nature and scope of how community and school owned resources are used; increasing availability and access to essential programs requires a true integration of these resources. None of this is likely to be accomplished as long as the activities involved are treated as tangential to the mission of schools.

Needed: Policy Cohesion and Expansion

These are but a few examples of fundamental policy concerns, but they underscore the point that policymakers and reform leaders have yet to come to grips with the realities of addressing barriers to learning and promoting healthy development. For many reasons, policymakers assign a low priority to underwriting efforts to address barriers to learning. Such efforts seldom are conceived in comprehensive ways, and little thought or time is given to mechanisms for program development and collaboration. Organizationally and functionally, policymakers mandate, and planners and developers focus on, specific programs. Practitioners and researchers tend to spend most of their time working directly with specific interventions and samples. Throughout the country and at all levels of political activity, policy, research, and practice initiatives remain marginalized, fragmented, and riddled with serious gaps. As a result, only a small proportion of the many students encountering barriers are provided with assistance, and prevailing intervention approaches tend to be narrowly focused and short term. For too many youngsters, limited intervention efficacy seems inevitable as long as a full continuum of necessary programs is unavailable, and limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation from one another.

In school districts, fragmentation and marginalization of efforts to address barriers to learning are maintained by the specialized focus and relative autonomy of a district's organizational divisions. That is, the various divisions focusing on curriculum and instruction; student health and other support services; and activity related to integration and compensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education often operate as relatively independent entities. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parental involvement, violence and unsafe schools, health problems, inadequate support for student transitions, etc.), they tend to do so with little in the way of a big picture framework, little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a school district's operations, an

unproductive separation is often manifested among the instructional and management components and the multiple activities that constitute efforts to address barriers to learning. This is compounded by the separation among those focusing on barriers to learning. At the school level, this translates into situations in which teachers simply do not have access to essential supports when they identify students who are having difficulties. Prevailing school reform processes and capacity building (including pre- and in-service staff development) have not dealt effectively with such concerns.

Given all this, it is not surprising that many schools are not making much of a dent in improving achievement test score averages. This state of affairs is undermining the move toward higher standards and efforts to minimize grade retention as social promotion is eliminated. For such initiatives to work, every school needs a comprehensive and multifaceted set of interventions to prevent and respond to problems early after onset, as well as to assist students with chronic problems. For this to be the case, however, advocates for children and families cannot pursue narrow and competing policy agendas, interventions cannot be conceived and organized in rigid categorical ways, and professionals cannot narrowly conceive their roles and functions.

NEW DIRECTIONS FOR POLICY: EXPANDING SCHOOL REFORM

Policymakers must come to grips with the realities of addressing barriers to learning and teaching. There is a major policy void surrounding the topic of restructuring school-operated interventions that address barriers to teaching and learning. Current policy in this arena focuses primarily on linking community services to schools and downplays a new role for existing school resources. This perpetuates an orientation that overemphasizes individually prescribed services and results in fragmented community-school linkages. All of this is incompatible with efforts to develop truly comprehensive and multifaceted approaches to ameliorating problems and improving educational results. Such initiatives must be rethought in ways that make them fully compatible with developing comprehensive approaches. This involves enhancing their cohesiveness and elevating their policy status, so that they are on a par with the emphasis on reforming the instructional and management components of schooling.

Concentrating on matters such as curriculum and pedagogical reform, standard setting, decentralization, professionalization of teaching, shared decision making, and parent partnerships is necessary but certainly not sufficient given the nature and scope of the barriers that interfere with school learning and performance among a large segment of students. That is, although higher standards and accountability are

necessary ingredients in the final recipe for school reform, they are insufficient for turning around most schools that are in trouble. At such schools, overreliance on raising the bar and demands for rapid test score increases may even be counterproductive, because they force attention away from addressing the multitude of overlapping factors that interfere with effective learning and teaching. As long as the primary emphasis of those leading the movement to restructure education is limited to reforming the instructional and management components, too many students in too many schools will not benefit from the reforms. Thus, the demand for significant improvements in achievement scores will remain unfulfilled.

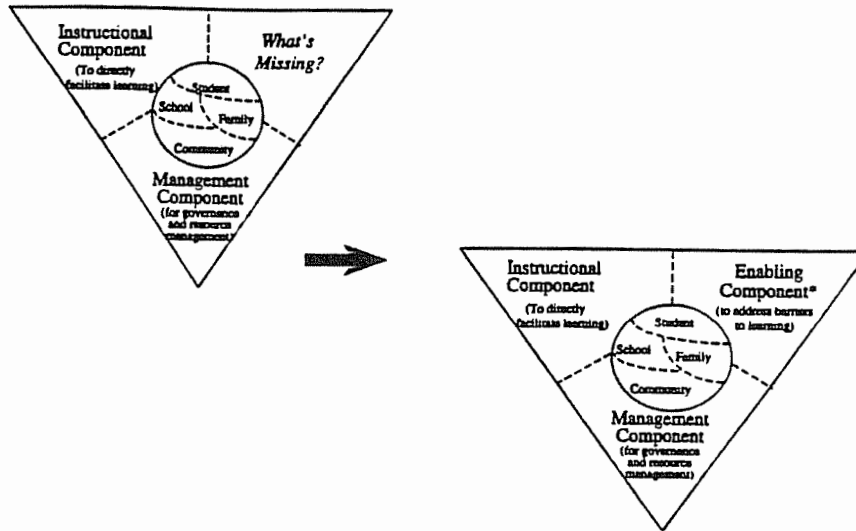
This situation is one in which, despite awareness of the many barriers to learning, education reformers continue to concentrate mainly on improving instruction (efforts to directly facilitate learning) and the management and governance of schools. Then, in the naive belief that a few health and social services will suffice in addressing barriers to learning, they talk of “integrated health and social services.” And in doing so, more attention has been given to linking sparse community services to school sites than to restructuring school programs and services designed to support and enable learning. The short shrift given to “support” programs and services by school reformers continues to marginalize activity that is essential to improving student achievement.

Ultimately, addressing barriers to development and learning must be approached from a societal perspective and with fundamental systemic reforms. The reforms must lead to development of a comprehensive continuum of programs. Such a continuum must be multifaceted and woven into three overlapping and integrated school–community systems: systems of prevention, early intervention to address problems as soon after onset as feasible, and care for those with chronic and severe problems. These three systems must encompass an array of programmatic activities that effectively (a) enhance regular classroom strategies to improve instruction for students with mild-to-moderate behavior and learning problems, (b) assist students and families as they negotiate the many school-related transitions, (c) increase home and community involvement with schools, (d) respond to and prevent crises, and (e) facilitate student and family access to specialized services when necessary. Although schools cannot do everything needed, they must play a much greater role in developing the programs and systems that are essential if *all* students are to benefit from higher standards and improved instruction. They can, for example, do much more to welcome and provide social supports for new students and their families. They can work closely with those in the community to develop programs for recruiting, training, and deploying volunteers in ways that improve and augment ongoing social and academic supports and recreational and enrichment opportunities as well as other facets of school operation. They can work with those responsible for adult education to bring classes to school sites and facilitate enrollment of family members who want to improve their literacy, learn English, develop job skills, and so forth.

Establishment of comprehensive, multifaceted approaches to address barriers and promote healthy development requires cohesive policy that facilitates the blending of resources. In schools, this includes restructuring to combine parallel efforts supported by general funds, compensatory and special education entitlements, safe and drug free school grants, and specially funded projects. In communities, the need is for better ways of connecting agency and other resources to each other and to schools. The aim is cohesive and potent school–community partnerships. With proper policy support, a comprehensive approach can be woven into the fabric of every school, and neighboring schools can be linked to share limited resources and achieve economies of scale. This scope of activity underscores the need to develop formal mechanisms for essential and long-lasting interprogram connections (collaboration in the form of information sharing, cooperation, coordination, and integration) on a daily basis and over time.

To accomplish these goals, cohesive policy and practice seem essential. That is, policies must be realigned so that the diverse practices aimed at addressing barriers are unified. This requires moving from fragmented to cohesive policy and implies moving from narrowly focused, problem-specific, and specialist-oriented services to comprehensive general programmatic approaches. As used here, general approaches include a focus on enhancing healthy development as a key facet of prevention and encompass procedures for adding specialized services as necessary. It is time for reform advocates to expand their emphasis on improving instruction and school management to include a comprehensive component for addressing barriers to learning (see Figure 2). To this end, we have introduced the concept of an enabling component to generate a three-component model as a framework to guide restructuring of policy and practice (see Adelman, 1996; Adelman & Taylor, 1994, 1997, 1998). And, we argue that in moving beyond the current tendency to concentrate mainly on instruction and management, school policy must elevate this third component to the same level of priority given the other two. That is, such an enabling (or learner support) component for addressing barriers to learning must be a primary and essential facet of school reform. School reformers like to say their aim is to ensure that all children succeed. We think that this third component is the key to making *all* more than the rhetoric of reform.

At the same time, we hasten to stress that a new policy and practice framework is necessary but insufficient. For significant systemic change to occur, policy commitments must be demonstrated through allocation and redeployment of resources (e.g., finances, personnel, time, space, and equipment) that can adequately operationalize policy and promising practices. In particular, there must be sufficient resources to develop an effective structural foundation for systemic changes. Existing infrastructure mechanisms must be modified in ways that guarantee that new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure there is local ownership, a criti-



*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

FIGURE 2 Moving from a two- to a three-component model for reform and restructuring.

cal mass of committed stakeholders, effective capacity building, processes that can overcome barriers to stakeholders' working together effectively, and strategies that can mobilize and maintain proactive effort so that changes are implemented and renewed over time.

Institutionalizing comprehensive approaches requires redesigning mechanisms for governance, capacity building, planning and implementation, coordination, daily leadership, communication, information management, and so forth. In reforming mechanisms, new collaborative arrangements must be established, and authority and power must be redistributed. All of this obviously requires that those who operate the mechanisms are adequately supported and provided with essential resources, such as time, space, materials, and equipment—not just initially but over time. And, there must be appropriate incentives and safeguards for those undertaking the risks involved in making major changes.

CONCLUDING COMMENTS

Enhancing intervention effectiveness in addressing barriers to learning and promoting healthy development requires policy that

- Is cohesive.
- Provides the resources necessary for transforming the nature and scope of intervention efforts so that comprehensive, multifaceted, and integrated approaches are developed.
- Creates necessary infrastructure and provides for effective capacity building to ensure appropriate implementation of comprehensive, multifaceted, and integrated approaches.
- Provides the resources necessary for implementing widespread scaleup.

Inadequate policy support related to any of these matters decreases the likelihood of enhancing intervention effectiveness on a large scale. Moreover, viewing current school–community initiatives through the lens of addressing barriers to development, learning, parenting, and teaching suggests to us the clear need for a basic policy shift. Such a shift should reorganize efforts to reform education and restructure community resources around three fundamental and essential overlapping components:

- A component encompassing *all* efforts to directly facilitate development and learning.
- A component encompassing *all* efforts to address barriers to development and learning.
- A component encompassing *all* efforts to manage and govern school resources and practices and school–community partnerships.

Reorganizing around three major components promises to reduce fragmentation and redundancy; enhance existing programs; increase the range of programs and services; and facilitate development of comprehensive, multifaceted, and integrated approaches.

With specific respect to school health policy, the three-component model can help end the marginalized status of health initiatives in schools. To accomplish this, the focus for the immediate future must be on fully embedding such initiatives into a component for addressing barriers to learning and advocating for inclusion of such a component as a primary facet of school reform policy.

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