

## 2 Placing Prevention into the Context of School Improvement

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Few argue against efforts to prevent educational, psychosocial, physical, and mental health problems, or against the desirability of doing so on a large scale. Arguments arise, however, about costs, effectiveness, and the role of schools (among other major systems).

Beyond specific and narrowly defined public health concerns, prevention is not a high priority in public policy and practice. Beyond immunizations, prevention initiatives for children and adolescents have focused mainly on reducing specific risk-taking behaviors (Center for Mental Health in Schools, 2007a). This has led to an overemphasis on observed problems and on approaching them as separate entities and to de-emphasizing analyses and pursuit of common underlying causes. It also has contributed to the tendency to downplay the promotion of wellness as an invaluable end in and of itself (e.g., Cowen, 1997).

Prevention programs in schools are relatively few in number and usually are funded as discrete projects, often with “soft” money (e.g., see the lists described in CASEL, 2003; Center for Mental Health in Schools, 2005a; Cochrane Library, 2007; Cowen, Hightower, Pedro-Carroll, Work, Wyman, & Haffey, 1996; Durlak, 1995; Durlak & Wells, 1997; Greenberg, Weissberg, O’Brien, Zins, Fredericks, Resnik, H., et al., 2003; SAMHSA, 2007; Scattergood, Dash, Epstein, & Adler, 1998; Weisz, Sandler, Durlak, & Anton, 2005). Moreover, existing programs are so fragmented that they often produce inappropriate redundancy, and counterproductive competition, and work against the type of *systemic collaboration* that is essential for establishing interprogram connections on a daily basis and over time. All this increases costs, reduces effectiveness, and perpetuates widespread *marginalization* of prevention initiatives.

What prevails is a vicious cycle of unsatisfactory policy, research, practice, and training. The cycle is likely to continue as long as prevention is viewed narrowly. To move the field forward, the concept of prevention must be framed in a comprehensive context. Moreover, schools and communities must work together in new ways, and the work must be fully integrated into school improvement policy, planning, implementation, and accountability.

This chapter places primary prevention along with the promotion of healthy development at one end of a full continuum of interventions, with each level of the continuum conceived as an integrated system. Then, the continuum is placed into the context of school improvement and explored in terms of a comprehensive, multi-faceted component designed to ensure all youngsters have an equal opportunity to succeed at school. Throughout the chapter, implications are discussed with respect to policy, research, practice, and training, including some general ramifications for systemic change.

### **Prevention in Broad Context**

Prevention initiatives have many facets. At a school, for example, approaches may be school-wide with the intent of having an impact on all students; they may be limited to a classroom;

20 *Placing Prevention into the Context of School Improvement***Table 2.1** Outline Aid for Analyzing Key Facets of School-Oriented Prevention Efforts

<p><b>I. Form of Initiative</b></p> <ul style="list-style-type: none"> <li>A. policy (federal, state, local)</li> <li>B. practice</li> <li>C. capacity building</li> <li>D. systemic change</li> </ul> <p><b>II. Context for Practice</b></p> <ul style="list-style-type: none"> <li>A. community-wide</li> <li>B. school-wide</li> <li>C. in classroom as part of regular program</li> <li>D. an “add-on” program in or outside the regular class</li> <li>E. part of “clinical” services</li> </ul> <p><b>III. Stage of prevention</b></p> <ul style="list-style-type: none"> <li>A. primary</li> <li>B. secondary (early-after-onset)</li> <li>C. tertiary (ameliorating severe/chronic problems in ways that prevent exacerbating the conditions and that minimizes their influence as secondary instigating factors)</li> </ul> <p><b>IV. Focus</b></p> <ul style="list-style-type: none"> <li>A. focal point of intervention             <ul style="list-style-type: none"> <li>1. environment(s)</li> <li>2. person(s)</li> <li>3. both</li> </ul> </li> <li>B. intended range of impact             <ul style="list-style-type: none"> <li>1. a broad-band intervention</li> <li>2. for one or more specific targets</li> </ul> </li> <li>C. breadth of approach             <ul style="list-style-type: none"> <li>1. directed at a categorical problem</li> <li>2. multi-faceted</li> </ul> </li> <li>D. general area of concern             <ul style="list-style-type: none"> <li>1. addressing barriers to development, learning, and positive functioning</li> <li>2. promoting healthy development</li> </ul> </li> <li>E. domain             <ul style="list-style-type: none"> <li>1. knowledge</li> <li>2. skills</li> <li>3. attitudes</li> </ul> </li> <li>F. strategy             <ul style="list-style-type: none"> <li>1. instruction*</li> <li>2. behavior modification</li> <li>3. enhancing expectations and opportunities for positive behavior</li> <li>4. counseling/therapy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>5. physical health programs and services</li> <li>6. social support</li> <li>7. social services</li> <li>8. student to student support and socialization</li> <li>9. school-home-community partnerships</li> <li>10. enhancing security and policing measures</li> <li>11. multiple strategies</li> <li>12. comprehensive, school-wide approaches</li> </ul> <p><b>V. Level of schooling/student development</b></p> <ul style="list-style-type: none"> <li>A. elementary/middle/high school</li> <li>B. specific grade, age, or stage of development</li> </ul> <p><b>VI. Degree of integration with other interventions</b></p> <ul style="list-style-type: none"> <li>A. isolated</li> <li>B. coordinated with others</li> <li>C. systematically integrated</li> </ul> <p><b>VII. Stage of intervention development</b></p> <ul style="list-style-type: none"> <li>A. formative</li> <li>B. fully developed, but unevaluated</li> <li>C. empirically supported</li> </ul> <p><b>VIII. Scope of implementation</b></p> <ul style="list-style-type: none"> <li>A. limited project             <ul style="list-style-type: none"> <li>1. at one site</li> <li>2. at several sites</li> </ul> </li> <li>B. systemic change initiative             <ul style="list-style-type: none"> <li>1. still at pilot demonstration stage</li> <li>2. being phased in—at a few sites</li> <li>3. being phased in—at many sites</li> <li>4. all sites involved</li> </ul> </li> </ul> <p><b>IX. Approach to evaluation</b></p> <ul style="list-style-type: none"> <li>A. focused only on accountability demands</li> <li>B. formative program evaluation</li> <li>C. summative program evaluation             <ul style="list-style-type: none"> <li>1. of efficacy</li> <li>2. of effectiveness when replicated under natural conditions</li> <li>3. cost-effectiveness analyses</li> </ul> </li> <li>D. designed as evaluation research</li> </ul>
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**\* Content Focus of Curricular Approaches**

When the emphasis is on curriculum to prevent psychosocial problems (violence, substance abuse, delinquency, pregnancy, eating disorders, learning problems, etc.) and/or promote healthy socioemotional development and effective functioning, the *content focus* may be on:

- |  |   |
|--|---|
| <p>X assets-building (including strengthening academics, developing protective factors, expanding areas of competence and self-discipline)</p> | <p>X socio-emotional development (e.g., understanding self and others, enhancing positive feelings toward self and others, cognitive and interpersonal)</p> |
|--|---|

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problem-solving, social skills, emotional "intelligence")	X fostering hope (e.g., positive expectations for the future; perceptions of self- determination)
X building character (e.g., values)	X resistance education
X physical development (e.g., diet/nutrition, sports/recreation)	X stress reduction
X fostering abilities (e.g., one or more of the multiple "intelligences," enrichment)	X symptom reduction

they may target a specific group and a specific problem. Various strategies may be used to promote healthy development or address factors that interfere with positive functioning. Table 2.1 outlines some key categories that can aid in differentiating among school-oriented prevention efforts.

The outline reflects the fact that prevention encompasses not only discrete strategies but also broad, multi-faceted approaches. Policy-oriented discussions increasingly are recognizing the importance of multi-faceted approaches in accounting for social, economic, political, and cultural factors that can interfere with or promote development, learning, and teaching (Adelman & Taylor, 1997, 2006a; Center for Mental Health in Schools, 1997, 2005b; Dryfoos, 1998; Schorr, 1997).

Such policies also reflect a basic assumption that many problems are not discrete, and therefore, interventions that address root causes can minimize the trend to develop separate programs for every observed problem. In turn, this is viewed as enabling increased coordination and integration of resources which can increase cost-effectiveness and impact.

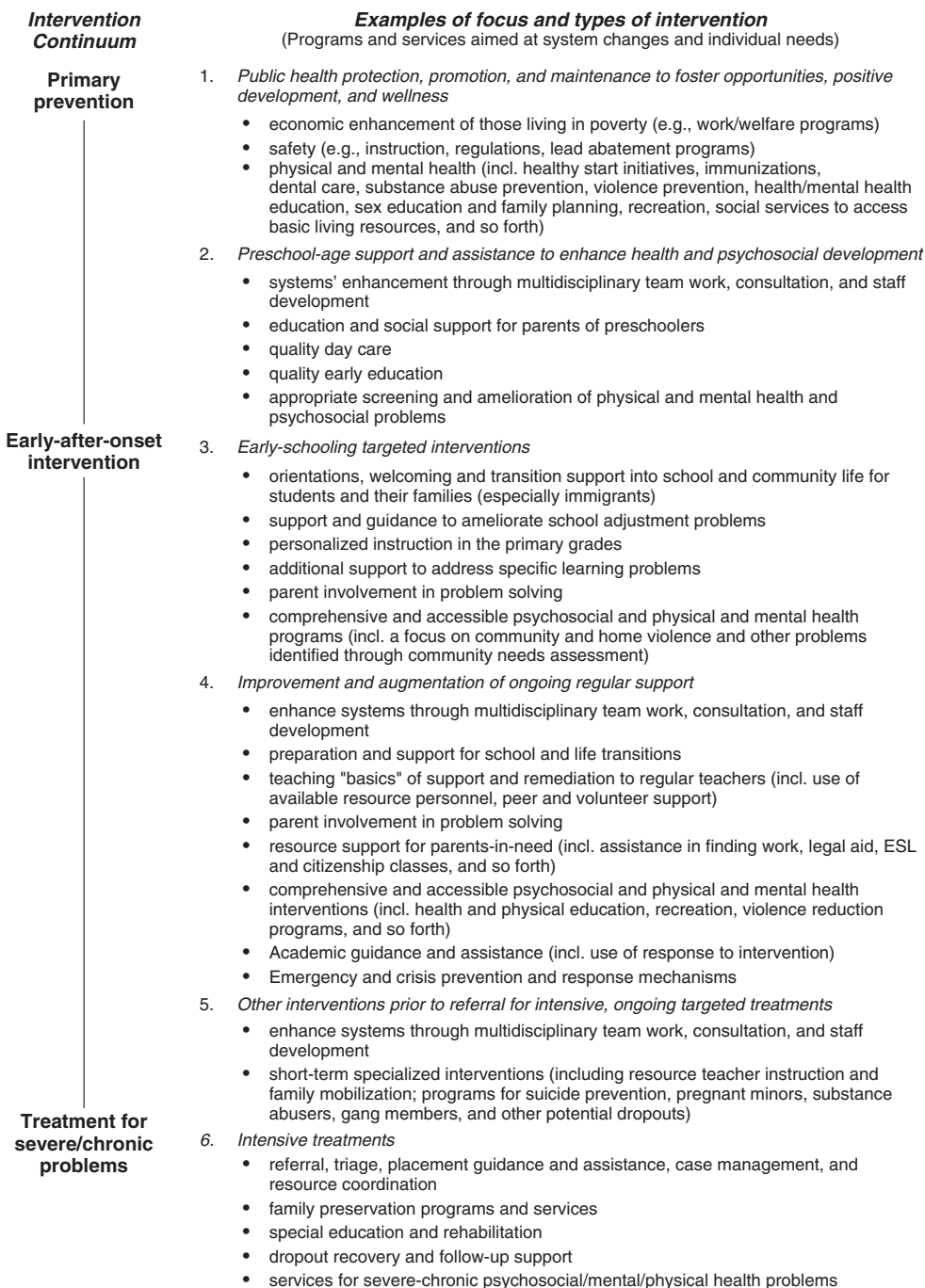
Major policies and practices for addressing such factors can be grouped into five areas for purposes of analyzing the state of the art and making recommendations. The areas are: (1) measures to abate inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification 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.

The range of interventions can be appreciated better along a continuum. As illustrated in Figure 2.1, the continuum ranges from primary prevention (including a focus on wellness or competence enhancement), through approaches for treating problems early-after-onset, and extending on to narrowly focused treatments for severe/chronic problems. In keeping with public education and public health perspectives, the continuum encompasses and expands efforts to enable academic, social, emotional, and physical development and address behavior, learning, and emotional problems at every school.<sup>1</sup> Such a continuum provides one template for assessing the degree to which the set of community and school programs serving local geographic or catchment areas is comprehensive, multi-faceted, and integrated.

The programs cited in Figure 2.1 are seen as integrally related. Therefore, it seems likely that the impact of each can be exponentially increased through organizing them into an integrated set of *systems*. These can be conceived as three interconnected levels of intervention: (1) systems to promote healthy development and prevent problems, (2) systems to intervene as early after the onset of a problem as is feasible, and (3) systems of care. As illustrated in Figure 2.2, the assumption is that effectiveness at the upper levels will result in fewer persons requiring intervention at lower levels. Note that the continuum encompasses the concepts of primary, secondary, and tertiary prevention, as well as the Institute of Medicine's classification of a continuum of care which groups prevention approaches according to target population into a three-tiered categorical schema: universal, selective, and indicated (Mrazek & Haggerty, 1994).

By stressing the importance of integrating interventions across a continuum of *systems*, the

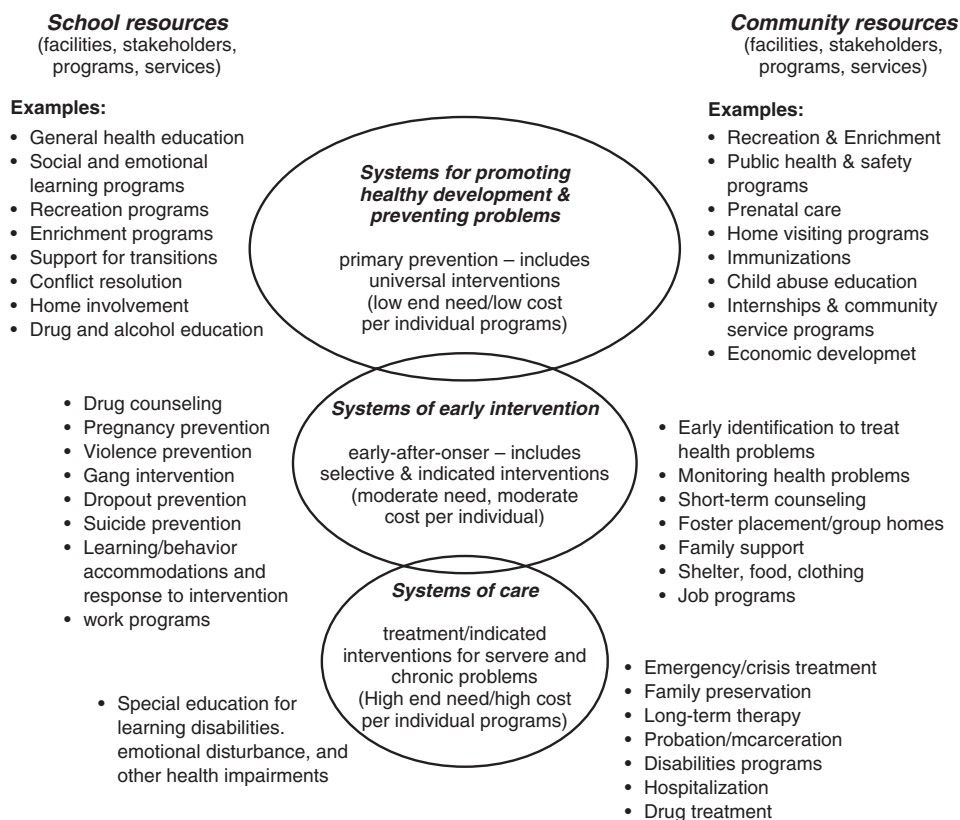
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Adapted from Adelman & Taylor (1993)

**Figure 2.1** From Primary Prevention to Treatment of Serious Problems: A Continuum of Community-School Programs to Address Barriers to Learning And Enhance Healthy Development

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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 of prevention, systems of early intervention, and systems of care*.

Such collaboration involves horizontal and vertical restructuring of programs and services

- within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
- 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.

**Figure 2.2** A Continuum of Interconnected Systems for Meeting the Needs of All Students

framework illustrated in Figure 2.2 moves discussion of prevention beyond a focus on discrete interventions. Specifically, it underscores the importance of horizontal and vertical restructuring of programs and services (a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units) and (b) between jurisdictions, school and community agencies, public and private sectors, among clusters of schools, and among community agencies.

Finally, note that the continuum includes a system for promoting healthy development and has the intention of incorporating a holistic and developmental emphasis that envelops

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individuals, families, and the contexts in which they live, work, and play. Also implicit is the principle that the least restrictive and nonintrusive forms of intervention required to appropriately address problems and accommodate diversity are to be used.

Most schools have some programs and services that fit along the entire continuum. However, the emphasis is mostly on discrete services, and interventions are not coalesced into integrated systems. Moreover, the tendency to focus mostly on the most severe problems has skewed the process so that too little is done to prevent and intervene early after the onset of a problem. As a result, public education has been characterized as a system that “waits for failure.”

### **Enhancing School Improvement Policy**

It is one thing to argue for prevention; it is quite another to argue that schools should pursue prevention comprehensively as part of their school improvement agenda. Such an argument must be framed in the context of the mission of schools. That mission, of course, is to educate the young. In pursuing this mission, schools constantly are engaged in planning improvements. The need to do so has been accentuated by current accountability demands stemming from the No Child Left Behind Act. Unfortunately, the narrow focus of prevailing school accountability measures has resulted in school improvement guidance documents that give short shrift to everything but academic instruction and that simplistically address factors that interfere with learning and teaching.

For example, under the federal education act, the U.S. Department of Education (2006) has framed non-regulatory guidance for pursuing school improvement at schools that are “underperforming.” They stress that school improvement processes and timetables should be designed to create a sense of urgency about reform and to focus identified schools on quickly and efficiently improving student outcomes. This statement underscores the reality that federal, and most organizational, guidance for school improvement emphasizes seeking the quickest and most direct ways to address specific factors identified as interfering with learning and teaching (Annenberg Institute, 2006; NCREL, no date). As a result, the trend is for school improvement planning to marginalize attention to many interfering factors (Center for Mental Health in Schools, 2005b). This is the case for both internal and external barriers to learning.

Fortunately, relatively few youngsters start out with internal dysfunctions or disabilities that lead to learning, behavior, and emotional problems. For many children and adolescents, however, a range of external factors is interfering with schools’ accomplishing their mission. And, as research indicates, the primary causes for most youngsters’ learning, behavior, and emotional problems are extraneous factors (related to neighborhood, family, school, and/or peers). Anyone who works with young people is all too familiar with the litany of barriers to learning, development, and teaching, such as a host of factors confronting recent immigrants and families living in poverty and, for any student, violence, drugs, and frequent school changes (Adelman & Taylor, 2006a; Catalano & Hawkins, 1995). Such barriers are strongly related to the achievement gap and to student (and teacher) dropouts. It is the impact of so many barriers that argues for schools and communities offering much more in the way of prevention programs. For this to happen, however, the agenda for school improvement must be rethought.

### **School Improvement Policy Marginalizes Prevention and All Other Efforts to Address Barriers**

Policymakers have indicated concern about the limited efficacy of student supports, such as those created to prevent and ameliorate learning and behavior problems, substance abuse,

violence, school dropouts, delinquency, teen pregnancy, and so forth (Adler & Gardner, 1994; Center for Mental Health in Schools, 2007b). In response, some reformers have attributed the unsatisfactory outcomes to the fragmented and isolated way such programs and services operate.

Limited efficacy does seem inevitable as long as so many interventions are carried out in a piecemeal fashion and with little follow-through. Therefore, attention has been directed toward reducing the widespread fragmentation through increased coordination and integration of school-based and linked interventions. In particular, “integrated services” policies have been enacted to reduce redundancy, waste, and ineffectiveness resulting from the many piecemeal, categorically funded approaches. Some of the initiatives for integrated interventions have meshed with the emerging movement to expand school and community connections and enhance the infrastructure for youth development (Adelman & Taylor, 2007a; Adler & Gardner, 1994; Blank, Berg, & Melaville, 2006; Burt, 1998; Cahill, 1994, 1998; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Catalano & Hawkins, 1995; Dryfoos, 1998; Dryfoos & Maguire, 2002; Pittman, 2002; Rothman, 2007; Schorr, 1997).

However, by focusing primarily on coordination and integration, policymakers have failed to deal with the overriding issue, namely that the whole enterprise is marginalized in school improvement policy and practice. This reality not only seriously hampers efforts to reduce fragmentation, it keeps schools from effectively addressing factors interfering with learning, development, and teaching and re-engaging students in classroom instruction.

### **Toward Countering Marginalization: Expanding the Framework for School Improvement**

For prevention to play a significant role in the lives of children and their families, school improvement policy and practice for addressing interfering factors must undergo a transformation. Because policy for addressing barriers is so marginalized, schools and communities continue to operate with virtually no commitment and no major frameworks to guide them toward comprehensive and multi-faceted approaches for large-scale prevention and amelioration of problems. This is clearly seen in the lack of attention given these matters in school improvement plans and program quality reviews (Center for Mental Health in Schools, 2005b). This is also evident in the token way addressing barriers is dealt with in the preservice and continuing education of administrators, teachers, and others in state departments of education, district offices, and at schools.

We suggest that a major breakthrough in the battle against learning, behavior, and emotional problems can be achieved only when school improvement policy, planning, implementation, and accountability fully address factors interfering with learning. This requires *more than* specific prevention and early intervention programs, *more than* outreach to link with community resources, *more than* coordinating school-owned services, *more than* coordinating school services with community services, *and more than* creating family resource centers, full service schools, and community schools. None of these constitute a comprehensive, multi-faceted, and cohesive approach. And, the growing consensus is that a comprehensive approach is essential to cope with the complex concerns confronting students, their families, schools, and neighborhoods (e.g., Adelman, 1993; Adelman & Taylor, 1997, 2006a, 2008; Catalano & Hawkins, 1995; Comer, 1997; Dryfoos & Maguire, 2002; Greenwald, Hedges, & Laine, 1996; Schorr, 1997).

The frameworks illustrated in Figures 2.1 and 2.2 not only help ensure that prevention is perceived in a broad intervention context, they highlight the type of comprehensive approach

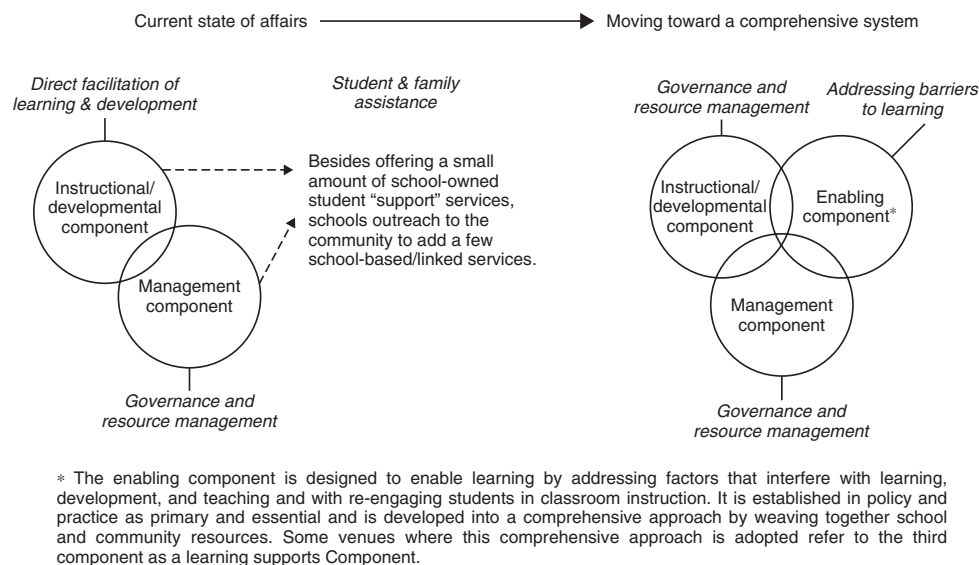
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that schools should include in school improvement planning. However, unless the current policy framework for school improvement is expanded, this is unlikely to happen.

From our perspective, a high-level policy emphasis on developing a comprehensive, multifaceted continuum and doing so as an interconnected set of systems is the key not only to unifying fragmented activity, but to using all available resources in the most productive manner. As a fundamental step in this direction, it has been proposed that policymakers move from a two- to a three-component policy framework (see Adelman & Taylor, 1994, 1997, 1998, 2006b; Center for Mental Health in Schools, 1997, 2005b).

As highlighted in Figure 2.3, the proposed third component encompasses a policy commitment to comprehensively enable learning by addressing barriers. When policy and practice are viewed through the lens of this third component, it becomes evident how much is missing in current efforts to enable all students to learn and develop. Establishment of this “enabling” component is intended to elevate efforts to prevent and ameliorate problems at a high policy level and integrate the work as a fundamental and essential facet of school improvement. It is important to stress that addressing barriers is not a separate agenda from a school’s instructional mission. A three-component framework is intended to fully integrate the enabling, instructional, and management components with each other (see Figure 2.3).

The third component provides both a basis for combating marginalization and a focal point for developing a comprehensive framework for policy and practice. It can also help address fragmentation by providing a focus for weaving together disparate approaches to preventing and ameliorating psychosocial problems and promoting wellness. The usefulness of the concept of an enabling component as a broad unifying force is evidenced by the growing attention it is receiving at state and local education agencies (where it often is called a “Learning Supports Component” or a “Comprehensive System of Student Support”). Some of the venues are highlighted in a report from the Center for Mental Health in Schools (2005c).



**Figure 2.3** Toward a Comprehensive System for Addressing Barriers to Learning: Moving from a Two- to a Three-Component Framework for School



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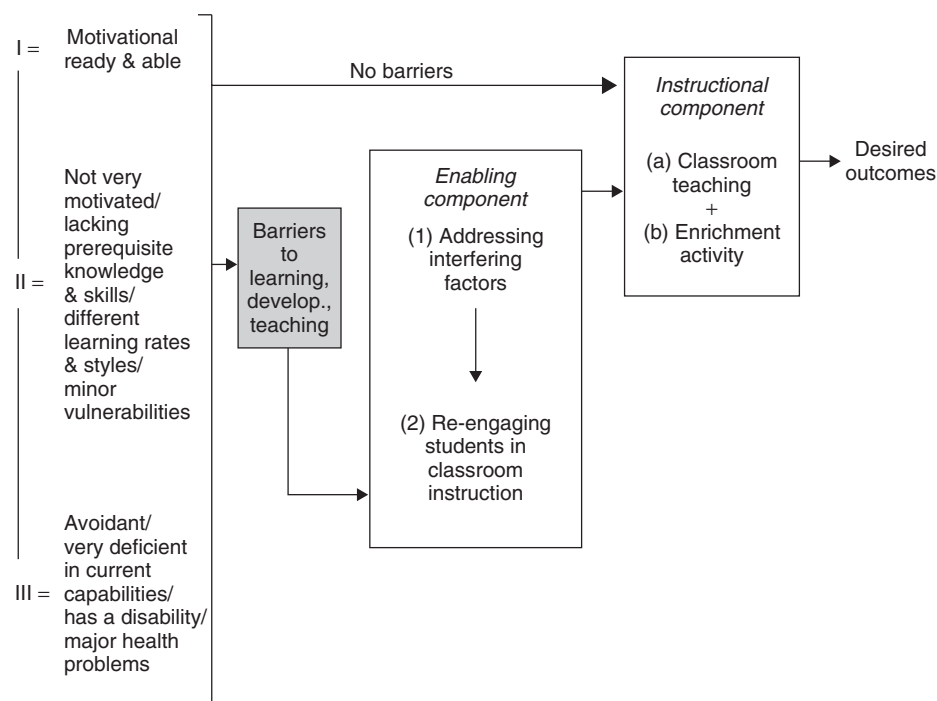
Figure 2.4 depicts a comprehensive enabling component as first addressing barriers to learning, development, and teaching and then re-engaging students in classroom instruction. For schools, such a component covers the three-level continuum of intervention systems outlined in Figure 2.2 and organizes all support programs, services, and activities into a well-circumscribed set of *content arenas*. Figure 2.5 provides an example that organizes interventions into content arenas designed to:

- *enhance regular classroom strategies to enable learning* (e.g., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems; includes a focus on prevention, early intervening, and use of strategies such as Response to Intervention)
- *support transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- *increase home and school connections*

#### An enabling 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)



\*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 a school site.

Figure 2.4 An enabling component to address barriers, re-engage students in classroom instruction, and enhance healthy development at a school site

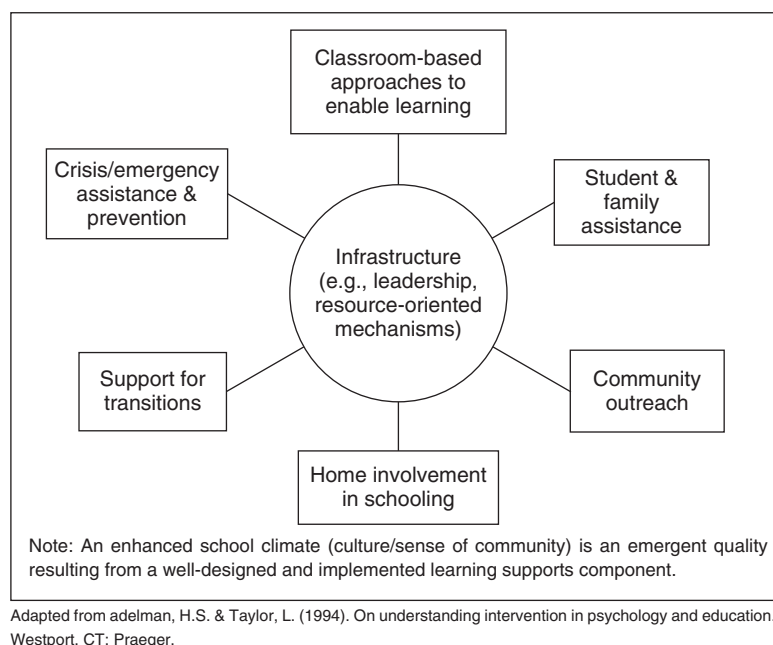
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Figure 2.5 Intervention Content Arenas

- *respond to and, where feasible, prevent crises*
- *increase community involvement and support* (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- *facilitate student and family access to effective services and special assistance as needed.*

Each of these is briefly described in the appendix.

Note that the three levels of Figure 2.2 and six arenas of Figure 2.5 can be formed into a matrix that can be used as a tool for mapping how well a school improvement plan encompasses an enabling component. The map provides data for analyzing what is in place and what is missing related to preventing and ameliorating problems (Adelman & Taylor, 2006c). Such analyses provide a basis for planning and setting priorities.

Developing a cohesive enabling component in schools with a strong emphasis on preventing problems requires significant systemic changes (Adelman & Taylor, 2007b). The initial emphasis is primarily on weaving together what schools already have (e.g., pupil services, special and compensatory education and other categorical programs). Then, the focus expands to enhance an integrated set of systems and to link school with home and community resources (e.g., formally connecting school programs with assets at home, in the business and faith communities, and neighborhood enrichment, recreation, and service resources). Accomplishing all this not only involves reframing intervention, it requires redesigning organizational and operational infrastructure, and rethinking the roles and functions of personnel at schools and central offices.

Various states and localities moving to pursue school improvement in terms of three primary and essential components have adopted other designations for their enabling component. For example, the state education agencies in California and Iowa and various

districts across the country have adopted the term *Learning Supports*. The Hawai'i Department of Education uses the term *Comprehensive Student Support System* (CSSS). Building on this, proposed legislation in California refers to a *Comprehensive Pupil Learning Supports System*. The Berkeley (CA) Unified School District calls it a Universal Student Support System. See Center for Mental Health in Schools (2005c) and the Center's toolkit for rebuilding student and learning supports for examples of these pioneering initiatives: <http://smhp.psych.ucla.edu/pdfdocs/studentssupport/toolkit/aida.pdf>.

### Rethinking Organizational and Operational Infrastructure

The next concern in enhancing how prevention is pursued throughout a school district involves redesigning the organizational and operational infrastructure. Given that prevention is fully integrated into a comprehensive component for addressing barriers to learning and teaching, the focus of the redesign is on the whole component, not on prevention *per se*. And, given that the component to address barriers must be fully integrated into school improvement, infrastructure changes at all levels of a district are needed that can make this a reality.

In designing and rethinking infrastructure, the fundamental principle remains: *structure follows function*. So the key to a well-designed infrastructure is first to delineate functions (and related tasks and processes) in ways that are consistent with a school's "big picture" visionary goals. Then, the focus is on establishing an integrated set of operational mechanisms (e.g., personnel and resources) that enable accomplishment of such major functions in a cost-effective and efficient manner.

For school districts, the vision of leaving no child behind requires ensuring that all students have an equal opportunity to succeed at school. Consistent with the three components highlighted in Figure 2.3, achieving such a vision requires effectively pursuing three fundamental functions: (1) facilitating learning and development; (2) addressing barriers to learning and teaching in ways that enable learning and development; and (3) governing/managing the district. To accomplish these fundamental functions and related tasks and processes, an interconnected set of organizational and operational mechanisms must be established to guide and carry out the work on a regular basis. Such infrastructure mechanisms enable leaders to steer together and to empower and work productively with staff. The type of work tasks involved include: designing and directing activity, planning and implementing specific organizational and program objectives, allocating and monitoring resources with a clear content and outcome focus, facilitating coordination and integration to ensure cohesive implementation, managing communication and information, providing support for capacity-building and quality improvement, ensuring accountability, and promoting self-renewal.

### Current Infrastructure

In our research, we have reviewed existing district line-authority hierarchy charts, descriptions of unit organization, and, where available, detailed descriptions of infrastructure mechanisms. A particular focus has been on how districts organize to provide interventions for addressing barriers to learning and teaching.

In general, districts tend to organize around:

- a *levels of schooling* (e.g., elementary, secondary, early education),
- b *traditional arenas of activity, discipline affiliations, funding streams, and categorical programs* (e.g., curriculum and instruction; assessment; student supports including

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- counseling and guidance, attendance, psychological and social services, health; specific types of support personnel such as counselors, psychologists, social workers, nurses; professional development; special education; specific types of compensatory education such as Title I and English language learners; gifted and talented; safe and drug-free schools; athletics, youth development, and after-school programs; homeless education; alternative schools; dropout prevention; adult education),
- c *operational concerns* (e.g., finances and budget, payroll and business services, facilities, human resources, labor relations, enrollment services, information technology, security, transportation, food, emergency preparedness and response, grants and special programs, legal considerations).

All the school districts we sampled have administrators, managers, and staff who have roles related to the districts' various efforts to prevent and ameliorate problems. However, the programs, services, and initiatives often are divided among several associate or assistant superintendents, their middle managers (e.g., directors or coordinators for specific programs), and a variety of line staff.

The result is that activities related to the function of addressing barriers to learning and teaching are dispersed, often in counterproductive ways, over several divisions or departments. These include units designated "Student Services," "Teaching and Learning," "Title I," "Parent/Community Partnerships," "Grant and Special Projects," "Youth Development," and so forth. Special education may be embedded in a "Student Support" unit, in a "Teaching and Learning" unit, or organized as a separate unit.

Regardless of the unit involved, we find that the work being carried out tends to center primarily around allocating and monitoring resources, assuring compliance and accountability, providing some support for school improvement, generating some ongoing staff development, offering a few district-wide programs and services for students, and outreaching to a minimal degree to community agencies. In general, districts tend not to be organized in ways that emphasize moving toward a comprehensive system for addressing barriers. Indeed, the matter is so marginalized that little attention is given to

- 1 enhancing the *policy* framework for school improvement in ways that incorporate all efforts to address barriers to learning and teaching under a broad and unifying umbrella concept established as a primary and essential component of a school's mission,
- 2 reframing *interventions* in ways that are consistent with such a broad, unifying concept,
- 3 rethinking organizational and operational *infrastructure* at a school, for the feeder pattern of schools, and at the district level,
- 4 facilitating major *systemic change* in organizations such as schools and school districts that have well-established institutional cultures.

### **Redesigning Infrastructure**

Most districts could benefit from rethinking their organizational and operational infrastructure. And, from the perspective of preventing and ameliorating problems related to learning and teaching, well-designed, compatible, and interconnected infrastructures are essential at schools, for school complexes, and at the district level.

Both school and district levels play key roles in weaving together existing school and community resources and developing a full continuum of interventions over time. Moreover, establishing content and resource-oriented infrastructure mechanisms enables programs and

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services to function in an increasingly cohesive, cost-efficient, and equitable way. Elsewhere we have explored infrastructure redesign at some length (Adelman & Taylor, 2006b, 2007a; Center for Mental Health in Schools, 2005d, 2005e, 2008). Here, we can only highlight a few major points.

*From the School Outward.* Because daily contact with students happens at the school level, a district's infrastructure should be designed from the school outward. That is, conceptually, the first concern is with delineating an effective infrastructure for a school. The new infrastructure must have leadership and staff mechanisms that support development of a comprehensive and cohesive system for addressing barriers to learning and teaching, and these mechanisms must be fully integrated into school improvement efforts.

Schools in the same geographic or catchment area have a number of shared concerns. Thus, it is important to link a family of schools together to enhance equity and maximize use of limited resources by minimizing redundancy and achieving economies of scale. A properly reworked school infrastructure enables development of well-designed mechanisms for connecting a family or complex (e.g., feeder pattern) of schools, as well as establishing collaborations with surrounding community resources. For prototype illustrations of operational and organization infrastructure redesign for schools, feeder patterns, and district offices, see the references cited just above in this section.

Finally, central district units need to be rethought in ways that best support the work at the school and complex levels. Specifically, the key role for these central units should be to provide leadership and build capacity for establishing and maintaining an effective infrastructure (a) at every school and (b) for connecting a family of schools in a neighborhood.

All this involves reframing the work of personnel and redistributing authority (power). With this in mind, it is essential at all levels to have appropriate incentives, safeguards, and adequate resources and support for all involved in making the required systemic changes. A few specifics will help clarify the nature and scope of such changes.

*At the School Level.* Obviously administrative leadership is key to ending marginalization of efforts to address behavior, learning, and emotional problems. Usually, the principal and whoever else is part of a school leadership team are enmeshed mainly in improving instruction and management/governance. That is, no one on such a team may be focusing on developing a comprehensive and systemic component for preventing and ameliorating problems. One way to change this is to assign the role to someone already on the leadership team and provide the individual with training to carry it out effectively. Alternatively, someone in the school who is involved with student supports (e.g., a pupil services professional, a Title I coordinator, or a special education resource specialist) can be invited to join the leadership team, assigned responsibility and accountability for ensuring the vision for preventing and ameliorating problems is not lost, and provided additional training for the tasks involved.

Besides administrative leadership, another key to ending marginalization of efforts to address behavior, learning, and emotional problems is establishment of a mechanism (e.g., a team) that focuses specifically on how *resources* are used for problem prevention and amelioration. Few schools have resource-oriented mechanisms to ensure appropriate resource use. Such mechanisms contribute to cost-efficacy by ensuring activity is planned, implemented, and evaluated in a coordinated and increasingly integrated manner. Creation of such mechanisms is essential for braiding together existing school and community resources, and encouraging cohesive interventions. Teams established for this purpose have been designated by a variety of names including "Resource Coordinating Team," "Resource Management Team," and "Learning Supports Resource Team." Note that resource-oriented mechanisms do not focus on specific students, but on how a system's resources are used most effectively

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(Adelman, 1993; Adelman & Taylor, 1998, 2008; Center for Mental Health in Schools, 2005d; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

One of the primary and essential tasks that a school-based, resource-oriented mechanism undertakes is that of mapping and analyzing available school and community resources (e.g., programs, services, personnel, facilities). A comprehensive “gap” assessment is generated as mapped resources are analyzed in the context of unmet needs and desired outcomes. Analyses of what is available, effective, and needed provide a sound basis for formulating priorities, redeploying resources, and developing strategies to link with additional resources at other schools, district sites, and in the community.

When a resource-oriented team is established, efforts are made to bring together representatives of all relevant programs and services. This might include, for example, school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after-school program staff, bilingual and Title I program coordinators, safe and drug-free school staff, and union reps. Such a team also should include representatives of any community agency that is significantly involved with a school. Beyond these stakeholders, it is advisable to add the energies and expertise of classroom teachers, non-certificated staff, parents, and older students.

Where creation of “another team” is seen as a burden, existing teams, such as student or teacher assistance teams and school crisis teams, have demonstrated the ability to perform resource-oriented tasks. However, in adding the resource-oriented tasks to another team’s work, great care must be taken to structure the agenda so sufficient time is devoted to the additional tasks. For small schools, a large team often is not feasible, but a two-person team can still do a reasonable and responsible job.

Properly constituted at the school level, a resource-oriented team provides what often is a missing link for managing and enhancing programs and systems in ways that integrate, strengthen, and stimulate new and improved interventions. It also can provide leadership in guiding school personnel and stakeholders in evolving the school’s vision, priorities, and practices for addressing barriers and re-engaging students.

*Connecting a Family of Schools.* As noted above, schools in the same geographic or catchment area have a number of shared concerns. A multi-site mechanism can connect schools in a feeder pattern with each other and with the district and the community. Such a mechanism helps ensure cohesive and equitable deployment of resources and can reduce costs by minimizing redundancy, enhancing the pooling of resources, and pursuing economies of scale. By assuming leadership and communication roles, it can (a) coordinate and integrate programs serving multiple schools; (b) identify and meet common needs with respect to guidelines and staff development; (c) ensure quality improvement across sites; and (d) create links and collaboration among schools and with community agencies. In this last respect, it can play a potent role in community outreach both to create formal working relationships and to ensure that all participating schools have access to such resources.

Formed as a *resource council*, the mechanism convenes a monthly meeting that includes one or two representatives from resource *teams* in a family of schools (e.g., a high school and its feeder middle and elementary schools). Natural starting points for councils are sharing assessments of need, resource maps, analyses, and recommendations for reform and restructuring. Specific areas of initial focus usually are local, high-priority concerns, such as addressing violence and developing prevention programs and safe school and neighborhood plans.

In efforts to link schools with community resources, multi-school councils are especially attractive to community agencies who often don’t have the time or personnel to make independent arrangements with every school. In this respect, representatives from resource

councils can be invaluable members of neighborhood planning groups (e.g., “Service Planning Area Councils,” “Local Management Boards”). They bring information about specific schools, clusters of schools, and local neighborhoods and do so in ways that reflect the importance of school-community collaboration.

*At the District Level.* If districts are to effectively support development of a comprehensive system for preventing and ameliorating problems at every school, they need to ensure potent administrative leadership and capacity-building support. And it is crucial that such leadership be established at a high enough level to ensure the administrator is always an active participant at key planning and decision-making (e.g., is a cabinet-level administrative leader such as an associate superintendent).

In reworking district infrastructure, this administrator is assigned responsibility and accountability for coalescing all resources related to addressing barriers in ways that enhance the prevention and amelioration of problems. The resources of concern come from the general fund, compensatory education, special education, and other categorical funding streams, and special projects. This encompasses special initiatives, grants, and programs for after-school, wellness, dropout prevention, attendance, drug abuse prevention, violence prevention, pregnancy prevention, parent/family/health centers, volunteer assistance, and community resource linkages to schools. Relevant personnel encompass student support staff, such as school psychologists, counselors, social workers, and nurses, and the full range of compensatory and special education staff.

The appointed administrator will need to establish mechanisms for accomplishing the unit’s work. These should be comparable to content and process mechanisms established for the instructional component. We suggest establishing a cabinet-like structure consisting of leaders for the major content described in Figure 2.5 and the appendix to this chapter. Organizing in this way moves the enterprise away from the marginalization, fragmentation, unnecessary redundancy, and counterproductive competition that has resulted from organizing around traditional programs and/or in terms of specific disciplines. The intent is for personnel to have accountability for advancing a designated arena *and* working in ways that ensure all arenas are integrated.

A formal infrastructure link also is needed to ensure full integration with district school improvement planning and decision-making. This means the leader (and key staff) must be included at relevant school improvement planning and decision-making tables.

### **Personnel Retraining at All Levels**

The type of systemic changes described call for new roles and functions (Adelman & Taylor, 1997, 2006b, 2007b). Such changes provide both a challenge and an opportunity for many school professionals to move beyond just coping with the problems manifested by specific students. In doing so, they can ensure that schools play a much greater role in preventing and ameliorating factors that interfere with learning, development, and teaching.

With respect to personnel retraining for new roles and functions, there is growing interest in identifying common skills among education support professionals so they can cover an overlapping range of intervention activity and fully integrate education supports into the fabric of daily school improvement efforts. This is consistent with the view that specialist-oriented activity and training should be *balanced* with a generalist perspective (e.g., Henggeler, 1995). Proposals and pilot programs have focused on cross-disciplinary training and inter-professional education to better equip school professionals to assume expanding roles and functions (Brandon & Meuter, 1995; Lawson, 1998; Lawson & Hooper-Briar, 1994; Research

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and Training Center on Family Support and Children's Mental Health, 1996; Ysseldyke, Burns, Dawson, Kelley, Morrison, Ortiz, Rosenfield, & Telzrow, 2008). In general, there is growing recognition of underlying commonalities among a variety of student problems and of the role generalist strategies can play in preventing and ameliorating them (Carnegie Council on Adolescent Development, 1995). All this is consistent with fostering less emphasis on intervention ownership and more attention on accomplishing desired outcomes through flexible roles and functions for staff (see Adelman & Taylor, 1994; Lawson & Hooper-Briar, 1994; Lipsky & Gartner, 1992).

Recent work also demonstrates the value of redeploying and training a cadre of pupil services personnel as change agents in moving schools toward better approaches for addressing barriers to learning (Adelman, 1993; Adelman & Taylor, 1994; Center for Mental Health in Schools, 2005e 2005f; Lim & Adelman, 1997). Designated as *organization facilitators*, such professionals are retooled to come to the work with a relevant base of knowledge and skills. The additional training provides them with an understanding of the specific activities and mechanisms required for establishing and maintaining comprehensive, integrated approaches and increases their capacity for dealing with the processes and problems of organizational change.

### **Prevention and the Evidence-based Practice and Accountability Dilemmas**

*Do You Have Data to Support Adopting That Approach? Can You Prove it's Worth Continuing to do That?* In the context of school improvement, these questions dominate efforts to enhance and sustain school-based prevention programs. Although understandable in light of the unfulfilled promise of so many programs and the insatiable demands on limited resources, premature demands for data are producing dilemmas.

Prevention researchers and practitioners appreciate the importance of drawing on the science-base and they understand they must be accountable for the outcomes of their practices. At the same time, most have experienced the dilemmas raised by data demands that ignore the complexities associated with developing and evaluating interventions to prevent and ameliorate major problems.

We find that few leaders for school improvement argue, in principle, against using the best data available to inform decisions. Many are concerned, however, about the current reliance on an underdeveloped science-base for making program decisions and on narrow-band measures for demonstrating accountability. Analyses have long stressed that school improvement, first and foremost, needs the kind of data that can help advance practice and policy (e.g., General Accounting Office, 1989). The danger is that a limited body of research and an overemphasis on achievement testing to ensure accountability will reify an unsatisfactory *status quo*.

### **Concerns and Controversies about the Existing Evidence-Base**

The movement for evidence-based practices is reshaping public policy in ways that have generated a host of cautions (e.g., Education Week, 2006; Flay, Biglan, Boruch, Castro, Gottfredson, Kellam, Moscicki, Schinke, Valentine, & Ji, 2005; Gorman, 2002, 2003; Government Accountability Office, 2007; Weiss, Murphy-Graham, Petrosino, & Gandhi, 2008). A central concern is that practices developed under highly controlled laboratory conditions are being pushed prematurely into widespread application based on unwarranted assumptions. This concern is especially salient when the evidence-base comes from short-term studies and has not included samples representing major subgroups with whom the practice will be used.



In general, the rush to provide empirical support for interventions that can be implemented in schools has increased the tendency to by-pass discussion of significant methodological problems that limit claims about the science-base for many interventions. This leads to an overstatement of expertise, which in turn contributes to the mystification of the general public and many practitioners. None of this helps improve school-based practices. Indeed, overstating the evidence-base usually leads to a backlash. Such a backlash already has emerged around claims about the science underlying the prevention practices that schools are being asked to adopt (e.g., Gorman, 2003). With all the factors that continue to hamper the progress of prevention science, it is a mistake to do anything that feeds into public concern about the overselling of outcome evidence.

Until researchers demonstrate that a prototype is effective under “real-world” conditions, it can only be considered a promising and not a proven practice. Even then it must be determined whether it is a best practice. And, with respect to the designation of *best*, it is well to remember that *best* simply denotes that a practice is better than whatever else is currently available. How *good* it is depends on complex analyses related to costs and benefits.

Despite clear limitations, specific interventions increasingly are prescribed officially, and others are proscribed by policymakers and funders. This especially has been the situation surrounding school-based prevention programs (Gorman, 2002). As official lists have been generated, the growing concern is that only those practitioners who choose from these lists will be rewarded. And a trend to select only from what is on the list surely will exacerbate the tendency for schools to adopt discrete programs, rather than develop and evaluate a comprehensive, multi-faceted, and cohesive system for addressing barriers and re-engaging students. This can only perpetuate current fragmentation, inappropriate redundancy, counterproductive competition for sparse resources, and marginalization.

### **Current Accountability Mandates Also Create a Dilemma**

Accountability is a tool that can be used to encourage people and organizations to meet appropriate standards, but it also can generate issues and problems. Current demands related to school improvement illustrate the matter.

First, we should note that two unfounded presumptions at the core of current school accountability policies are that: (1) any approach in widespread use must be at a relatively evolved stage of development and thus warrants the cost of summative evaluation; and (2) major conceptual and methodological problems associated with evaluating program efficacy and effectiveness are resolved. The reality, of course, is that some school programs must be introduced prior to adequate development with a view to evolving them based on what is learned each day. As evaluation methodologists clearly acknowledge, the most fundamental problems related to summative evaluation have not been solved. This is particularly the case when it comes to large-scale program replication (Adelman & Taylor, 1997, 2007b; Durlak & Wells, 1997; Replication and Program Services, 1993; Sarason, 1990; Weisz, Donenberg, Han & Weiss, 1995).

Second, it should be stressed that the prevailing focus in school accountability is on specific evidence of results—usually in terms of readily measured immediate benefits—and on cost containment. This has led to policies pressuring schools and districts to produce quick improvements in achievement test score averages. As we have suggested in this chapter, one major factor that makes that demand unrealistic in many schools is the absence of a comprehensive and multi-faceted component to prevent and ameliorate problems. The irony is that schools can’t devote the time, talent, and other resources necessary for developing such a

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component because their resources are tied up in being accountable for a school improvement policy that is too narrowly conceived.

As a result, schools are caught in a major dilemma. Raising academic standards and expectations includes eliminating social promotion, closing the achievement gap, and reducing dropouts. However, to do all this effectively, schools need to develop a comprehensive system of learning supports. Unfortunately, their current approach to school improvement precludes more than a marginal focus on establishing a comprehensive system for preventing and ameliorating problems and re-engaging students in classroom instruction. The dilemma is compounded by the pressure to choose mainly from a list of discrete programs judged to have an adequate evidence-base.

There are undeniable benefits from demonstrating that intended outcomes are achieved. However, if one is not careful, accountability biases and pressures can reshape research and practice (Adelman, 1986; Adelman & Taylor, 1994; Burchard & Schaefer, 1992; Cuban, 1990; Tyack & Cuban, 1995).

In most organizations, what is measured receives direct attention, and what is not measured is marginalized. Achievement testing for school accountability is a case in point. Policymakers have decided to collect data only on a relatively small set of academic goals (e.g., reading, math). Because school accountability stresses only academic achievement test gains, matters for which accountability data are not gathered, such as learning supports and social and emotional learning, are given short shrift. Indeed, as more and more resources are used to meet data demands, fewer resources are available for improving the way long-standing and complex problems are addressed and healthy development is promoted.

Over the past few decades, social, political, and economic forces pressing for the use of evidence-based practices and immediate accountability increasingly have reshaped what transpires in schools. As is evidenced by the ongoing struggle to advance school-based prevention and early intervention programs, the impact on prevention science has been a negative one (e.g., see Albee & Gullotta, 1997; Bond & Compas, 1989; Dryfoos, 1990; Durlak, 1995; Elias, 1997; Schorr, 1988; Slavin, Karweit, & Wasik, 1994; Weissberg, Gullotta, Hampton, Ryan, & Adams, 1997; Weiss, MurphyGraham, Petrosino, & Gandhi, 2008).

### **Addressing the Data Dilemmas**

As Sarason (2003) warns: "Intervention confronts a host of problems for which current knowledge and research are inadequate, incomplete, and even misleading" (p. 209). Because the current science-base fails to account for the full scope of a school's obligations to meet the needs of the society and its citizens, he stresses that schools need to adopt a combined moral-scientific stance in making decisions about practices.

With specific reference to prevention science, a direct way to deal with the data dilemma is to ensure that data collection is pursued within the context of an *evaluative research* agenda. Although there are many unresolved concerns related to evaluative research, scholarly work has advanced the way such activity is conceived in education and psychology, and thus there are ample methodological guidelines (Adelman, 1986; Adelman & Taylor, 1994; Chen & Rossi, 1992; Hollister & Hill, 1995; Knapp, 1995; Pogrow, 1998; Scriven, 1993; Sechrest & Figueredo, 1993; Weiss, 1995).<sup>2</sup>

First and foremost the methodology calls for *formative evaluation*; that is, data gathering and analyses that can help with the developmental facets of a research and development agenda. At the same time, such formative evaluations should and can be designed with a view

to *summative* evaluation of efficacy and effectiveness and with deference to immediate accountability demands and cost-benefit analyses.

## Concluding Comments

The next decade must mark a turning point in how schools and communities address the problems of children and youth. In particular, if the mandates of the No Child Left Behind Act and the Individuals with Disabilities Education Act 2004 are to be achieved, schools can and need to focus much more on prevention.

Currently, however, prevention in schools is not a high priority. For this to change, school-based prevention cannot be pursued as a separate agenda. It must be fully integrated into efforts to counter learning, behavior, and emotional problems and promote personal and social growth. And, in turn, these efforts must be fully integrated into school improvement processes. Clearly, there is much work to be done as schools across the country strive to prevent and ameliorate factors causing so many students to be left behind.

## Notes

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- 1 There are too many references to cite related to the continuum, but a perspective on the range of work directly relevant to schools can be garnered from the following resources: Adelman and Taylor (2006a, 2006b), Albee and Gullotta (1997), Borders and Drury (1992), Carnegie Council on Adolescent Development (1988), CASEL (2003), Center for Mental Health in Schools (2004, 2005a), Cochrane Library (2007), Dryfoos (1990, 1994, 1998), Durlak (1995), Duttweiler (1995), Gottfredson & Gottfredson (2001), Gottfredson & Wilson (2003); Henggeler (1995), Hoagwood & Erwin (1997), Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka, (2007), Jimerson & Furlong (2006), Karoly, Greenwood, Everingham, et al. (1998), Kazdin (1993), Larson (1994), Scattergood, Dash, Epstein, & Adler (1998), Schorr (1988, 1997), Slavin, Karweit, and Wasik (1994), Smink & Schargel (2004), Thomas and Grimes (2008). Also, see the other cited references for relevant resources.
- 2 For a discussion of the similarities and differences between research and evaluation, see Adelman (1986).

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## Appendix

### ***Content Areas to Address Barriers to Learning***

#### *(1) Classroom-Based Approaches* encompass:

- Opening the classroom door to bring available supports in (e.g., peer tutors, volunteers, aides trained to work with students-in-need; resource teachers and student support staff work in the classroom as part of the teaching team)
- Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out-of-class referrals (e.g., personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)
- Enhancing and personalizing professional development (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through co-teaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)
- Curricular enrichment and adjunct programs (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)
- Classroom and school-wide approaches used to create and maintain a caring and supportive climate

Emphasis at all times is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings.

#### *(2) Crisis Assistance and Prevention* encompasses:

- Ensuring immediate assistance in emergencies so students can resume learning
- Providing follow-up care as necessary (e.g., brief and longer-term monitoring)



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- Forming a school-focused Crisis Team to formulate a response plan and take leadership for developing prevention programs
- Mobilizing staff, students, and families to anticipate response plans and recovery efforts
- Creating a caring and safe learning environment (e.g., developing systems to promote healthy development and prevent problems; bullying and harassment abatement programs)
- Working with neighborhood schools and community to integrate planning for response and prevention
- Capacity-building to enhance crisis response and prevention (e.g., staff and stakeholder development, enhancing a caring and safe learning environment)

(3) *Support for Transitions* encompasses:

- Welcoming and social support programs for newcomers (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- Daily transition programs (e.g., for before school, breaks, lunch, after school)
- Articulation programs (e.g., grade to grade—new classrooms, new teachers; elementary to middle school; middle to high school; in and out of special education programs)
- Summer or intersession programs (e.g., catch-up, recreation, and enrichment programs)
- School-to-career/higher education (e.g., counseling, pathway, and mentor programs; broad involvement of stakeholders in planning for transitions; students, staff, home, police, faith groups, recreation, business, higher education)
- Broad involvement of stakeholders in planning for transitions (e.g., students, staff, home, police, faith groups, recreation, business, higher education)
- Capacity-building to enhance transition programs and activities

(4) *Home Involvement in Schooling* encompasses:

- Addressing specific support and learning needs of family (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; adult education classes to enhance literacy, job skills, English-as-a-second language, citizenship preparation)
- Improving mechanisms for communication and connecting school and home (e.g., opportunities at school for family networking and mutual support, learning, recreation, enrichment, and for family members to receive special assistance and to volunteer to help; phone calls and/or emails from teacher and other staff with good news; frequent and balanced conferences—student-led when feasible; outreach to attract hard-to-reach families—including student dropouts)
- Involving homes in student decision-making (e.g., families prepared for involvement in program planning and problem-solving)
- Enhancing home support for learning and development (e.g., family literacy; family homework projects; family field trips)
- Recruiting families to strengthen school and community (e.g., volunteers to welcome and support new families and help in various capacities; families prepared for involvement in school governance)
- Capacity-building to enhance home involvement

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(5) *Community Outreach for Involvement and Support* encompasses:

- Planning and implementing outreach to recruit a wide range of community resources (e.g., public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision-makers)
- Systems to recruit, screen, prepare, and maintain community resource involvement (e.g., mechanisms to orient and welcome, enhance the volunteer pool, maintain current involvements, enhance a sense of community)
- Reaching out to students and families who don't come to school regularly—including truants and dropouts
- Connecting school and community efforts to promote child and youth development and a sense of community
- Capacity-building to enhance community involvement and support (e.g., policies and mechanisms to enhance and sustain school-community involvement, staff/stakeholder development on the value of community involvement, "social marketing")

(6) *Student and Family Assistance* encompasses:

- Providing extra support as soon as a need is recognized and doing so in the least disruptive ways (e.g., prereferral interventions in classrooms; problem-solving conferences with parents; open access to school, district, and community support programs)
- Timely referral interventions for students and families with problems based on response to extra support (e.g., identification/screening processes, assessment, referrals, and follow-up—school-based, school-linked)
- Enhancing access to direct interventions for health, mental health, and economic assistance (e.g., school-based, school-linked, and community-based programs and services)
- Care monitoring, management, information sharing, and follow-up assessment to coordinate individual interventions and check whether referrals and services are adequate and effective
- Mechanisms for resource coordination and integration to avoid duplication, fill gaps, garner economies of scale, and enhance effectiveness (e.g., braiding resources from school-based and linked interveners, feeder pattern/family of schools, community-based programs; linking with community providers to fill gaps)
- Enhancing stakeholder awareness of programs and services
- Capacity-building to enhance student and family assistance systems, programs, and services