



*A Center Policy Report . . .*

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## The Current Status of Mental Health in Schools: A Policy and Practice Analysis

(March, 2006)

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

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563

Phone: (310) 825-3634 Fax: (310) 206-5895

email: [smhp@ucla.edu](mailto:smhp@ucla.edu)

website: <http://smhp.psych.ucla.edu>

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## Executive Summary

### **The Current Status of Mental Health in Schools: A Policy and Practice Analysis**

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President’s New Freedom Commission on Mental Health recognizes, efforts to enhance interventions for children’s mental health must involve schools. Thus, those interested in improving education and those concerned about transforming the mental health system in the U.S.A. all are taking a new look at schools.

Anyone who has spent time in schools can itemize the multifaceted MH and psychosocial concerns that warrant attention. The question for all of us is:

*How should our society’s schools address these matters?*

In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns. Therefore, this report begins by highlighting a bit of history and outlines the current status of MH in schools. Then, we explore emerging trends and discuss policy implications.

#### Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. School policy makers have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with factors that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19<sup>th</sup> century through today.

Many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development. And, ongoing efforts to enhance access to clients in health and social services sectors has resulted in increased linkages between schools and community service agencies.

Over the years, the most widespread activity related to MH in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists. Schools have used their resources to hire a substantial body of these professionals. As a result, it is these school staff who have been the core around which programs have emerged.

And, in support of MH in schools, various federal initiatives have been developed. Besides those emanating from the U.S. Department of Health and Human Services, significant initiatives have been generated by the U.S. Department of Education and through special interagency collaborative projects.

## Where the Field is Now

Most schools have some interventions to address a range of MH and psychosocial concerns, such as school adjustment and attendance problems, bullying, violence, relationship difficulties, emotional upset, physical and sexual abuse, substance abuse, dropouts, and delinquency. Some are funded by the schools or through extra-mural funding; others are the result of linkages with community service and youth development agencies. Some programs and services are found throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." Overlapping problems may be targeted and dealt with in isolation of each other through separate, categorical programs or may be addressed as part of other school-wide and classroom programs. The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

Despite the range of personnel and activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, schools do report having many children and adolescents in need of assistance; for some, the numbers have risen to over half those enrolled.

Given this state of affairs, it is poignant to see how low a priority schools assign in both policy and practice to addressing psychosocial and mental health concerns. Indeed, this arena of activity is extremely marginalized.

As a result, interventions are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration. Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, efforts to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs. Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for schools to deal with the complex sets of problems confronting teachers and other school staff. The fragmentation has been well documented, and a variety of federal, state, and local initiatives have offered models for enhancing coordination.

Analyses indicate that there is a fundamental policy weakness that maintains the unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. School policy and school improvement planning are currently dominated by a two-component systemic model. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system.

In states and localities where pioneering efforts are underway to move from a two- to a three- component policy framework, the component to address barriers to learning is denoted by various terms, such as an Enabling Component, a Learning Supports Component, a Comprehensive Student Support System. This third component not only is intended to provide a basis for combating marginalization, it establishes a focal point for developing a comprehensive approach in which MH and psychosocial concerns are embedded and fully integrated with the school's mission. To this end, the pioneering efforts recognize that all three components are essential, complementary, and overlapping.

Where is the Field Going?

It is clear that the field of mental health in schools is in flux. There is widespread agreement that a great deal needs to be done to improve what is taking place, but no specific perspective or agenda is dominating policy, practice, research, or training.

One perspective on the future comes from the *New Freedom Initiative's* efforts to follow-up on the work of the *President's New Freedom Commission on Mental Health*. The stated aim in the Commission's report is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to MH in schools. However, because of the Commission's limited focus on MH in schools, this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing MH in schools.

Approaching MH in schools from a different perspective, a variety of stakeholders are pushing to enhance policy and practice in ways that directly connect various mental health agenda with the mission of schools. This emerging view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. Moreover, advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The specific emphasis of the emerging view is on developing, over time, a full continuum of systemically interconnected school and community interventions that encompasses (a) a *system* for promoting healthy development and preventing problems, (b) a *system* for responding to problems as soon after onset as is feasible, and (c) a *system* for providing intensive care. This encompasses the full integration of mental health concerns into a school's efforts to provide students with learning supports by connecting in major ways with the mission of schools.

### Policy Implications

- *Ending the Marginalization of MH in Schools.* Based on the background and analyses set forth in this report, it is concluded that the most fundamental policy concern at this time is to end the *marginalization* of mental health in schools. To achieve this goal, it is suggested that a policy shift is needed to ensure that every school improvement effort includes a focus on development, implementation, and validation of a comprehensive system to address barriers to learning and teaching. Moreover, it is suggested that such a system needs to be built using a unifying umbrella concept that fits school improvement needs and embeds concerns about mental health. The report includes specific examples of policy that incorporate this perspective.
- *Addressing the Complications of Systemic Change.* At the same time, to address the complexities of implementing innovative changes in schools, policy must specifically focus on the complications of *systemic change*, including rethinking and redeploying use of existing resources and phasing-in changes over time. Those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop, implement, and validate prototypes; the second involves large-scale replication. One without the other is insufficient. The report provides a framework highlighting key elements of and the linkages between these tasks. Policy is needed to ensure that strategic planning for school improvement accounts for each of the highlighted elements with respect to (1) prototypes for ensuring that all students have an equal opportunity to succeed in school and (2) how the school will accomplish and validate essential changes. And, at the district level, the need is for policy ensuring strategic planning for how the district will facilitate replication and scale-up of prototype practices

## Concluding Comments

At present, mental health activity is going on in schools with competing agenda vying for the same dwindling resources. Diverse school and community stakeholders are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to inappropriate competition for sparse resources and inadequate results.

Enhancing MH in schools clearly is not an easy task. The bottom line is that limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice.

The present state of affairs calls for realigning policy and practice around a unifying and cohesive framework based on well-conceived models and the best available scholarship. Initiatives for MH in schools must be connected in major ways with the mission of schools and integrated into a restructured system of education support programs and services. This means braiding resources and interventions with a view to ensuring there is a *system of learning supports*, rather than separate programs and services. Coordinated efforts naturally are part of this, but the key is development of a system of learning supports that meets overlapping needs and does so by fully integrating mental health agenda into school improvement planning at school and district levels. The implications for policy and practice seem clear:

*Policy and practice must end the marginalization of mental health in schools. To do less is to leave too many children behind.*

School systems are not responsible for meeting  
every need of their students.  
But when the need directly affects learning,  
the school must meet the challenge.  
Carnegie Council Task Force on Education of Young Adolescents (1989)

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

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563  
Phone: (310) 825-3634 Fax: (310) 206-8716 Toll Free: (866) 846-4843  
email: [smhp@ucla.edu](mailto:smhp@ucla.edu) website: <http://smhp.psych.ucla.edu>

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# Preface

As the Surgeon General's national action agenda for children's mental health indicates:

*Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them.*

(Department of Health and Human Services, 2001)

One of those institutions is the school. Around the world, those concerned with advancing mental health in schools are determined to enhance how schools address mental health and psychosocial concerns. And, now is a critical period for doing so.

Some see the field of MH in schools as in its infancy; others think it has grown into adolescence. What it will look like as an adult is unclear; what it should look like is under debate.

In 2001, the *Policy Leadership Cadre for Mental Health in Schools* stressed that, at this stage in the field's development, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about becoming part of comprehensive, multifaceted systemic approach that strengthens students, families, schools, and neighborhoods and does so in ways that maximizes learning, caring, and well-being.

Over the last decade, we have found leaders for MH in schools increasingly emphasizing that efforts to enhance how schools address mental health and psychosocial concerns must be developed around well-conceived models and the best available information and scholarship. They stress that policy must be realigned to create a cohesive framework and must connect in major ways with the mission of schools. Attention must be directed at restructuring the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing problems and enhancing healthy development. And, in doing all this, the call has been to do more to involve families and to connect the resources of schools, neighborhoods, and institutions of higher education.

Toward enhancing mental health in schools, our Center has clarified the need to fully integrate mental health agenda into school improvement policy and planning. And, we have called upon policy makers to deal with the problems of "scale-up" (e.g., underwriting model development and capacity building for system-wide replication of promising models and institutionalization of systemic changes).

Our intent here is to build on previous reports with a view to further clarifying policy implications for advancing mental health in schools. We begin with a brief reflection on what schools have been and are doing about mental health concerns. Then, we explore emerging trends and end with a discussion of policy implications.

As always, we owe many folks for the contents of this report. In developing this analysis, we drew on various resources. After an initial draft was completed, we sent it to all members of the *Policy Leadership Cadre for Mental Health in Schools* and to others who are knowledgeable about and/or have a vested interest in mental health in schools. The feedback was universally positive, and a few suggestions were offered about what else might be worth including. The present document reflects the feedback we received.

We thank everyone for their contribution, and as always, we take full responsibility for any misinterpretations and errors.

Howard Adelman & Linda Taylor, Co-directors



## INTRODUCTION

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President's New Freedom Commission on Mental Health (2003) recognizes, efforts to enhance interventions for children's mental health must involve schools. Thus, those interested in improving education and those concerned about transforming the mental health system in the U.S.A. all are taking a new look at schools.

However, while mental health in schools is widely discussed in many countries, what's being talked about often differs in fundamental ways. The fact is that various enterprises are being pursued; therefore, there are divergent policy, practice, research, and training agenda. This not only contributes to a degree of confusion, it seems to be a source of increasing conflicts and feeds into the marginalization of the work.

At the outset, the question arises: *Why Mental Health in Schools?*

*Why MH  
in schools?*

While there are many societal considerations involved in answering this question, for the most part the usual answers incorporate either or both of the following points:

- (1) Accessing and meeting the needs of students (and their families) who require mental health services is facilitated by contact through and at schools.
- (2) Addressing psychosocial and mental and physical health concerns is essential to the effective school performance of some students.

Implied in both answers is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations.

Point 1 typically reflects the perspective and agenda of agencies and advocates whose mission is to improve mental health services. The second point reflects the perspective and agenda of student support professionals and some leaders for school improvement, as well as providing a supportive rationale for those wanting schools to play a greater role related to addressing young people's health concerns.

Efforts to advance the imperative for mental health in schools must strive to coalesce the various agenda and broaden perspectives of mental health to encompass a full continuum of interventions that integrate school and community resources. To do so, requires an appreciation of the oft-voiced public concern that schools cannot be responsible for meeting every need of their students.

*Schools are not  
in the MH business*

Education is the mission of schools, and policymakers responsible for schools are quick to point this out when they are asked to do more, especially when the focus is on mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated policy on instructional practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores. Those concerned with enhancing mental health in schools must accept the reality that schools are not in the mental health business.

Then, after developing an understanding of what school leaders currently are doing to achieve the mission of schools, they need to clarify how agenda for mental health in schools help accomplish that mission. This includes matters such as how MH agenda help meet the demands for school improvement, close the achievement gap, and address racial, ethnic, disability, and socio-economic disparities.

Because schools are not in the mental health business, they tend to shy away from the term, especially since it usually is viewed as only about treating mental disorders. They also tend to marginalize all mental health initiatives. Nevertheless, a variety of mental health in school activity is pursued across the country. And, ironically, available research suggests that for some youngsters' schools are the main providers of mental health services. As Burns and her colleagues (1995) found, "the major player in the de facto system of care was the education sector – more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care."

Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. The question for all of us is:

*How should our society's schools address these matters?*

*So, how does  
MH connect with the  
schools mission?*

In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns. Therefore, this report begins by highlighting a bit of history and outlines the current status of MH in schools. Then, we explore emerging trends and discuss policy implications.

## Part I. Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

### *The Last 50 Years*

Because of all this, school policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19<sup>th</sup> century through today (Baumgartner, 1946; Dryfoos, 1994; Flaherty, Weist, & Warner, 1996; Tyack, 1992).

One interesting policy benchmark appeared in the middle of the 20<sup>th</sup> century when NIMH increased the focus on mental health in schools by publishing a major monograph on the topic (Lambert, Bower, & Caplan, 1964). Since then, many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development (Califano, 1977; Dryfoos, 1994; Knitzer, Steinberg, & Fleisch, 1990; Millstein, 1988; Steiner, 1976; Stroul & Friedman, 1986).

Over the past 20 years, a renewed emphasis in the health and social services sectors on enhancing access to clients has resulted in increased linkages between schools and community service agencies (Center for the Future of Children, 1992; Warren, 2005). This "school-linked services" movement has added impetus to advocacy for mental health in schools. It has promoted school-based health centers, school-based family resource centers, after school programs, and other efforts to connect community resources to the schools. More recently, some advocates for school-linked services have coalesed their efforts with those working to enhance initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers (Melaville & Blank, 1998). These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, & Elias, 2003; Hawkins & Catalano, 1992). However, the amount of actual mental health activity in schools generated by these efforts remains relatively circumscribed (SAMHSA, 2005).

### *Federal Support for MH in Schools*

In 1995, a direct effort to advance mental health in schools was initiated by the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). When this *Mental Health in Schools Program* was renewed in 2000 and again in 2005, HRSA and SAMHSA's Center for Mental Health Services braided resources to co-support the work. The purpose of this program is to enhance the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the

capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns. Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems. The core of the work has been embedded in two national centers. The two which were initially funded in 1995, with a primary emphasis on technical assistance and training, successfully reapplied during the 2000 open competition. A third open competition for a 5 year funding cycle was offered in 2005 with an increasing emphasis on policy and program analyses to inform policy, practice, research, and training. Again, the initially funded Centers applied and were successful in the process. The two Centers are the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Analysis and Action* (formerly the *Center for School Mental Health Assistance*) at the University of Maryland, Baltimore (Anglin, 2003).

Other federal initiatives promote mental health in schools. These include programs supported by (1) the U.S. Department of Education's Office of Safe and Drug Free Schools (including a recently added grants program for the "Integration of Schools and Mental Health Systems"), its Office of Special Education and Rehabilitative Services, and some of the school improvement initiatives under the No Child Left Behind Act, (2) the "Safe Schools/Healthy Students" initiative, which is jointly sponsored by SAMHSA, U.S.D.O.E., and the U.S. Department of Justice, (3) components of the Center for Disease Control and Prevention's "Coordinated School Health Program" and (4) SAMHSA through its "Elimination of Barriers Initiative" and various other programs and projects, as well as its focus on schools in the *Mental Health Transformation State Incentive Grant Program*. A smattering of projects that relate to agenda for MH in schools also are supported by several other federal agencies. The future of all federal programs related to MH in schools is at risk because of budget cuts in 2006.

#### *Another Call for Collaboration*

In 2000, the Policymaker Partnership at the National Association of State Directors of Special Education and the National Association of State Mental Health Program Directors met to explore how the two entities could collaborate to promote closer working relations between state mental health and education agencies, schools and family organizations. This led, in 2002, to the concept paper *Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda*. Development of the concept paper was funded by the Office of Special Education Programs for purposes of encouraging state and local family and youth organizations, mental health agencies, education entities and schools across the nation to enter new relationships to achieve positive social, emotional and educational outcomes for every child. The paper focuses on needed policy development and changes to move toward systemic coordination and integration of programs and services. The vision presented is for schools, families, child-serving agencies, and the broader community to work collaboratively to promote opportunities for and to address barriers to healthy social and emotional development and learning. The aim is to align systems and ensure the promise of a comprehensive, highly effective system for children and youth and their families. In stating the need for agencies and schools to work together, the report stresses:

“While sharing many values and overarching goals, each agency has developed its own organizational culture, which includes a way of looking at the world, a complex set of laws, regulations and policies, exclusive jargon and a confusing list of alphabet-soup acronyms. Funding sources at the federal, state and local levels have traditionally reinforced this separation into “silos.” The result is that agencies are almost totally isolated entities, each with its own research and technical assistance components and its own service delivery system, even though they are serving many of the same children. The isolation of each agency, combined with its bureaucratic complexity, requires a long-term commitment of all partners to bridge the gaps between them. Collaborative structures must be based on a shared vision and a set of agreed upon functions designed to enable a shared agenda. Legislative, regulatory or policy mandates may help bring agency representatives to the table, but development of true partnerships and the successful accomplishment of goals depends on participants gaining trust in one another as they pursue a shared agenda.”

*School  
Professionals  
Involved with MH  
& Psychosocial  
Concerns*

Over the years, the most widespread activity related to mental health in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists. These include school counselors, psychologists, social workers, nurses, special education staff, resource teachers, and various other therapists and paraprofessionals.

The numbers have fluctuated up and down over the last 20 years. In the 1990s, it was estimated that professional-to-student ratios for school psychologists or school social workers averaged 1 to 2,500 students; for school counselor, the ratio was about 1 to 1,000 (Carlson, Paavola, & Talley, 1995). In 2000, the *School Health Policies and Program Study* conducted by the National Center for Chronic Disease Prevention and Health Promotion (see <http://www.cdc.gov>) reported on a sample of 51 state departments of education, 560 school districts, and 950 schools. Findings indicated that 77% of schools had a part or full time guidance counselor, 66% had a part or full time school psychologist, and 44% had a part or full time social worker. Of course, there is considerable variation state-by-state.

Whatever the number, historical accounts stress that schools have used their resources to hire a substantial body of student support professionals. As a result, it is these school staff who have been the core around which programs have emerged.

All the activity over the years is reflected in the burgeoning of organizations and centers that have relevance for the focus of schools on mental health and psychosocial concerns. These include a variety of technical assistance, training, and resource centers.

See Gateway to a World of Resources for Enhancing MH in Schools –  
[http://smhp.psych.ucla.edu/gateway/gateway\\_sites.htm](http://smhp.psych.ucla.edu/gateway/gateway_sites.htm)

Also, see the sampling of major references related to MH in Schools.  
<http://smhp.psych.ucla.edu/qf/references.htm>

## Part II. Where the Field is Now

Data cited on diagnosable mental disorders generally suggest that from 12-22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems. These figures are reflected in the Surgeon General's 1999 report on *Mental Health* (U.S. Department of Health and Human Services, 1999). Referring to ages 9 to 17, that document states that 21% or "one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year" – with 11% of all children experiencing significant impairment and about 5 percent experiencing "extreme functional impairment." These data also are reflected in CDC's Youth Risk Behavior Surveys, in a 2004 report from the Annenberg Public Policy Center (See Exhibit 1), and in preliminary data from the 2005 National Health Interview Survey (Simpson, Cohen, Pastor, & Reuben (2006).

### *The Need from the School's Perspective*

The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to encompass the number of young people experiencing psychosocial problems and who are "at risk of not maturing into responsible adults" (Dryfoos, 1990). Several reports have amply documented the problem (Greenberg, Domitrovich, & Bumbarger, 1999; Institute of Medicine, 1994; NIMH, 1993, 1998). (Also see fact sheets and reports on the websites for SAMHSA's Center for Mental Health Services and USDOE's Safe and Drug Free Schools Program.) An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems (Center for Mental Health in Schools, 2003). For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. Almost every current policy discussion stresses the crisis nature of the problem in terms of future health and economic implications for individuals and for society; the consistent call is for major systemic reforms.

Related to the above figures is the fact that a growing segment of youngsters manifesting emotional upset, misbehavior, and learning problems routinely are assigned diagnostic labels denoting serious disorders (e.g., attention deficit/hyperactivity disorder, depression, learning disabilities). This trend flies in the face of the reality that the problems of *most* youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different. Moreover, the trend to diagnosing so many learning, behavior, and emotional problems as disorders leads to large numbers of misdiagnoses and inappropriate and expensive treatments. All this contaminates research and training (Lyon, 2002). Current policy and practice suggest that the way to reduce misdiagnoses and misprescriptions is to place mental illness in perspective with respect to psychosocial problems and to broadly define mental health to encompass the promotion of social and emotional development and learning (Adelman, 1995; Adelman & Taylor, 1994). Schools are being asked to play a major role in all this through strategies such as assessing "response to intervention" prior to diagnosis (see the 2004 reauthorization of IDEA).

## Exhibit 1

### Some 2004 Data on Students with MH Needs (Reported by the Annenberg Public Policy Center)

From April 5 to May 28, 2004, the Annenberg Public Policy Center (APPC) as part of the Annenberg Foundation Trust at Sunnyslans' Initiative on Adolescent Mental Health surveyed over 1400 public school professionals. The focus of the survey was on how schools provide treatment and counseling for students in need of such services.

The Princeton Survey Research Associates International conducted telephone interviews with 725 high-school and 515 middle-school professionals knowledgeable about the mental health services in their schools.\*

Survey findings indicate that the respondents view high school student depression and use of alcohol and illegal drugs as even more serious problems than various forms of violence, including bullying, fighting and use of weapons. More than two thirds (68%) of the high school professionals surveyed identified depression as a great (14%) or moderate (54%) problem in their schools. Similar overall levels of concern were raised about use of alcohol (71%) and illegal drugs (72%). In contrast, 54% of high school professionals identified bullying as a great (11%) or moderate (43%) problem. Even lower levels of concern were expressed about fighting between students (37%) and weapon carrying (6%) at the high school level. Other concerns cited were anxiety disorders (42%), eating disorders (22%), and various forms of self harm such as cutting (26%).

Unlike their counterparts in high schools, middle school professionals are more concerned about interpersonal conflict. Although high proportions of middle school professionals identify depression (57%) and use of alcohol (28%) and illegal drugs (37%) as at least moderate problems, bullying is seen as a problem by 82% of professionals and fighting by 57% of professionals in middle schools. Weapon carrying remains a concern among only 5% of professionals.

Although 66% of the high schools indicated having a process for *referring* students with mental health conditions to appropriate providers of care, only 34% reported having a clearly defined and coordinated process for identifying such students. Comparable findings come from the middle schools; however, 42% of professionals reported having a clearly defined process for identifying students with mental conditions. Only about 3% of the high schools indicated use of universal screening. An additional 5% claim to screen most of their students.

When asked what percentage of their students who might need counseling or treatment actually receive such services, only 7% of high school professionals said that all do and only 31% said that most do. The majority indicated that only half or fewer received the services they need. When asked the same question about receiving services on site at their school, the percentages were even lower: 6% said all do and 22% said most do. Only 24% of school professionals say their high schools have counseling available for students with alcohol or drug dependence problems.

\*A minimum of 20 attempts were made to contact a mental health professional at each school. Calls were staggered over different times of day and days of the week to maximize the chance of making contact with potential respondents. Prior to being called, the principal of each school was sent a letter introducing the research and explaining that a mental health professional in the school could expect a call to participate in the study in the coming weeks. In addition, the principals as well as the respondents were told that for their participation a \$20,000 charitable donation would be made in the name of all participating schools to an organization that works to improve mental health care among adolescents. The letter also gave an 800 number so that mental health professionals could call in and take the survey at their own convenience. The response rate for the survey was 72%. The sample of schools contained 2,000 public schools drawn from the *Common Core of Data Public Elementary/Secondary School Universe 2002-2003*—a database of virtually all public elementary and secondary schools in the United States produced annually by the National Center for Education Statistics (NCES). The sample was selected to represent all schools that have at least 100 students and that have classes in at least one middle or high school grade. It is estimated that this sample frame represents more than 90% of all adolescent students in the US. The database is compiled from the administrative records provided by state education agencies. The margin of error for the high school component is +/- 3.7% and 4.4% for the middle schools. Results are being included in a forthcoming Oxford University Press book, "A Call for Effective Treatments for Adolescent Mental Health." [www.appcpenn.org](http://www.appcpenn.org)

*Broadening  
Understanding  
of the term  
“Mental Health”*

The reality is that when many people hear the term *mental health*, they think mental *illness*. Many people hear *mental health in schools* and they think it’s only about therapy and counseling. The reality, of course, is that MH in schools is about much more than providing students with therapy or counseling.

Mental health in schools also means to be about such matters as

- providing programs to (a) promote social-emotional development, (b) prevent mental health and psychosocial problems, and (c) enhance resiliency and protective buffers
- providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- enhancing the mental health of families and school staff
- building the capacity of all school staff to address barriers to learning and promote healthy development
- addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development.

Even more to the point, analyses of the contrasting enterprises being pursued under the banner of MH in schools find seven different agenda with respect to policy, practice, research, and/or training. In Exhibit 2, the agenda are grouped and subdivided in terms of the *primary* vested interests of various parties. Advocates for the first six items would argue for “school-based mental health” as essential to what they want to achieve. However, while some agenda items are complementary, some are not.

Given the diverse agenda, it is not surprising that competing interests come into conflict with each other. For example, those concerned with nurturing positive youth development and mental health and those focusing on the treatment of mental and behavioral disorders often find themselves in counter-productive competition for sparse school time and resources. This contributes to the marginalization (see p. 16) that characterizes MH in schools and to the backlash to efforts to enhance policy and practice.



## Exhibit 2

### Diverse Agenda for Mental Health in Schools

- (1) Efforts to use schools to increase *access* to kids and their families for purposes of
  - (a) conducting research related to mental health concerns
  - (b) providing services related to mental health concerns.
- (2) Efforts to increase *availability* of mental health interventions
  - (a) through expanded use of school resources
  - (b) through co-locating community resources on school campuses
  - (c) through finding ways to combine school and community resources.
- (3) Efforts to get schools to *adopt/enhance specific programs and approaches*
  - (a) for treating specific individuals
  - (b) for addressing specific types of problems in targeted ways
  - (c) for addressing problems through school-wide, “universal interventions
  - (d) for promoting healthy social and emotional development.
- (4) Efforts to *improve specific processes and interventions* related to mental health in schools (e.g., improve systems for identifying and referring problems and for case management, enhancing “prereferral” and early intervention programs)
- (5) Efforts to enhance the *economic interests* of various entities (e.g., specific disciplines, guilds, contractors, businesses, organizations) that are
  - (a) already part of school budgets
  - (b) seeking to be part of school budgets.
- (6) Efforts to *change how student supports are conceived* at schools (e.g., rethink, reframe, reform, restructure) through
  - (a) enhanced focus on multi-disciplinary team work (e.g. among school staff, with community professionals)
  - (b) enhanced coordination of interventions (e.g., among school programs and services, with community programs and services)
  - (c) appropriate integration of interventions (e.g., that schools own, that communities base or link with schools)
  - (d) modifying the roles and functions of various student support staff
  - (e) developing a comprehensive, multifaceted, and cohesive component for systematically addressing barriers to student learning at every school.
- (7) Efforts to *reduce school involvement* in mental health programs and services (e.g., to maximize the focus on instruction, to use the resources for youth development, to keep the school out of areas where family values are involved).

Currently, there are about 90,000 public schools in about 15,000 districts enrolling about 48 million students. Over the years, most (but obviously not all) schools have instituted policies and programs designed with a range of mental health and psychosocial concerns in mind. Some directly support school counseling, psychological, and social service programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some interventions to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, substance abuse, emotional problems, relationship difficulties, violence, physical and sexual abuse, delinquency, and dropouts. And, there is a large body of research supporting the promise of much of this activity.\*

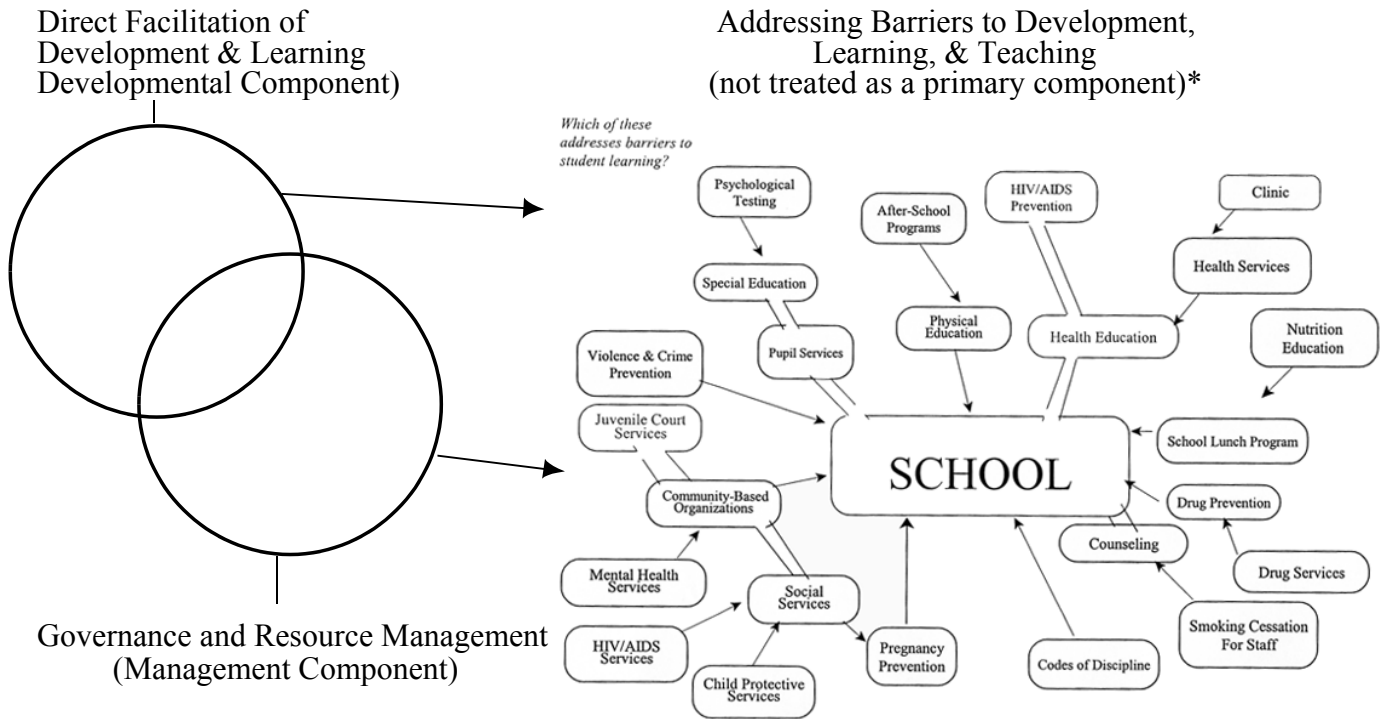
*Addressing  
psychosocial and  
mental health  
concerns in schools  
typically is not  
assigned  
a high priority*

School-based interventions relevant to mental health encompass a wide variety of practices, an array of resources, and many issues. However, addressing psychosocial and mental health concerns in schools typically is not assigned a high priority. Such matters gain stature for a while whenever a high visibility event occurs – a shooting on campus, a student suicide, an increase in bullying. Because of their usual humble status, efforts continue to be developed in an ad hoc, piecemeal, and highly marginalized way (see Exhibit 3).

\*There are too many references to cite here, but a bit of an overview of work that is directly relevant to school-based and linked interventions can be garnered from Adelman and Taylor (2006), Albee and Gullotta (1997), Armbruster & Lichtman (1999), Barrett & Ollendick (2004), Borders and Drury (1992), Carnegie Council on Adolescent Development (1988), Center for Mental Health in Schools (2004a), Catalano & Hawkins (1995), Dryfoos (1994, 1998), Durlak (1995), Duttweiler (1995), Elliott (1998), Franklin, Harris, & Allen-Mears (2006); Goleman (1995), Henggeler (1995), Hoagwood & Erwin, 1997, Karoly, Greenwood, Everingham, et al., 1998, Kazdin (1993), Larson (1994), Robinson (2004), Rones & Hoagwood (2000), Scattergood, Dash, Epstein, & Adler, 1998, Schorr (1988, 1997), Slavin, Karweit, and Wasik (1994), Thomas and Grimes (2002), Zins, Weissberg, Wang, & Walberg (2004), Weist, Evans, & Lever (2003).

### Exhibit 3

## Mental Health in Schools and All Direct Efforts to Address Barriers to Learning and Development are Marginalized and Fragmented in Policy and Practice



Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Woolley with D. Northrop. New York: Teachers College Press.

\*While not treated as a primary and essential component, every school offers a relatively small amount of school-owned student "support" services – some of which links with community-owned resources. Schools, in particular, have been reaching out to community agencies to add a few more services. All of this, however, remains marginalized and fragmented in policy and practice.

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as out of classroom programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth – though relatively few resources usually are allocated for such activity. Exhibit 4 outlines the five major *delivery mechanisms and formats* used in schools to pursue the various agenda for mental health.

## **Exhibit 4 Delivery Mechanisms and Formats for MH in Schools**

The five mechanisms and related formats are:

**1. *School-Financed Student Support Services*** – Most school districts employ pupil services professionals such as school psychologists, counselors, school nurses, and social workers to perform services related to mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based services.

**2. *School-District Mental Health Unit*** – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

**3. *Formal Connections with Community Mental Health Services*** – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care (“wrap-around” services for those in special education). Four formats and combinations thereof have emerged:

- co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health organizations
- formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
- formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
- contracting with community providers to provide needed student services

**4. *Classroom-Based Curriculum and Special Out of Classroom Interventions*** – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:

- integrated instruction as part of the regular classroom content and processes
- specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
- curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

**5. *Comprehensive, Multifaceted, and Integrated Approaches*** – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions, as reflected in initiatives designated as expanded school mental health. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:

- mechanisms to coordinate and integrate school and community services
- initiatives to restructure student support programs/services and integrate them into school reform agenda
- community schools

*Federal and state mandates tend to determine how many pupil services professionals are employed*

As indicated in Part I, school districts use a variety of their own *personnel* to address student support concerns. These may include “pupil services” or “support services” specialists such as psychologists, counselors, social workers, psychiatrists, and nurses, as well as a variety of related therapists. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of their work usually is centralized at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units, overlapping regular, compensatory, and special education.

Specialists tend to focus mainly on students seen as problems or as having problems. Their many *functions* can be grouped into: (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancement of connections with community resources. (In keeping with this last function, the focus often is on linking and collaborating with community agencies and programs to enhance resources and improve access, availability, and outcomes.)

Prevailing direct intervention approaches encompass responding to crises, identifying the needs of targeted individuals, prescribing one or more interventions, offering brief consultation, and providing referrals for assessment, corrective services, triage, diagnosis, and various gatekeeping functions. In some situations, however, resources are so limited that specialists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

It should be stressed that, because the need is so great, across the country a variety of individuals often are called upon to play a role in addressing problems of youth and their families. These may encompass instructional professionals (health educators, other classroom teachers, special education staff, resource staff), administrative staff (principals, assistant principals), students (including trained peer counselors), family members, and almost everyone else involved with a school (aides, clerical and cafeteria staff, custodians, bus drivers, para-professionals, recreation personnel, volunteers, and professionals-in-training). In addition, as noted, some schools are using specialists employed by other public and private agencies, such as health departments, hospitals, social service agencies, and community-based organizations, to provide services to students, their families, and school staff (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003; Romer & McIntosh, 2005).

Exhibit 5 provides a summary of some 2002-2003 data excerpted from the first national survey of school mental health services (Foster, Rollefson, Doksum, Noonan, Robinson, G., & Teich, 2005). The sample was representative of public schools across the U.S., and the data amplify and support previous findings, including those discussed above.

## Exhibit 5

### Some Base Line Data on School Mental Health Services

(Excerpted from a national survey funded by the  
Center for Mental Health Services, SAMHSA, U.S. Dept. of Health and Human Services)

As reported in *School Mental Health Services in the United States, 2002–2003*,\* the survey topics included: types of mental health problems encountered in school settings; types of mental health services that schools are delivering; numbers and qualifications of school staff providing mental health services; types of arrangements for delivering mental health services in schools, including collaboration with community-based providers; and major sources of funding for school MH services.

#### Key Findings as Reported in the Executive Summary

- Nearly three quarters (73 percent) of the schools reported that “social, interpersonal, or family problems” were the most frequent mental health problems for both male and female students.
- For males, aggression or disruptive behavior and behavior problems associated with neurological disorders were the second and third most frequent problems.
- For females, anxiety and adjustment issues were the second and third most frequent problems.
- All students, not just those in special education, were eligible to receive mental health services in the vast majority of schools (87 percent).
- One fifth of students on average received some type of school-supported mental health services in the school year prior to the study.
- Virtually all schools reported having at least one staff member whose responsibilities included providing mental health services to students.
- The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers. School nurses spent approximately a third of their time providing mental health services.
- More than 80 percent of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs. A majority also provided individual and group counseling and case management.
- Financial constraints of families and inadequate school mental health resources were the most frequently cited barriers to providing mental health services.
- Almost half of school districts (49 percent) used contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students. The most frequently reported community-based provider type was county mental health agencies.
- Districts reported that the most common funding sources for mental health services or interventions were the Individuals with Disabilities Education Act (IDEA), State special education funds, and local funds. In 28 percent of districts, Medicaid was among the top five funding sources for mental health services.
- One third of districts reported that funding for mental health services had decreased since the beginning of the 2000–2001 school year, while over two thirds of districts reported that the need for mental health services increased.
- Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased. One third reported that the availability of outside providers to deliver services to students had decreased.

While survey findings indicate that schools are responding to the mental health needs of their students, they also suggest increasing needs for mental health services and the multiple challenges faced by schools in addressing these needs. Further, more research is needed to explore issues identified by this study, including training of school staff delivering mental health services, adequacy of funding, and effectiveness of specific services delivered in the school setting.

\*Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). *School Mental Health Services in the United States, 2002–2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.  
<http://www.mentalhealth.samhsa.gov/media/ken/pdf/SMA05-4068/SMA05-4068.pdf>

As things stand, most schools have some interventions to address a range of MH and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Some are funded by the schools or through extra-mural funds schools seek out; others are the result of linkages with community service and youth development agencies. Some programs are provided throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

### *Funding*

Inadequate data are available on how much schools spend to address behavior, emotional, and learning problems. Figures most often gathered and reported focus on pupil service personnel. These data suggest that about 7% of a school district's budget goes to paying the salaries of such personnel.

*Inadequate data are available on how much schools spend to address behavior, emotional, and learning problems*

In calculating how much schools spend on addressing behavior, emotional, and learning problems, focusing only on pupil service personnel salaries probably is misleading and a major underestimation. This is particularly so for schools receiving special funding. Studies are needed to clarify the entire gamut of resources school sites devote to student problems. Budgets must be broken apart in ways that allow tallying all resources allocated from general funds, support provided for compensatory and special education, and underwriting related to programs for dropout prevention and recovery, safe and drug free schools, pregnancy prevention, teen parents, health services, family literacy, homeless students, and more. In some schools receiving funds from multiple categorical funding streams, some school administrators tell us that as much as 25 to 30 percent of the budget may be expended on problem prevention and correction.

Looking at total education budgets, in 1997 one group of investigators reported that nationally 6.7 percent of school spending (about 16 billion dollars) was used for student support services, such as counseling, psychological services, speech therapy, health services, and diagnostic and related special services for students with disabilities (Monk, Pijanowski, & Hussain, 1997). The amount specifically devoted to behavior, emotional, and learning problems is unclear (e.g., see Robinson, Barrett, Tunkelrott, & Kim (2000). The figures do not include costs related to time spent on such matters by other school staff, such as teachers and administrators. Also not included are expenditures related to initiatives such as safe and drug free schools programs and arrangements such as alternative and continuation schools and funding for school-based health, family, and parent centers.

Using 2001 as an example and based on U.S. Department of Education estimates of costs, schools spent about \$100 billion on special education (of which the federal government funded about \$7.5 billion). Estimates in many school districts indicated that about 20% of their budget was consumed by special education. Again, how much was used directly for efforts to address behavior, emotional, and learning problems was unknown, but over 50 percent of those in special education were diagnosed as learning disabled and over 8 percent were labeled emotionally/behaviorally disturbed.

As stressed by the Policy Leadership Cadre for Mental Health in Schools (2001):

*To date there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a “big picture” analysis, policy-makers and practitioners are deprived of information that is essential to determining equity and enhancing system effectiveness.*

Whatever the expenditures, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with behavior, emotional, and learning problems. Moreover, the contexts for intervention often are limited and makeshift because of how current resources are allocated and used. A relatively small proportion of space at schools is ear-marked specifically for programs that address student problems. Many special programs and related efforts to promote health and positive behavior are assigned space on an ad hoc basis. Support service personnel often must rotate among schools as "itinerant" staff. These conditions contribute to the tendency for such personnel to operate in relative isolation of each other and other stakeholders. To make matters worse, little systematic in-service development is provided for new “support” staff when they arrive from their pre-service programs. Obviously, all this is not conducive to effective practice and is wasteful of sparse resources.

*The need is great ...  
the current response  
is insufficient*

Clearly, diverse school and community resources are attempting to address complex and overlapping psychosocial and mental health concerns. The need is great (see Exhibits 1 and 5). The current response is insufficient.



Another perspective on where the field is at this juncture comes from the types of requests for assistance that centers such as ours receive from practitioners. Exhibit 6 provides an indication of what those in the field have been asking about and asking for. This affords a glimpse into the concerns and needs encountered by practitioners in schools across the country. Note that many requests ask about the research/science/knowledge base for practices and for data to make the case for student supports. Other common requests are for resources and strategies to use in daily practice and to facilitate continuing education of school personnel. Practical, ethical, and relationship issues are frequently raised. And, there is increasing interest in school improvement planning as a context for enhancing how schools address mental health and psychosocial concerns.

### *Marginalization*

Despite the range of activity related to mental health and psychosocial problems, the overall enterprise is not assigned a high priority most of the time. This reflects the fact that existing student support services and school health programs do not have high status in the educational hierarchy and in current health and education policy. As noted already, aspects of the enterprise gain stature when a high visibility event such as a shooting on campus occurs. But, the elevated status is brief.

Because of their usual humble status, student supports continue to be developed in an ad hoc, piecemeal, and highly marginalized way. And, the marginalization not only produces fragmented approaches, it contributes to redundancy, counterproductive competition, and inadequate results.

*Student supports  
are developed in  
an ad hoc,  
piecemeal, and highly  
marginalized way*

The continuing trend, in policy and practice, is for schools and districts to treat the activity as desirable but not a primary consideration. Since the activity is not seen as essential, the programs and staff are pushed to the margins. Planning of programs, services, and delivery systems tends to be done on an ad hoc basis; interventions are referred to as "auxiliary" or "support" services, and student support personnel almost never are a prominent part of a school's organizational structure. And, such staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community collaborations. And, it negatively effects efforts to adopt evidence-based practices and to implement them with fidelity.

It also spills over into school improvement. Analyses of school improvement planning guides indicate that too little attention is given to how schools do and do not address mental health and psychosocial concerns (Center for Mental Health in Schools, 2005a, b, c).

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## Exhibit 6

### Practitioner's Requests

*What's being asked about? What's being asked for?*

#### Assessment Instruments to

- Measure individuals (e.g., self-esteem, mental "health," behavior problems, anger management, psychosocial competence, parenting knowledge and skills, client satisfaction)
- Screen problems (e.g., depression, suicide, at risk kindergarteners)
- Assess violence prevention at school
- Map and analyze systems

#### Available Research/Science/Knowledge-Base on

- Best/effective practices for schools related to
  - >mental health >providing health and social services
  - >behavioral health >suicide prevention
  - >strengthening community mental health
  - >promoting parent/child communication
  - >anger management for high school students
  - >working with neighborhood vendettas
- Empirically supported therapeutic relationships
- Effects of dress codes on academic achievement and graduation rates
- Effects of exposure to violence on learning
- Cost-effectiveness
- "Huffing" as gateway drug
- Moving students with problems into special settings
- Comparative efficacy of school & community services
- Racial disproportionality in special education
- Most common barriers to learning
- "Knowledge-based Compensation System"
- Connection between bullying and substance abuse
- School based depression screening programs
- Students living in poverty with a single parent
- Homelessness and mental health
- Prevalence and incidence of various problems
- Student use of MH services in schools
- Making the case for MH in schools
  - >need for MH in schools >effectiveness of school MH
  - >impact on school performance >effect on academics
  - >impact on suicide prevention
  - >implications of the "Plateau Effect"
  - >productivity of school-based MH clinicians
- Social marketing
  - >the value of school-based student support
  - >the value of mental health at the school site

#### Confidentiality and Consent Concerns

- Using email to share info about a student's problems
- Do school mental health staff have to tell the principal if a student is suicidal?
- Is a consent form needed for school counseling?
- Can MH staff see a student under age 12 one time without parent consent?
- Does writing therapy goals in an IEP violate confidentiality?
- Conducting research on school-based MH practice

#### Evaluation of

- School-based individual interventions
- School-based programs
- MH intervention outcomes in schools
- Parent involvement
- Family functioning before and after interventions
- Systemic changes
- School consultation teams
- 8th grade transition program
- School-community collaboration
- MH workers in schools
- Multiservice family centers

#### Funding for Doing and Enhancing the Work

- Writing proposals
- Leveraging grant funding
- Coping with budget reductions
- Resources for delivering mental health in schools
- Funding for afterschool counseling
- Strengthening a school-based student/family center

(cont.)

## **Inservice/CE Topics, Strategies, and Resources**

(e.g., teaching teachers, support staff, administrators)

[Note: All of the other categories, of course, contain matters relevant to inservice and continuing education.]

- Info for establishing ways to
  - >orient new support staff
  - >support for new teachers
  - >help teachers and other school staff learn more about school MH, about imparting MH info, and about being sensitive to student MH
  - >provide leadership training on mobilizing staff
  - >tell parents about a teacher's molestation conviction
- Info to help in covering specific topics such as
  - >student transitions
  - >homework as a MH concern and barrier to learning
  - >engaging parents of middle school students
  - >resilience and high school students
  - >suicide prevention and referral guidelines
  - >dealing with the hurricane aftermath
  - >avoiding "triangulation"
- Requests for resource materials
  - >powerpoint presentation for school staff on MH
  - >short but comprehensive MH handbook for teachers
  - >guides for behavioral management systems for schools
  - >protocols on school planning to respond to terrorism
  - >for planning/implementing disaster aftermath efforts
  - >lesson plans for conflict resolution for middle school
  - >curriculum materials on various MH issues
  - >guides for suicide prevention and aftermath
  - >to use with non-English speaking populations
  - >for use by special education assistants and aides
  - >on social-emotional learning
  - >on helping students cope with holiday stressors
  - >on helping students cope with grief and loss
  - >on paraeducator training
- Questions about dealing with the following specific types of student problems
  - >bullying >teen depression >substance abuse
  - >attention problems >fear of talking >grief
  - >won't speak at school >communication disorders
  - >verbally aggressive >cries at school every day
  - >oppositional defiant disorder >suicide >huffing
  - >extreme separation anxiety >bipolar disorders
  - >choking game >cutters >bright, turned off student
  - >those impacted because of family deployment to war
  - >students on medication >exposure to domestic abuse
  - >student who made false abuse accusation
  - >classroom disruptors >residential school students
  - >understand sibling with Asperger's Syndrome
  - >avoidance behavior around homework
  - >disaster victims >obesity as an eating disorder
  - >computer game addiction >children living in poverty

## **Intervention Approaches (How to do it)**

- Mental health in schools "How do I start?"
- Behavior supports
- Dealing with behavioral outbursts
- Guidelines on alternatives to corporal punishment
- Addressing truancy and student attendance
- Alternatives to suspension
- Starting a counseling program at a school
- Group counseling guidelines

- MH interventions for 10-14 year olds
- Helping to transition new students
- Human sexuality curriculum for special populations
- Curriculum for sexual abuse prevention
- Developing a day treatment program
- Promoting MH through classroom curriculum
- Using interactive software (e.g., for MH education)
- Strategies to minimize dependence and enhance independence in students
- Using social-emotional themes in students' reading
- Processes for triage, referral, tracking, session planning, care management, progress evaluation
- Transition programs for ninth grade
- Suicide prevention for 5th grade
- Preventing violence among deaf adolescents
- Resources for crisis response
- Adventure-based counseling in schools
- Strategies to support cultural & linguistic diversity
- Introducing non-English speakers to MH concerns
- Working with troubled kindergarten students
- Working with a gifted but unmotivated student
- Working with students concerned about death of friends/relatives
- Working with families through a student "life map"
- Family Systems Therapy in schools
- Info on juvenile justice for "high risk" youth
- Practices for keeping students out of jail
- Rural school MH and teleconsultation
- Helping grandparents who are raising grandchildren
- Re-engaging disengaged students in learning
- Strategies to keep kids engaged during the summer
- Enhancing "self-discipline" through class projects
- Enhancing student connectedness
- Talking with students about motivation
- Homework as "work at home"
- What to do (and not to do) on the anniversary of a school shooting or other tragedy

## **Intervention Issues**

- Helping vs. socialization
- School-wide screening for depression and suicide
- Continuing counseling at school after graduation
- How to account for diversity
- First grade retention
- Intervening at school vs. in a special setting
- Medication refusal at school
- Why don't classrooms account for emotional problems?
- "Mental health" can be a scary term for students and families: What's a better term?
- Does early drug abuse education increase curiosity about drugs?

## **Peer Programs**

- Youth council to address MH stigma
- Peers imparting mental health info
- Training 4th-6th graders as peer coaches for coping

(cont.)

## **Policy Information**

- Policy for a student/learning support system
- Policies and procedures around drug testing
- Substance abuse policies for athletes and afterschool
- Policies that affect immigrant students
- District social-emotional policy

## **School-Agency Relationships & Bureaucratic Concerns**

- Difficulties between school staff and school-based community mental health providers
- Reconciling differences in rules and regulations
- Aligning record keeping and teacher consultation
- Working as a case team at school
- School-community collaborative agenda
- Fingerprinting
- Record keeping (e.g., decisions, tracking, review)
- Sample forms (consent, release of info., etc.)
- Computer-generated behavior report to parents

## **School Climate**

- Customer friendly schools
- Student ratings
- Improving school teamwork and climate

## **School Improvement Planning as Context for Enhancing How Schools Address MH and Psychosocial Concerns**

- Opportunities related to Title I
- Opportunities related to IDEA
- Including MH guidelines in School Wellness Plans
- Using a unifying framework to pull together initiatives
- Integrating an “enabling component”
- Support staff playing a role in the school's restructuring
- Formulating a plan for mental health in schools
- Creating readiness for a comprehensive and integrated system of student support
- Planning how to move in more effective new directions
- Winning over district leaders and "fence sitter" staff
- Enhancing learning supports in small schools
- Forming charter school for students with MH problems
- MH in schools: looking to the future – a chance to reshape the No Child Left Behind Act

## **School Staff Wellness**

- Surveying staff overwork and stress
- Resources to support staff well-being
- Providing teacher support groups
- Supporting school staff reeling from accountability pressures

## **Selecting and Training New Professionals**

- Starting a school counseling intern program
- Guidelines needed for supervision of school MH staff for licensing
- Interviewing to select school-based MH staff

## **Special Education Concerns**

- Helping a new teacher in a special ed class
- Difference between a special day class and intensive day treatment
- Who provides what services in private schools?
- Timelines for evaluating and placing a new student who comes in with an IEP
- Backlash to excessive special ed referrals
- Does writing therapy goals into the IEP violate confidentiality?
- Focusing an IEP team on student engagement and positive goals
- Moving beyond a social control agenda
- Next steps for post secondary student with learning problems

## **Stakeholder Relationships at School**

- Administrator-staff
- School-family connections
  - >enhancing communication
  - >working with families
- Teams

In sum, analyses show that activities related to mental health in school are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration. Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, programs to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs. Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for school to deal with the complex sets of problems confronting teachers and other staff. Thus, despite the range of personnel and activity, it remains the case that too little is being done in most schools, and prevailing approaches are marginalized, poorly conceived, and implemented in fragmented ways.

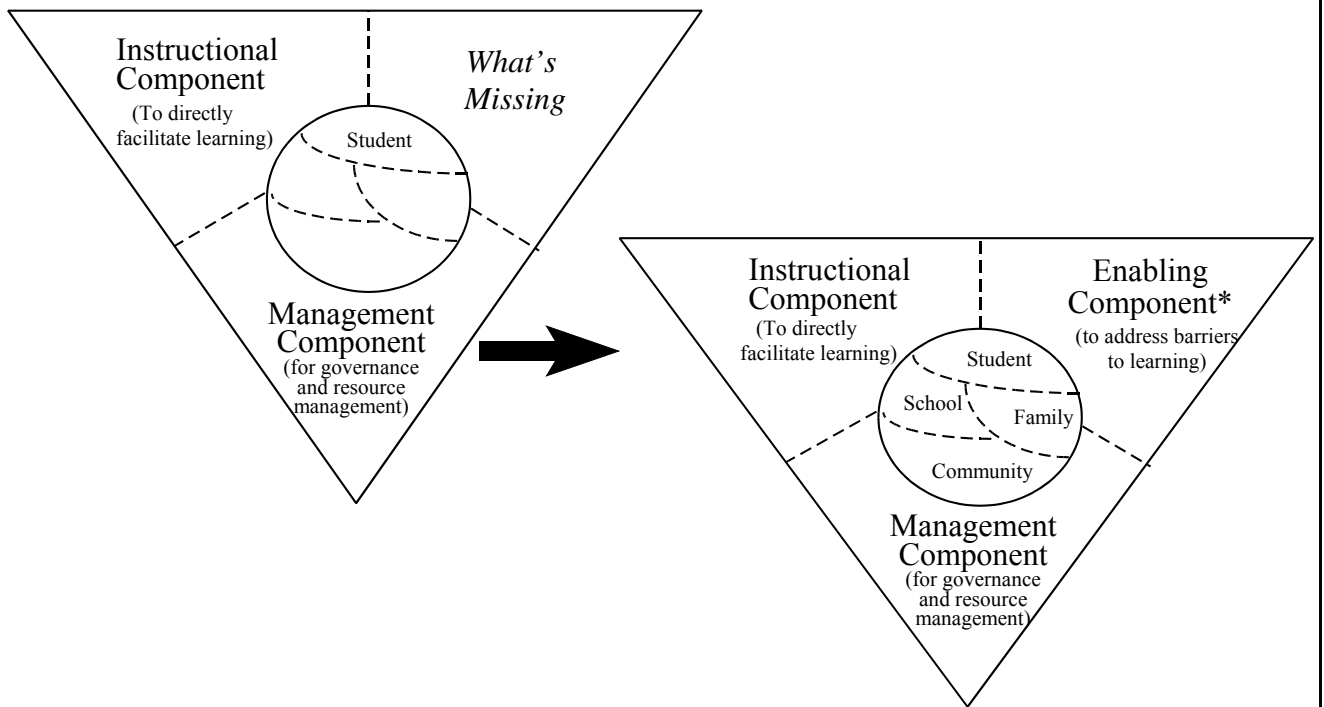
*Addressing the  
Key Policy  
Problem*

The above state of affairs reflects a fundamental policy weakness, namely: *Efforts to address barriers to learning and teaching are marginalized in current education policy.* This maintains an unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. Analyses indicate that school policy is currently dominated by a two-component systemic model (Adelman, 1995, 1996a, 1996b; Adelman & Taylor, 1994, 1997, 1998; Center for Mental Health in Schools, 1996, 1997). That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system (see Exhibit 7).

In Exhibit 7, the third component is designated as an Enabling Component to address barriers to learning. In states and localities where pioneering efforts are underway for moving from a two- to a three- component policy framework, the component to address barriers to learning has been denoted by various other terms, such as a Learning Supports Component or a Comprehensive Student Support System (Center for Mental Health in Schools, 2004b). This third component not only is intended to provide a basis for combating marginalization, it establishes a focal point for developing a comprehensive approach in which mental health and psychosocial concerns are embedded and fully integrated with the school's mission. To this end, the pioneering efforts recognize that all three components are essential, complementary, and overlapping. The trail blazing efforts also underscore the political complexities of shifting policy.

**Exhibit 7**

**Moving from a Two- to a Three-component Policy Framework for School Improvement**

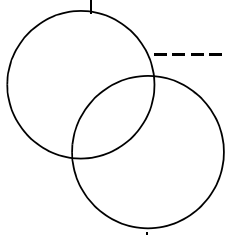


FROM



TO

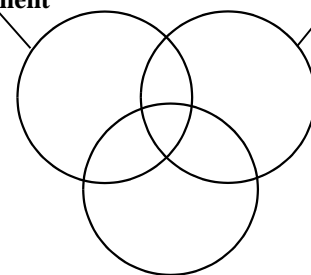
*Direct Facilitation of Development & Learning*  
**Developmental/ Instructional Component**



*Governance and Resource Management*  
**Management Component**

Besides offering a small amount of school-owned student "support" services, schools outreach to the community to add a few school-based/linked services.

*Direct Facilitation of Development & Learning*  
**Developmental/ Instructional Component**



*Governance and Resource Management*  
**Management Component**

*Addressing Barriers to Learning*  
**Enabling Component\***

\*The third component (an enabling or learning supports 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.

### Part III. Where is the Field Going?

Prediction is a risky business. When it comes to thinking about the future of MH in schools, a few matters are evident. For one, it is clear that the field is in flux. For another, practitioners in the schools who are most associated with mental health concerns are realizing that changes are needed and are afoot. There is widespread agreement that a great deal needs to be done to improve what is taking place, but no specific perspective or agenda is dominating policy, practice, research, or training.

It is also evident that schools and communities increasingly are being called on to meet the needs of *all* youngsters, especially those experiencing behavior, learning, and emotional problems.

All this provides both an opportunity and challenge to rethink mental health in ways that involve schools and communities working together to develop comprehensive, multifaceted, and cohesive systems for intervention.

#### *Schools and the Transformation of the MH System in the U.S.*

One perspective on the future comes from the *New Freedom Initiative's* efforts to follow-up on the work of the *President's New Freedom Commission on Mental Health*. The Commission's recommendations are designed to transform the mental system in the U.S. As we have indicated in a previous policy report, each recommendation can be operationalized into agenda items for mental health in schools (see Appendix A).

As the Commission's report notes, this is a time of sparse resources for public enterprises. With this in mind, the report stresses the importance of "policy and program changes that make the most of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome regulatory barriers, coupled with a strong measure of accountability." The aim is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to mental health in schools. However, because of the Commission's limited focus on MH in schools (see Rec. 4.2 in Appendix A), this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing MH in schools.

#### *Emerging View*

Approaching MH in schools from a different perspective a variety of stakeholders are pushing to enhance policy and practice in ways that directly connects various mental health agenda with the mission of schools. We see this as an emerging view.

As illustrated in Exhibit 8, this emerging view calls for developing, over time, a full continuum of systemically interconnected school and community interventions that encompasses a

- > *system* for promoting healthy development and preventing problems
- > *system* for responding to problems as soon after onset as is feasible
- > *system* for providing intensive care

## Exhibit 8

### Interconnected Systems for Meeting the Needs of All Students

Providing a *Continuum of School-community Programs & Services*  
Ensuring use of the *Least Intervention Needed*

#### **School Resources**

(facilities, stakeholders, programs, services)

Examples:

- General health education
- Drug and alcohol education
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
  
- Drug counseling
- Pregnancy Prevention
- Violence prevention
- Dropout prevention
- Suicide Prevention
- Learning/behavior accommodations and response to intervention
- Work Programs
  
- Special education for learning disabilities, emotional disturbance, and other health impairments

#### ***Systems for Promoting Healthy Development & Preventing Problems***

primary prevention – includes universal interventions (low end need/low cost per individual programs)

#### ***Systems of Early Intervention***

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

#### ***Systems of Care***

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

#### **Community Resources**

(facilities, stakeholders, programs, services)

Examples:

- Public health & safety programs
- Prenatal care
- Immunizations
- Pre-school programs
- Recreation & enrichment
- Child abuse education
  
- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs
  
- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- Drug treatment

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 program sand services

- (a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
- (b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies



In most discussions, the continuum is conceived as encompassing a holistic and developmental emphasis. The focus is on individuals, families, and the contexts in which they live, learn, work, and play. And, a basic assumption underlying intervention application is that the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity would be used initially. Another assumption is that problems are not discrete, and therefore, interventions that address root causes whenever feasible.

*An array of interconnected programs*

For further emphasis, we have transcribed the interconnected systems in Exhibits 8 and 9 into an array of programmatic examples. Moving through the continuum, the emphasis is on (1) public health protection, promotion, and maintenance that foster positive development and wellness, (2) preschool-age support and assistance to enhance health and psychosocial development, (3) early-schooling targeted interventions, (4) improvement and augmentation of ongoing regular support, (5) other interventions prior to referral for intensive and ongoing targeted treatments, and (6) intensive treatments.

*What's the outcome data?*

In support of specific types of programs exemplified, a little bit of data can be gleaned from various facets of the research literature, most often project evaluations and dissertations. Most *formal* studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of practices. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a large research-base to draw upon in addressing barriers to learning and enhancing healthy development. Examples of how to organize and use this research-base have been developed by our Center (Adelman & Taylor, 2006; Center for Mental Health in Schools, 2004a). Additional data will be forthcoming from efforts to implement and validate the effectiveness of prototypes (Adelman & Taylor, 2003; Elias, Zins, Graczyk, & Weissberg, 2003).

Research on comprehensive approaches is still in its infancy. For obvious reasons, no study has ever looked at the impact of implementing the full continuum in any one geographic catchment area. However, inferences can be made from the daily evidence of what takes place in every wealthy and most upper middle income communities. These natural “experiments” clearly show that families who have financial resources, or who can avail themselves of such resources when necessary, will purchase any of the interventions listed in Exhibits 8 and 9 to ensure their children’s well-being. In a real sense, this represents empirical support for the value of such interventions that cannot be ignored. (As one wag put it: *The range of interventions is supported by a new form of validation – market validity!*) Moreover, this body of evidence dramatically underscores the promise of ensuring all youngsters have access to a comprehensive, multifaceted continuum of interventions.

**Exhibit 9 From Primary Prevention to Treatment of Serious Problems: a Continuum of Community-School Programs to Address Barriers to Learning and Enhance Healthy Development**

***Intervention Continuum***

***Examples of Focus and Types of Intervention***

(Programs and services aimed at system changes and individual needs)

Systems for Health Promotion & Primary prevention

1. *Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness*
  - economic enhancement of those living in poverty (e.g., work/welfare programs)
  - safety (e.g., instruction, regulations, lead abatement programs)
  - physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)

2. *Preschool-age support and assistance to enhance health and psychosocial development*

- systems' enhancement through multidisciplinary team work, consultation, and staff development
- education and social support for parents of preschoolers
- quality day care
- quality early education
- appropriate screening and amelioration of physical and mental health and psychosocial problems

Systems for Early-after-problem onset intervention

3. *Early-schooling targeted interventions*

- orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)
- support and guidance to ameliorate school adjustment problems
- personalized instruction in the primary grades
- additional support to address specific learning problems
- parent involvement in problem solving
- comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)

4. *Improvement and augmentation of ongoing regular support*

- enhance systems through multidisciplinary team work, consultation, and staff development
- preparation and support for school and life transitions
- teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)
- parent involvement in problem solving
- resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)
- comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)
- Academic guidance and assistance
- Emergency and crisis prevention and response mechanisms

5. *Other interventions prior to referral for intensive, ongoing targeted treatments*

- enhance systems through multidisciplinary team work, consultation, and staff development
- short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)

Systems for Treatment for severe/chronic problems

6. *Intensive treatments*

- referral, triage, placement guidance and assistance, case management, and resource coordination
- family preservation programs and services
- special education and rehabilitation
- dropout recovery and follow-up support
- services for severe-chronic psychosocial/mental/physical health problems

*What are the gaps?*

Although schools cannot do everything, the frameworks outlined in Exhibits 8 and 9 provide a reasonable basis for beginning to map and conduct a variety of analyses of what is currently being done by and with schools. The focus of such mapping is on how well the current state of the art approximates the ideal of having a comprehensive, multifaceted, and cohesive approach for addressing barriers to learning. Appendix B provides a more extensive framework for such mapping and analyses.

To date, society's policy makers have not committed to establishing the interconnected set of systems outlined in Exhibits 8 and 9. However, as discussed in the preceding section, work is underway to establish the type of policy and practice shift that can institutionalize such a comprehensive, multifaceted, and integrated approach in schools.

Two parables help differentiate the old and emerging views of mental health in schools. The old *view* fits the *starfish* metaphor.

The day after a great storm had washed up all sorts of sea life far up onto the beach, a youngster set out to throw back as many of the still-living starfish as he could. After watching him toss one after the other into the ocean, an old man approached him and said: *It's no use your doing that, there are too many, You're not going to make any difference.*

The boy looked at him in surprise, then bent over, picked up another starfish, threw it in, and then replied: *It made a difference to that one!*

This parable, of course, reflects all the important clinical efforts undertaken by staff alone and when they meet together to work on specific cases.

The emerging view is captured by what can be called the *bridge* parable.

In a small town, one weekend a group of school staff went fishing together down at the river. Not long after they got there, a child came floating down the rapids calling for help. One of the group on the shore quickly dived in and pulled the child out. Minutes later another, then another, and then many more children were coming down the river. Soon every one was diving in and dragging children to the shore and then jumping back in to save as many as they could. In the midst of all this frenzy, one of the group was seen walking away. Her colleagues were irate. How could she leave when there were so many children to save? After long hours, to everyone's relief, the flow of children stopped, and the group could finally catch their breath. At that moment, their colleague came back. They turned on her and angrily shouted: *How could you walk off when we needed everyone here to save the children?*

She replied: *It occurred to me that someone ought to go upstream and find out why so many kids were falling into the river. What I found is that the old wooden bridge had several planks missing, and when some children tried to jump over the gap, they couldn't make it and fell through into the river. So I got someone to fix the bridge.*

Fixing and building better bridges is a good way to think about what the emerging view adds to previous thinking about MH in schools. It underscores the importance of taking time to improve and enhance resources, programs, and systems in schools.

*All – not just  
some students*

Both metaphors are embedded in the emerging view of MH in schools. This view recognizes that schools must be concerned with all, not just some students and with preventing problems and promoting development.

In keeping with a commitment to all students, emerging trends are to

- *define mental health broadly* – i.e., encompass the agenda for mental health *in schools* within the broad context of the psychosocial and mental health concerns encountered each day at schools – including an emphasis on strengths as well as deficits and on the MH of students’ families and school staff
- *enhance partnerships among schools, communities, and the home* – e.g., coalesce and enhance the roles of schools/communities/homes in addressing emotional, behavioral, and learning problems
- *confront equity considerations* – e.g., stress the role mental health in schools can play in ensuring all students have an equal opportunity to succeed at school
- *address the related problems of marginalization, fragmentation, and counterproductive competition for sparse resources* – i.e., work to coalesce policy, agencies, organizations, and daily practice
- *address the challenges of evidence-based strategies and achieving results* – e.g., stress ways to build on current in-school practices using a science-base

Relatedly, there is growing recognition of the drawbacks to framing MH in schools only in terms of (a) screening and diagnosing problems, (b) providing clinical services, and (c) connecting community mental health providers to schools to expand and integrate, school-linked services. These, indeed, are all fundamental to improving MH, but they don’t connect well enough to a school’s mission to make the case that MH *in schools* is an *imperative*.

*The emerging view  
stresses connecting  
MH agenda with the  
mission of schools*

The emerging view emphasizes connecting various MH agenda in major ways with the mission of schools and integrating with the full range of student learning supports designed to address barriers to learning. It also emphasizes the importance of taking advantage of the natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth that arise each day, over the school year, during every transition, and as soon as a student is identified as having problems (see Appendix C).

The Policy Leadership Cadre for Mental Health in Schools (2001) has translated the emerging view into the first-ever set of guidelines for mental health in schools (see Appendix D). The type of comprehensive approach reflected in the guidelines, of course, requires unifying frameworks and major systemic changes. Such changes involve strategic collaborations focused on weaving school owned and community owned resources together to develop *comprehensive, multifaceted, and integrated* systems for addressing barriers to learning and enhancing healthy development.

In sum, the emerging view recognizes that schools are not in the mental health business. Indeed, it acknowledges that the mission of schools is to educate all students and that many school stakeholders are leery of MH, especially when the focus is presented in ways that equate the term only with mental disorders. At the same time, advocates of the emerging view stress that when students are not doing well at school, MH concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are. Thus, the emerging view takes the position that school improvement planning must encompass a comprehensive system of interventions that includes a focus on MH and psychosocial concerns (Center for Mental Health in Schools, 2005a and b). In that context, mental health in schools can be conceived both as (a) *part of* essential learning supports systems that enable students to learn so that schools can achieve their mission and (b) a fundamental facet of the initiative to transform the mental health system. Moreover, existing resources can be deployed and redeployed in ways that enhance equity with respect to availability, access, and effectiveness.

*About Connecting with  
School Improvement  
Planning*

Before leaving discussion of where the field is going, we want to highlight the following as some of the basic considerations that will arise if the field moves toward connecting with school improvement planning.

The field must be ready to propose how schools should

- promote social-emotional development, preventing mental health and psychosocial problems, and enhancing resiliency and protective buffers
- intervene as early after the onset of emotional, behavior, and learning problems as is feasible and to address severe and chronic problems
- address systemic matters at schools that affect student and staff well-being, such as practices that engender bullying, alienation, and student disengagement from classroom learning

- establish guidelines, standards, and accountability for mental health in schools in ways that confront equity considerations
- build the infrastructure for and the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development
- draw on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address emotional, behavioral, and learning problems
- implement and validate prototypes of systems for addressing barriers to learning and teaching.

*Creating a mentally healthy school climate requires addressing the MH of school staff*

Finally, as suggested above, efforts to enhance mental health in schools should encompass a focus on promoting the well-being of teachers and other school staff so that they can do more to promote the well-being of students. Teachers, principals, student support personnel, office staff, bus drivers all impact learning outcomes at a school. How staff work together and support each other makes a crucial difference. As is the case for students, staff need supports that enhance protective buffers, reduce risks, and promote well-being. From this perspective, the field needs to be ready to specify how every school can foster staff and student resilience and create a school climate that encourages mutual support, caring, and sense of community (see Exhibit 10). In a real sense, concerns about school climate focus us not just on mental health in schools, but on the mental health *of* schools.

## Exhibit 10

### About Enhancing a Positive School Climate

The concept of *climate* plays a major role in shaping the quality of school life, learning, and the mental health of all who are involved. (School/classroom climate sometimes is referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu.) The advocated ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making.

Research indicates a range of strategies for enhancing a positive climate (Adelman & Taylor, 2006; Fraser, 1998; Freiberg, 1999; Moos, 1979). School climate is not created through a few direct strategies (e.g., through morale building activities); rather, it is a quality that emerges from the general psychological reactions stakeholders have to classroom and school-wide interventions, including those designed to enhance a positive work culture. All who work in schools have a role to play in ensuring that such strategies are in place. Proactive efforts to develop a positive school climate require careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social, and emotional learning, (3) enabling teachers and other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates

- a welcoming, caring, and hopeful atmosphere
- social support mechanisms for students and staff
- an array of options for pursuing goals
- meaningful participation by students and staff in decision making
- transforming the classroom infrastructure from a big classroom into a set of smaller units organized to maximize intrinsic motivation for learning and not based on ability or problem-oriented grouping
- providing instruction and responding to problems in a personalized way
- use of a variety of strategies for preventing and addressing problems as soon as they arise
- a healthy and attractive physical environment that is conducive to learning and teaching.

For any school, a welcoming induction and ongoing support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a mentally healthy school – one where staff, students, and families interact positively with each other and identify with the school and its goals.

## Part IV. Policy Implications

**B**ased on the background and analyses set forth in this report, we suggest that the most fundamental policy concern at this time is to end the marginalization of mental health in schools. To do so, policymaker should consider embedding the school focus on mental health and psychosocial concerns in policy for learning supports.

At the same time, to address the complexities of implementing innovative changes in schools, policy must specifically focus on the complications of systemic change, including rethinking and redeploying use of existing resources and phasing-in changes over time.

*End the  
Marginalization  
by Embedding  
MH in Policy for  
Learning Supports*

In arguing for ending the marginalization of mental health in schools, a good starting place is the statement of the Carnegie Council Task Force on Education of Young Adolescents. In their 1989 report they stress:

*School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.*

Furthermore, given that many schools currently are not meeting the challenge in a significant manner, the case can be made that this is a major reason why they are so unsuccessful in enhancing student progress and closing the achievement gap. Analyses of school improvement processes and capacity building (including pre and inservice staff development) indicate short shrift has been given to efforts to address barriers to learning and teaching (including mental health and psychosocial concerns). The simple psychometric reality is that in schools where a large proportion of students encounter major barriers to learning, test score averages are unlikely to increase much until such programs are rethought and redesigned.

With these points made, it can be argued that meeting the challenge requires a policy shift. Policy is needed to ensure that every school improvement effort includes a focus on development, implementation, and validation of a comprehensive system to address barriers to learning and teaching.

The policy shift outlined in Part II of this report, the emerging view described in Part III, and the work outlined in Appendices B, C, and D indicate the type of changes that can end the marginalization of mental health in schools. The focus is on development, implementation, and validation of a comprehensive, multifaceted system of interventions, built using a unifying umbrella concept that fits school improvement needs and embedding concerns about mental health. As discussed, one way to designate such a system is as a component for addressing barriers to learning.

Appendix E provides examples of policy statements and legislation for comprehensive systems of learning support to address barriers to learning and teaching. Each reflects a fundamental commitment to MH and psychosocial concerns.



*Address  
Systemic Change*

Meeting the challenge, of course, also means addressing complications stemming from the scale of public education. That is, those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop, implement, and validate prototypes; the second involves large-scale replication. One without the other is insufficient. Current school improvement efforts generally do not address the systemic change considerations involved in both these matters. Thus, the need for policy attention.

*Policy for  
school  
improvement  
tends to give  
short shrift to  
the process of  
systemic change*

Elsewhere, we have explored in some detail a basic framework highlighting how key elements involved in designing major school improvements (such as enhancing the focus on mental health and psychosocial concerns) are logically connected to considerations about designing systemic change (Center for Mental Health in Schools, 2005c). Exhibit 11 outlines the framework.

As can be seen, the same elements can be used to frame key design concerns related to school improvement and accomplishing systemic changes, and each is intimately linked to the other. The elements are conceived as encompassing

- the vision, aims, and underlying rationale for the work
- the resources needed to do the work
- the general functions, major tasks, activities, and phases that must be pursued
- the infrastructure and strategies needed to carry out the functions, tasks, and activities
- the positive and negative results that emerge.

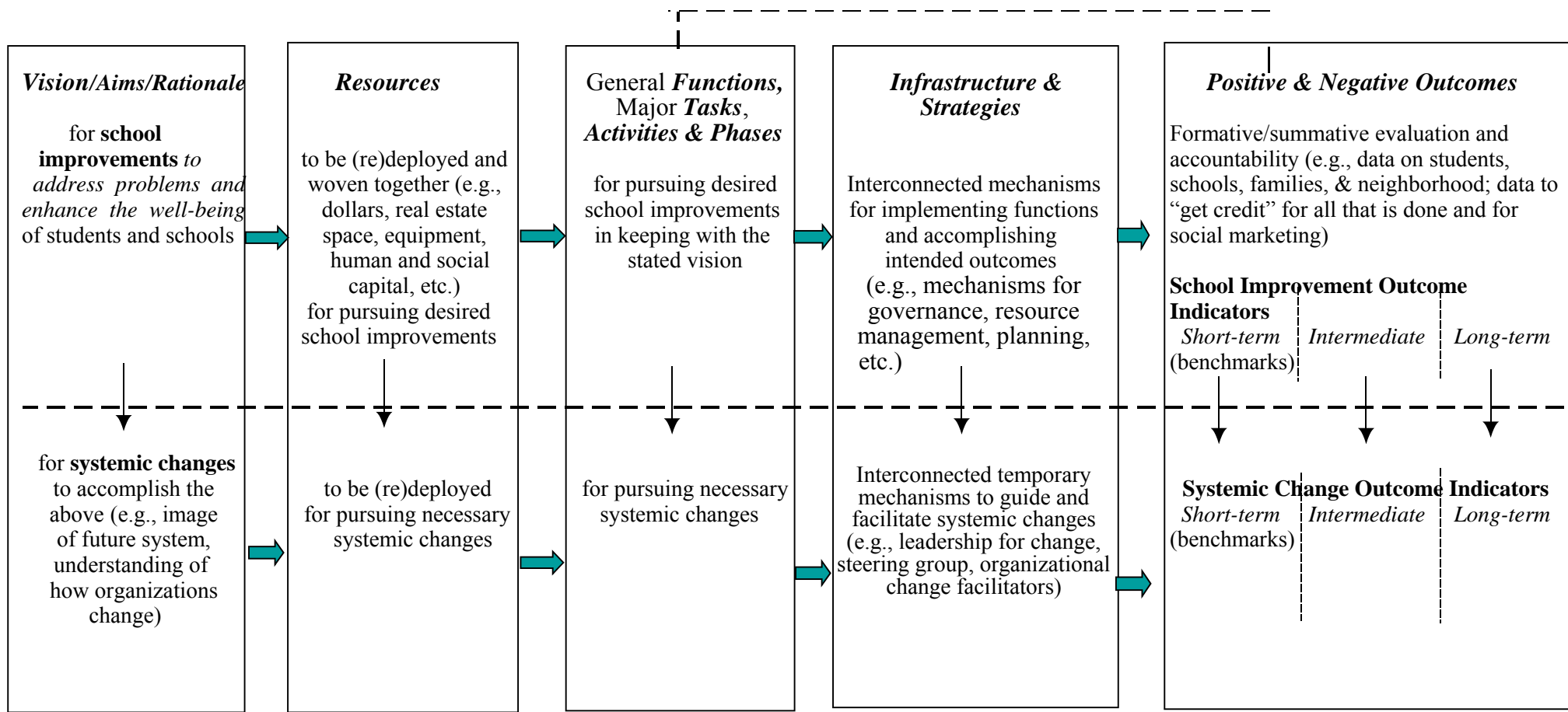
Policy is needed to ensure that strategic planning for school improvement accounts for each of the elements outlined with respect to (1) prototypes for ensuring that all students have an equal opportunity to succeed in school and (2) how the school will accomplish and validate essential changes.

At the district level, the need is for policy ensuring strategic planning for how the district will facilitate replication and scale-up of prototype practices.

## Exhibit 11 Linking Logic Models for Designing School Improvement and Systemic Change

Key considerations with respect to both (a) desired school improvements and (b) “getting from here to there” (e.g., systemic changes):

- >What is the vision, long-term aims, and underlying rationale?
- >What are the existing resources that might be (re)deployed and woven together to make good progress toward the vision?
- >What general functions, major tasks, activities, and phases need to be implemented?
- >What infrastructure and strategies are needed to carry out the functions, tasks, and activities?
- >What short-term indicators will be used as process benchmarks, what intermediate outcomes will indicate progress toward long-range aims, and how will negative outcomes be identified?



*Encouraging  
Policy Action by  
Emphasizing  
Benefits,  
Feasibility,  
and Prudence*

To encourage policy makers to move on the above matters, it will help to emphasize benefits, feasibility, and prudence with respect to (a) cost-benefits and (b) systemic change considerations. The following are points that can be stressed in making the case and could be translated into guidelines accompanying enacted policy.

(a) *Cost-benefits*. Given the current state of public resources, the economics of the proposed policies must be underscored. This includes not only the costs and benefits arising from what is proposed, but the costs related to not taking action.

Exhibit 12 highlights major financial benefits that can be reaped and some of the economic costs of maintaining the status quo. Other financial benefits arise from increased efficiencies and effectiveness of systemic improvements for addressing barriers to learning and teaching, from enhanced capability in sustaining innovations, and from maintaining teachers who currently are leaving in large numbers because they do not have essential supports.

As to the costs of implementing the new policies, it can be emphasized that much of the work involves rethinking and redeploying existing resources. The feasibility of doing so is found in sections of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* (see Appendix F). And, the work is consonant with the goals and recommendations of the *President's New Freedom Commission on MH*.

All these policy initiatives agree that there are ways to more wisely invest and use existing resources. In this respect, it can be stressed that the agenda items they share argue for guidelines that enable extensive braiding of resources to accomplish their overlapping goals.

Furthermore, such redeployment and braiding of resources can be a sound way to entice others (e.g., public and private agencies and foundations) to weave in some of what they invest in enhancing the well-being of children and adolescents.

And, the resultant pool of dedicated resources can be used to leverage additional support.

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## Exhibit 12

### Financial Costs and Benefits of Addressing Barriers to Learning and Teaching

On October 24 and 25, 2005 Teachers College, Columbia University sponsored a symposium on the “Social Costs of Inadequate Education.” Major presentations were given by a group of distinguished researchers. See

<http://www.tc.columbia.edu/centers/EquityCampaign/symposium/resource.asp>

Below are a few major points from the presentations:

>In 2005, it is estimated that close to one trillion dollars was spent on education in the U.S. This approaches 10% of the overall economy.

>What are the benefits or return on this investment? Estimates depend on whether we are talking only in terms of immediate increases in test scores or are including longer-term economic, social, health, and cultural benefits. From strictly an economic perspective, symposium presenters estimated that the U.S. could recoup nearly \$200 billion a year in economic losses by raising the quality of schooling, investing more money and other resources in education, and lowering dropout rates.

#### *Some Other Data from the Symposium Papers*

A high school dropout earns about \$260,000 less over a lifetime than a high school graduate and pays about \$60,000 less in taxes. Annual losses exceed \$50 billion in federal and state income taxes for all 23 million of the nation's high school dropouts ages 18 to 67.

The United States loses \$192 billion— 1.6% of its current gross domestic product – in combined income and tax-revenue losses with each cohort of 18-year-olds who never complete high school. Increasing the educational attainment of that cohort by one year would recoup nearly half those losses.

Health-related losses for the estimated 600,000 high school dropouts in 2004 totaled at least \$58 billion, or nearly \$100,000 per student. High school dropouts have a life expectancy that is 9.2 years shorter than that of graduates.

Increasing the high school completion rate by 1% for men ages 20 to 60 could save the U.S. up to \$1.4 billion a year in reduced costs from crime. A one-year increase in average years of schooling for dropouts correlates with reductions of almost 30 % in murder and assault, 20% in car theft, 13% in arson, and 6% in burglary and larceny.

The country will have a shortfall of 7 million college-educated workers by 2012, compared with the projected need.

Participation in excellent preschool programs has been shown to boost academic achievement and reduce dropout rates, among other benefits. The economic benefits of such programs range as high as \$7 for each dollar spent (although savings and positive results are not linked to preschools that lack adequate funding and strong teaching).

(b) *Systemic change considerations*. Major systemic changes, of course, must be made strategically. With this in mind, the following can be outlined in discussing the feasibility of the proposed changes and can be incorporated into facilitative guidelines accompanying policy. The emphasis throughout is on realistically phasing-in changes (See Exhibit 13).

To develop a comprehensive, multifaceted, and cohesive component for addressing barriers to learning and teaching at every school, there must be a focus on doing the following over time

- (1) *weaving resources into a cohesive and integrated continuum of interventions*. Specifically, school staff responsible for the component must collaborate with families and community stakeholders to evolve systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems.
- (2) *restructuring* at every school and district-wide with respect to
  - redefining administrative roles and functions to ensure there is dedicated administrative leadership that is authorized and has the capability to facilitate, guide, and support the systemic changes for ongoing development of such a component at every school
  - reframing the roles and functions of pupil services personnel and other student support staff to ensure development of the component
  - redesigning the infrastructure to establish a team at every school and district-wide that plans, implements, and evaluates how resources are used to build the component's capacity
- (3) *expanding standards and accountability indicators* for schools to ensure the systemic changes are fully integrated with the instructional component at a school and are pursued with equal effort in policy and practice.

In addition, it will be useful to guide boards of education toward establishing a standing subcommittee focused specifically on ensuring effective implementation of the enacted policies (Center for Mental Health in Schools, 2004c).

It also will be important to move pre- and in-service programs for school personnel toward including a substantial focus on the concept of an enabling or learning supports component and how to operationalize it at a school in ways that fully integrate with instruction.

## Exhibit 13

### About the Phases of Systemic Change

Any approach to significantly enhancing mental health in schools requires substantive organizational and programmatic transformation (Adelman & Taylor, 2003; Elias, et al., 2003; Taylor, Nelson, & Adelman, 1999). Whether the focus is on establishing a prototype at one site or replicating it at many, the systemic changes can be conceived in terms of four overlapping phases: (1) *creating readiness* – increasing a climate/culture for change through enhancing the motivation and capability of a critical mass of stakeholders, (2) *initial implementation* – change is carried out in stages using a well-designed infrastructure to provide guidance and support, (3) *institutionalization* – accomplished by ensuring there is an infrastructure to maintain and enhance productive changes, and (4) *ongoing evolution* – through use of mechanisms to improve quality and provide continuing support in ways that enable stakeholders to become a community of learners and facilitates periodic creative renewal.

Key stakeholders and their leadership must understand and commit to the changes. And, the commitment must be reflected in policy statements and creation of an organizational structure at all levels that ensures effective leadership and resources for systemic change (including well-trained change agents).

With respect to development of a comprehensive, multifaceted, and cohesive system to address barriers to learning and teaching at every school, the first phases require special attention to:

- (1) building interest and consensus for establishing the new system
- (2) introducing basic concepts to relevant groups of stakeholders
- (3) establishing a policy framework that recognizes such a system is a primary and essential facet of the institution's activity
- (4) ensuring appointment of high level leaders (at school and district levels) to ensure commitments are carried out related to this component

Because of various pressures, it is not uncommon for insufficient time and attention to be spent on creating readiness by enhancing a climate/culture for change. This may account for the frequency with which changes end up being superficial rather than substantial.

*There is much work  
to be done as public  
schools across  
the country strive to leave  
no child behind.*

In general, for significant prototype development, implementation, and validation and systemic change to occur, policy and program commitments must be demonstrated through effective allocation and redeployment of resources to facilitate organizational and operational changes. That is, finances, personnel, time, space, equipment, and other essential resources must be made available, organized, and used in ways that adequately operationalize policy and promising practices. This includes ensuring sufficient resources to develop an effective structural foundation for prototype development, systemic changes, sustainability, and ongoing capacity building. To do less is to undermine substantive systemic change and perpetuate an unsatisfactory status quo.

In sum, the next decade must mark a turning point in how schools and communities address the problems of children and youth. With respect to policy, there must be a focus on reforming and restructuring how schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students.

## Concluding Comments

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services for all students who are not succeeding, many of which are relevant to mental health and psychosocial concerns. And, schools can and need to do much more if the mandates of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* and the recommendations of the *President's New Freedom Commission on Mental Health* are to be achieved.

*Educational inequity is first and foremost an issue of justice and fairness, but the research findings ... show that it is also an issue that affects all of us in our daily lives – and will affect our children even more so.*

Henry Levin

At present, mental health activity is going on in schools with competing agenda vying for the same dwindling resources. Diverse school and community resources are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to inappropriate competition for sparse resources and inadequate results.

Naturally, all advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. But in the long-run, it may be counterproductive since it fosters piecemeal, fragmented, and redundant policies and practices.

One response to this state of affairs are the calls for realigning policy and practice around a cohesive framework based on well-conceived models and the best available scholarship. In particular, it is stressed that initiatives for MH in schools must connect in major ways with the mission of schools and integrate with a restructured system of education support programs and services. This means braiding resources and interventions with a view to ensuring there is a cohesive component, rather than separate programs and services. Coordinated efforts naturally are part of this, but the key is developing an integrated whole that meets overlapping needs in ways that fully integrate mental health agenda into a school “learning supports” component.

From this perspective, those concerned with enhancing mental health in schools must:

- *not lose sight of the larger context which legitimizes mental health in schools.* Advancing mental health in schools is about much more than expanding services and creating full service schools. It is about becoming part of a comprehensive, multifaceted system that strengthens students, families, schools, and neighborhoods and does so in ways that maximizes learning, caring, and well-being.
- *approach the matter with an understanding that they are part of a larger enterprise and one that meshes with the basic mission of schools.* That enterprise is one of providing essential support systems that enable students to learn in ways that assure schools achieve their mandates;



- *encourage reformers to view the difficulty of raising achievement test scores through the complementary lenses of addressing barriers to learning and promoting healthy development.*

*The school  
is the client*

In a real sense, enhancing mental health in schools requires accepting the idea that the school is the client. This does not mean the needs of individuals are ignored. Rather, it recognizes that the goal is not just responding to a few specific students with problems; the aim is to ensure that all students engage and re-engage in classroom learning and that schools become healthier and health promoting places for all concerned. And, all this, of course, involves major systemic changes that address complications stemming from the scale of public education in the U.S.A.

Five major themes have emerged so far to guide systemic changes involving schools. These themes emphasize moving

- (1) from serving the few to ensuring an equal opportunity to succeed for the many
- (2) from fragmented practices to integrated approaches
- (3) from narrowly focused, discrete, problem specific, and specialist-oriented services to comprehensive, multifaceted, cohesive systemic approaches
- (4) from an efficacy research-base toward effectiveness research as the base for student support interventions, with articulated standards that are reflected in an expanded approach to school accountability
- (5) from projects and pilot demonstrations toward sustainable initiatives that are designed to go to scale

These themes have major implications for theory, policy, research, practice, and training. For example, they point to the need for an increasing focus on:

- framing intervention comprehensively and systemically and in ways that bridge school and community
- policy shifts that move student support from the margins into the mainstream of school improvement and *transform* efforts to enhance and connect systems of intervention (e.g., school and community systems for promoting healthy development, preventing problems, responding early after problem onset, treating severe/ pervasive/chronic problems)
- systemic infrastructure considerations that ensure systems of intervention are enhanced and connected appropriately and effectively

- systemic change frameworks that enhance replicability, sustainability, and scale-up with appropriate fidelity

Enhancing mental health in schools clearly is not an easy task. The bottom line is that limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice.

And, mental health in schools is likely to remain marginalized as long as its advocates do not embed their agenda under a unifying concept that is an integral component of school improvement. When this is done, the likelihood is enhanced that mental health in schools will be understood as essential to the aim of leaving no child behind.

## APPENDICES

- A. New Freedom Commission on Mental Health Recommendations**
- B. Reframing How Schools Address Barriers to Learning**
- C. Some Natural Opportunities to Enhance Mental Health at School**
- D. Guidelines for Mental Health in Schools**
- D. Examples of Policy Statements for a Unifying Approach in Schools**
- E. Examples of Provisions in Federal Law that Allow Districts to Redeploy Federal Resources to Improve Systems (e.g., to create a cohesive System of Learning Supports)**

## Appendix A

### New Freedom Commission on Mental Health Recommendations

Launched by President Bush in February 2001, the stated intent of the New Freedom Initiative is “to promote full access to community life for people with disabilities, including access to employment and educational opportunities and to assistive and universally designed technologies.” In April 2002, the President signed Executive Order 13263 establishing the New Freedom Commission on Mental Health and charged the group with conducting a comprehensive study of the problems and gaps in the mental health service system and to make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as public and private health care providers, can implement. The Commission members met for 1 year to study the research literature and to receive comments from more than 2,300 mental health consumers, family members, providers, administrators, researchers, government officials, and other key stakeholders. The Commission framed its work around the five principles set forth in the Executive Order that established its responsibilities. These principles seek to improve the outcomes of mental health care; promote collaborative, community-level models of care; maximize existing resources and reduce regulatory barriers; use mental health research findings to influence service delivery; and promote innovation, flexibility, and accountability at the Federal, State, and local levels.

In particular, the President directed the Commission to:

- Focus on the desired outcomes of mental health care, which are to attain each individual's maximum level of employment, self-care, interpersonal relationships, and community participation.
- Focus on community-level models of care that effectively coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services.
- Focus on those policies that maximize the utility of existing resources by increasing cost-effectiveness and reducing unnecessary and burdensome regulatory barriers.
- Consider how mental health research findings can be used most effectively to influence the delivery of services.
- Follow the principles of Federalism, and ensure that its recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of the States and Indian tribes

In 2004, the Center for Mental Health in Schools was involved in the preparation of a brief\* designed to apply the extant body of knowledge related to mental health in schools in ways that might contribute to operationalizing the recommendations of the President's New Freedom Commission on Mental Health. The brief also incorporates the goals of *Healthy People 2010*, and the ideas set forth in *Bright Futures, Mental Health*. Moreover, it reflects input from the wide range of stakeholders across the country with whom the center works. As a result, the brief draws on what has been learned over many years, in many contexts, and from many sources. The underlying message in the brief was that efforts to transform how mental health interventions are delivered can and should capitalize on the needs of and opportunities presented by schools.

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\* See *Integrating Agendas for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*

<http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/newfreedbrief.pdf>

## How the New Freedom Commission's Recommendations\* Can be Applied to MH in Schools

From *Integrating Agendas for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*  
<http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/newfreedbrief.pdf> the

### *Commission Goal 1 - Understanding that mental health is essential to overall health*

Rec. 1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.

- *Schools are key venues for campaigns and prevention programs.* An enhanced focus on mental health in schools provides both natural opportunities and formal avenues to promote efforts to reduce stigma and prevent not only suicide but a range of other related mental health and psychosocial problems. Natural opportunities occur each day at school as students interact with each other and staff. Formal avenues occur through integration into both regular and special education curricula, including prevention programs, specialized interventions for problems, and as part of courses for social and emotional development and mental health education. Schools also provide a conduit to families and community stakeholders for enhancing understanding about mental health.

Rec. 1.2 Addressing mental health with the same urgency as physical health.

- *Schools play a major role in shaping public attitudes over time.* As a universal socializing institution, schools are a key determiner of future public opinion. Over time, development of a comprehensive, multifaceted approach to mental health in schools not only can increase understanding, but should enhance appreciation of the need to address mental health with equivalent priority as is given to physical health in our society. Some evidence that this will be the case comes from the data generated from school-based health centers, where an enhanced appreciation of the need for and value of mental health assistance has been a consistent finding.

### *Commission Goal 2 - Mental health care is consumer and family driven*

Rec. 2.1 Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance.

- *Schools need and are in a position to involve consumers in quality individualized planning.* Schools already involve families in IEP development as part of their compliance with special education mandates. A beginning has been made to transform such planning to conform with the consumer and family driven principles of systems of care. Along with strengthening systems of care efforts, an enhanced focus on mental health in schools can extend systemic approaches to include young consumers and family driven individualized planning for interventions that are implemented early after the onset of a problem.

\*The full report discussing the Commission's goals and recommendations is online at:  
<http://www.mentalhealthcommission.gov/>

Rec. 2.2 Involve consumers and families fully in orienting the MH system toward recovery.

- *Schools that enhance their focus on mental health are more likely to work with young consumers and families toward the goal of recovery.* Schools are under tremendous pressure to raise the achievement of all students. This provides a major incentive for them to do more than control externalizing behavior problems. By enhancing mental health in schools, schools will be able to work towards a youngster's recovery and will contribute to the recovery of parents to enable them to support student progress. A key aspect in accomplishing all this will be enhanced partnerships with other interveners and the youngster and his or her family.

Rec. 2.3 Align relevant Federal programs to improve access and accountability for MH services.

- *Schools currently can seek waivers to redeploy and braid federal education dollars to coordinate and enhance the impact of student support services.* For example, under Title I of the No Child Left Behind Act schools can redeploy up to 5% of the federal funds they receive to enhance coordination of services. A similar provision exists in the Individuals with Disabilities Education Act. In addition, schools can seek waivers in order to braid together various sources of categorical program funding. As such opportunities also increase for community agencies, school and community resources can be braided. With the enhanced emphasis on coordinating and integrating resources, availability, access, and accountability will increase.

Rec. 2.4 Create a Comprehensive State Mental Health Plan.

- *For a State Mental Health Plan to be comprehensive, it must encompass a significant role for schools.* See Figure 1.

Rec. 2.5 Protect and enhance the rights of people with mental illnesses.

- *Protecting and enhancing the rights of young people with mental illness requires a coordinated and integrated school and community approach.* Evidence of the need to address schools in this respect is seen in the fact that so many school systems currently are out of compliance with special education mandates, especially in terms of meeting mental health needs. An enhanced focus on mental health in schools can help address this system failure.

*Commission Goal 3 - Eliminating disparities in mental health services*

Rec. 3.1 Improve access to quality care that is culturally competent.

- *School staff are mandated to upgrade their competence continuously.* Increasingly, the emphasis in schools is on enhancing effectiveness with diverse populations. This is a key goal of the focus on disaggregating school accountability indices. Initiatives to enhance mental health in schools all emphasize increasing system and staff capacity to eliminate disparities arising from lack of availability, access, and competence related to human diversity. Still, there are major deficiencies related to both the pre- and inservice training of student support staff and other mental health professionals who come into schools that must be addressed in the interest of enhancing quality.

Rec. 3.2 Improve access to quality care in rural and geographically remote areas.

- *Enhancing mental health in all schools is a key to enhancing availability and access in every community.* Schools serve all communities.

*Commission Goal 4 - Making early mental health screening, assessment, and referral to services common practice*

Rec. 4.1 Promote the mental health of young children.

- *Schools increasingly are focusing on pre-schoolers and the special needs of students in primary grades.* Head start has always had a mental health focus; all pre-schools are concerned with promoting social and emotional development. Teachers of young children and other staff at their schools are critical elements in promoting mental health (or contributing to emotional and behavioral problems). They also are essential to early detection and referral. And, with an enhanced focus on MH in schools, more student support programs and services can be available to prevent and address problems early after their onset.

Rec. 4.2 Improve and expand school mental health programs.

- *Continue and expand the federal Mental Health in Schools Program.*
- *Expand the federal mental health research agenda to enhance the focus on mental health in schools.* A strong research agenda is needed related to the interface between school and mental health policy, research, training, and practice.
- *Coalesce mental health-related federal categorical programs in schools.* The Safe Schools/Healthy Students initiative has pioneered an interagency approach that braids funds from three federal departments in ways that have improved and expanded mental health programs. A broader initiative is now needed to address the problems of so-called “silo” funding to schools within and across federal agencies. (Also, see school-related recommendation for 2.3 above.)

Rec. 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

- *Substance abuse is a major concern in schools.* Because of this, schools provide an invaluable venue for addressing co-occurring MH and substance problems. Next to parents, teachers and student support staff are in a strategic position to detect problems early. And, by definition, an integrated intervention approach requires the involvement of school staff.

Rec. 4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.

- *School nurses, other student support staff, and the staff of school-based health centers should be viewed as providing primary health care.* Such personnel do and can play an even greater role in early detection and referral of mental health problems and in coordinating and integrating interventions at school and with community providers.

*Commission Goal 5 - Delivering excellent mental health care and accelerating research*

Rec. 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

- *Expand the federal mental health research agenda to accelerate the focus on mental health in schools.* There are many areas in need of extensive research. For example: research on resilience and protective buffers related to schools is still in its earliest stages; research on

the outcomes of special education programs for emotional and behavioral problems has yet to identify approaches that have a high degree of lasting effectiveness; research is needed related to replication and school districts scale-up of science-based prevention programs.

Rec. 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.

- *Schools increasingly are being called upon to use evidence-based MH practices.* In doing so, they have developed demonstration projects and various dissemination strategies. The next step is to focus on sustainability, replication, and scale-up strategies. Lessons learned from the current federal initiative for diffusing Comprehensive School Reform models will be instructive with respect to creating public-private partnerships. Also useful will be what has been learned from the extensive work across the country focused on developing school-community collaboratives.

Rec. 5.3 Improve and expand the workforce providing evidence-based MH services and supports.

- *Build the capacity of student support staff and other mental health professionals who come into schools for incorporating science-based activity.* The current federal Mental Health in Schools Program has begun this process through the two national training and technical assistance centers it established. Obviously, such capacity building is a long-term concern, and one that must be institutionalized into pre- and in-service programs across the country.

Rec. 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

- *Schools must play a role in each of these areas.* School involvement is indispensable both as contexts and sources for child and adolescent samples. With an enhanced focus on mental health in schools, some of the barriers to conducting such research can be reduced.

*Commission Goal 6 - Using technology to access mental health care and information*

Rec 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

- *Schools already are involved in pioneering use of health technology and telehealth.* The next step is to evolve and sustain the demonstrations and develop replication and scale-up strategies.

Rec. 6.2 Develop and implement integrated electronic health record and personal health info systems.

- *Schools currently are in the process of revamping and computerizing their information management systems.* In response to the accountability demands of the No Child Left Behind Act (and the protections required by Family Educational Rights and Privacy Act [FERPA] and Health Insurance Portability and Accountability Act [HIPAA]), school districts across the country are redesigning and computerizing their information management systems. The opportunity exists to influence the type of health data included and improve system connectivity with health and other agencies.



## Appendix B

### Reframing How Schools Address Barriers to Learning

Leaving no child behind means addressing the problems of the many who are not benefitting from instructional reforms. Because of the complexity of ensuring that all students have an equal opportunity to succeed at school, policy makers and practitioners need an operational framework to guide development of a comprehensive, multifaceted, and cohesive system of learning supports. Such a system encompasses healthy development, prevention, and addressing barriers.

For individual youngsters, the intent of a system of learning supports is to prevent and minimize as many problems as feasible and to do so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations. In accomplishing all this, the focus is on restructuring support programs and melding school, community, and home resources. The process is designed from the school outward. That is, the initial emphasis is on what the classroom and school must do to reach and teach all students effectively. Then, the focus expands to include planning how the feeder pattern of schools and the surrounding community can complement each other's efforts and achieve economies of scale. Central district and community agency staff then restructure in ways that best support these efforts.

The focus includes:

- Addressing barriers through a broader view of “basics” and through effective accommodation of learner differences
- Enhancing the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to learner readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- Adding remediation as necessary, but only as necessary.

Pioneering efforts have operationalized such a system by combining the continuum presented as Exhibit 8 in the body of this report with a component framework consisting of six programmatic arenas. Based on this work, the intervention arenas are conceived as

- (1) *enhancing regular classroom strategies to enable learning* (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
- (2) *supporting transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
  - *increasing home and school connections*
  - *responding to, and where feasible, preventing crises*
  - *increasing community involvement and support* (outreach to develop greater community involvement and support, including enhanced use of volunteers)
  - *facilitating student and family access to effective services and special assistance as needed.*

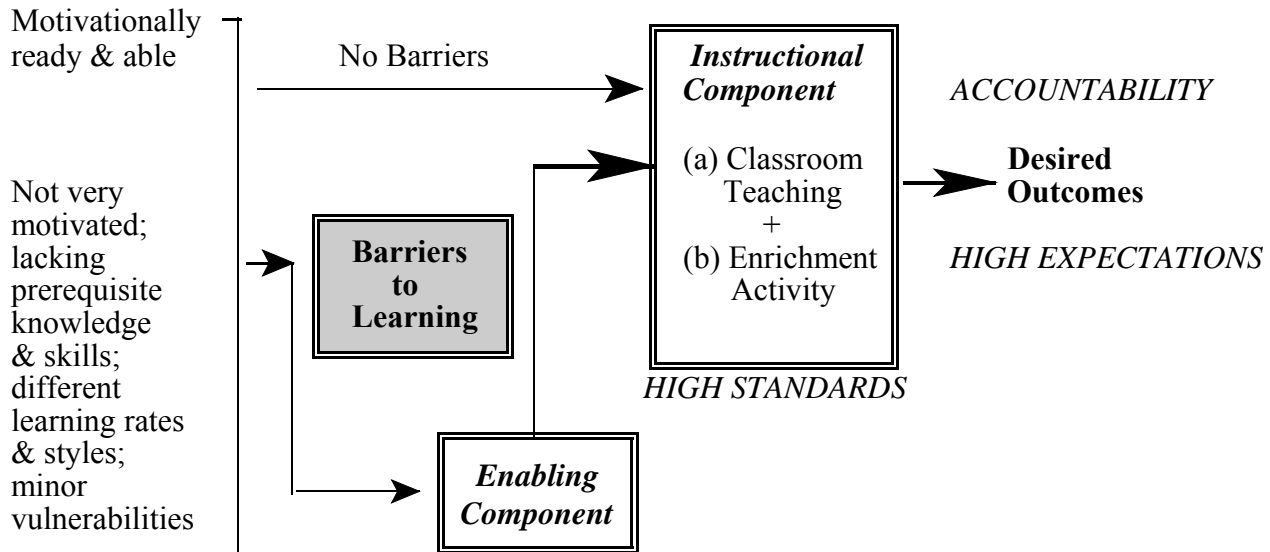
In practice, the six arenas constitute the “curriculum” of an enabling or learning supports component. They categorize and capture the essence of the multifaceted ways schools need to address barriers to learning (see Exhibit B-1).

As a whole, the six arenas combined with the continuum provide a unifying umbrella framework to guide the reframing and restructuring of the daily work of all staff who provide learning supports at a school. Note that a key element of the component involves building the capacity of classrooms to enhance instructional effectiveness. Such “classroom-focused enabling” involves personalized instruction that accounts for motivational and developmental differences and special assistance in

**Exhibit B-1. An enabling or learning supports component to address barriers to learning and enhance healthy development at a school site.**

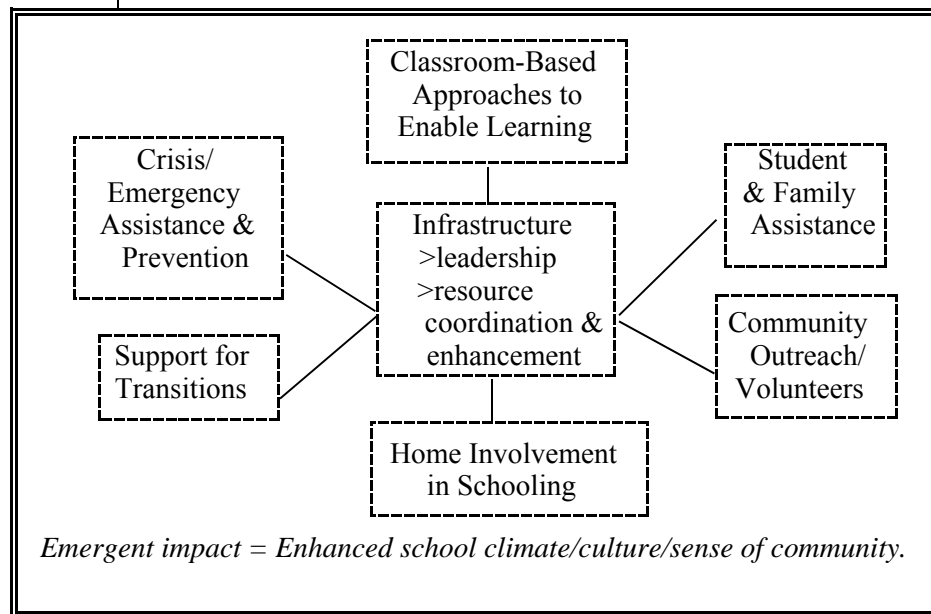
**Range of Learners**

(categorized in terms of their response to academic instruction)



**The Enabling Component = A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning**

Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for *all* students.



the classroom as needed. Beyond the classroom, five other arenas are stressed in which schools also must develop programs and services that enable teaching and learning. Each arena is described briefly below, and outlined more fully in the series of self-study surveys available from the Center.\*

***Classroom-based Approaches to Enable and Re-engage Students in Classroom Learning.*** This arena provides a fundamental example not only of how the enabling component overlaps the instructional component, but how it adds value to instructional reform. When a teacher has difficulty working with a youngster, the first step is to address the problem within the regular classroom and involve the home to a greater extent. Through programmatic activity, classroom-based efforts that enable learning are enhanced. This is accomplished by increasing teachers' effectiveness so they can account for a wider range of individual differences, foster a caring context for learning, and prevent and handle a wider range of problems when they arise. Such a focus is seen as essential to increasing the effectiveness of regular classroom instruction, supporting inclusionary policies, and reducing the need for specialized services.

Work in this arena requires programmatic approaches and systems designed to personalize professional development of teachers and support staff, develop the capabilities of paraeducators and other paid assistants and volunteers, provide temporary out of class assistance for students, and enhance resources. For example: personalized help is provided to increase a teacher's array of strategies for accommodating, as well as teaching students to compensate for, differences, vulnerabilities, and disabilities. Teachers learn to use paid assistants, peer tutors, and volunteers in targeted ways to enhance social and academic support. As appropriate, support *in the classroom* also is provided by resource and itinerant teachers and counselors. This involves restructuring and redesigning the roles, functions, and staff development of resource and itinerant teachers, counselors, and other pupil service personnel so they are able to work closely with teachers and students in the classroom and on regular activities. All this can provide teachers with the knowledge and skills to develop a classroom infrastructure that transforms a big class into a set of smaller ones. Classroom-based efforts to enable learning can (a) prevent problems, (b) facilitate intervening as soon as problems are noted, (c) enhance intrinsic motivation for learning, and (d) re-engage students who have become disengaged from classroom learning.

*Classroom-Based Approaches* encompass

- **Opening the classroom door to bring available supports in** (e.g., peer tutors, volunteers, aids 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.

***Crisis Assistance and Prevention.*** Schools must respond to, minimize the impact of, and prevent crises. This requires school-wide and classroom-based systems and programmatic approaches. Such activity focuses on (a) emergency/crisis response at a site, throughout a school complex, and community-wide (including a focus on ensuring follow-up care) and (b) prevention at school and in the community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth.

Desired outcomes of crisis assistance include ensuring immediate emergency and follow-up care so students are able to resume learning without undue delay. Prevention activity outcome indices reflect a safe and productive environment where students and their families display the type of attitudes and capacities needed to deal with violence and other threats to safety.

A key mechanism in this area often is development of a crisis team. Such a team is trained in emergency response procedures, physical and psychological first-aid, aftermath interventions, and so forth. The team also can take the lead in planning ways to prevent some crises by facilitating development of programmatic approaches to mediate conflicts, enhance human relations, and promote a caring school culture.

*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)
- **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**
- **Staff/stakeholder development focusing on the role and responsibility of all in promoting a caring and safe environment**

***Support for Transitions.*** Students and their families are regularly confronted with a variety of transitions – changing schools, changing grades, encountering a range of other daily hassles and major life demands. Many of these can interfere with productive school involvement. A comprehensive focus on transitions requires school-wide and classroom-based systems and programmatic approaches designed to (a) enhance successful transitions, (b) prevent transition problems, and (c) use transition periods to reduce alienation and increase positive attitudes toward school and learning. Examples of programs include school-wide and classroom specific activities for welcoming new arrivals (students, their families, staff) and rendering ongoing social support; counseling and articulation strategies to support grade-to-grade and school-to-school transitions and

moves to and from special education, college, and post school living and work; and before and after-school and inter-session activities to enrich learning and provide recreation in a safe environment.

Anticipated overall outcomes are reduced alienation and enhanced motivation and increased involvement in school and learning activities. Examples of early outcomes include reduced tardies resulting from participation in before-school programs and reduced vandalism, violence, and crime at school and in the neighborhood resulting from involvement in after-school activities. Over time, articulation programs can reduce school avoidance and dropouts, as well as enhancing the number who make successful transitions to higher education and post school living and work. It is also likely that a caring school climate can play a significant role in reducing student transiency.

*Support for Transitions* encompasses

- **Welcoming & social support programs for newcomers** (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- **Daily transition programs for** (e.g., before school, breaks, lunch, afterschool)
- **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)
- **Staff/stakeholder development for planning transition programs/activities**

***Home Involvement in Schooling.*** This arena expands concern for parent involvement to encompass anyone in the home who is influencing the student's life. In some cases, grandparents, aunts, or older siblings have assumed the parenting role. Older brothers and sisters often are the most significant influences on a youngster's life choices. Thus, schools and communities must go beyond focusing on parents in their efforts to enhance home involvement. This arena includes school-wide and classroom-based efforts designed to strengthen the home situation, enhance family problem solving capabilities, and increase support for student well-being. Accomplishing all this requires school-wide and classroom-based systems and programmatic approaches to (a) address the specific learning and support needs of adults in the home, such as offering them ESL, literacy, vocational, and citizenship classes, enrichment and recreational opportunities, and mutual support groups, (b) help those in the home improve how basic student obligations are met, such as providing guidance related to parenting and how to help with schoolwork, (c) improve forms of basic communication that promote the well-being of student, family, and school, (d) enhance the home-school connection and sense of community, (e) foster participation in making decisions essential to a student's well-being, (f) facilitate home support of student learning and development, (g) mobilize those at home to problem solve related to student needs, and (h) elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a *parent or family center* if one has been established at the site. Outcomes include indices of parent learning, student progress, and community enhancement specifically related to home involvement.

*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 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)
- **Staff/stakeholder development to broaden awareness of and plan programs to enhance opportunities for home involvement**

***Community Outreach for Involvement and Support (including volunteers).*** Most schools do their job better when they are an integral and positive part of the community. Unfortunately, schools and classrooms often are seen as separate from the community in which they reside. This contributes to a lack of connection between school staff, parents, students, and other community residents and resources. And, it undercuts the contributions community resources can make to the school's mission. For example, it is a truism that learning is neither limited to what is formally taught nor to time spent in classrooms. It occurs whenever and wherever the learner interacts with the surrounding environment. All facets of the community (not just the school) provide learning opportunities. *Anyone in the community who wants to facilitate learning might be a contributing teacher.* This includes aides, volunteers, parents, siblings, peers, mentors in the community, librarians, recreation staff, college students, etc. They all constitute what can be called *the teaching community*. When a school successfully joins with its surrounding community, everyone has the opportunity to learn and to teach.

For schools to be seen as an integral part of the community, outreach steps must be taken to create and maintain linkages and collaborations. The intent is to maximize mutual benefits, including better student progress, a enhanced sense of community, community development, and more. In the long run, the aims are to strengthen students, schools, families, and neighborhoods.

Outreach focuses on public and private agencies, organizations, universities, colleges, and facilities; businesses and professional organizations and groups; and volunteer service programs,

organizations, and clubs. Greater volunteerism on the part of parents, peers, and others from the community can break down barriers and increase home and community involvement in schools and schooling. Thus, enhanced use of community volunteers is a good place to start. This requires development of a system that effectively recruits, screens, trains, and nurtures volunteers. Another key facet is opening up school sites as places where parents, families, and other community residents can engage in learning, recreation, enrichment, and find services they need.

Over time, this area can include systems and programmatic approaches designed to

- » recruit a wide range of community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements),
- » train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer-cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students – especially with targeted students),
- » reach out to students and families who don't come to school regularly – including truants and dropouts,
- » enhance community-school connections and sense of community (e.g., orientations, open houses, performances, cultural and sports events, festivals, celebrations, fairs, workshops).

*Community Outreach for Involvement and Support* encompasses

- **Work group for planning and implementing outreach to involve** (e.g., community resources such as 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)
- **Staff/stakeholder development on the value of community involvement and opening the school to expanded forms of community activities and programs**
- **Mechanisms to recruit, screen, and prepare community participants**
- **Orienting and welcoming programs for community participants**
- **Programs to enhance a sense of community**
- **Policies and mechanisms to enhance and sustain school-community involvement** (e.g., support for maintenance; celebration of shared successes; “social marketing” of mutual accomplishments).

*Student and Family Assistance.* Specialized assistance for students and family should be reserved for the relatively few problems that cannot be handled without adding special interventions. In effect, this arena encompasses most of the services and related systems that are the focus of integrated service models.

The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, social, physical and mental health assistance available in the school and

community are used. As community outreach brings in other resources, these are linked to existing activity in an integrated manner. Additional attention is paid to enhancing systems for triage, case and resource management, direct services for immediate needs, and referral for special services and special education as appropriate. Ongoing efforts are made to expand and enhance resources. A valuable context for providing such services is a center facility, such as a family, community, health, or parent resource center.

A programmatic approach in this area requires systems designed to provide special assistance in ways that increase the likelihood that a student will be more successful at school, while also reducing the need for teachers to seek special programs and services. The work encompasses providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, handling referrals, providing direct service, implementing case and resource management, and interfacing with community outreach to assimilate additional resources into current service delivery. It also involves ongoing analyses of requests for services as a basis for working with school colleagues to design strategies that can reduce inappropriate reliance on special assistance. Thus, major outcomes are enhanced access to special assistance as needed, indices of effectiveness, *and* the reduction of inappropriate referrals for such assistance.

*Student and Family Assistance* encompasses

- **Providing 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)
- **Referral interventions for students & families with problems** (e.g., screening, 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)
- **Follow-up assessment to check whether referrals and services are adequate and effective**
- **Mechanisms for resource coordination to avoid duplication of and fill gaps in services and enhance effectiveness** (e.g., school-based and linked, feeder pattern/family of schools, community-based programs)
- **Enhancing stakeholder awareness of programs and services**
- **Involving community providers to fill gaps and augment school resources**
- **Staff/stakeholder development to enhance effectiveness of student and family assistance systems, programs, and services**

A well-designed and supported *infrastructure* is needed to establish, maintain, and evolve the type of a comprehensive approach to addressing barriers to student learning outlined above. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional/developmental, enabling, and management components. We discuss infrastructure considerations later in this Appendix.

\**Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs*  
<http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>



## **The Overall Framework for a System of Learning Supports**

In the body of the report, we included a framework for a continuum of interventions. Combining that continuum with the six arenas of the enabling or learning supports component produces a matrix which frames the range of intervention activity encompassed by our discussion (see Exhibit B-2). This is what we mean by the phrase a *system of learning supports* and a *comprehensive, multifaceted, and integrated approach*. The matrix can be used to guide mapping and analysis of the scope and content of a component to address barriers to learning, development, and teaching.

Exhibit B-3 captures the essence of the matrix but is intended to convey another message. The aim in developing such a comprehensive approach is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few needing specialized assistance and other intensive and costly interventions.

## **Rethinking Infrastructure**

A well-designed and supported *infrastructure* is needed to establish, maintain, and evolve the type of a comprehensive approach to addressing barriers to student learning outlined above. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional/developmental, enabling, and management components (Adelman & Taylor, 2006; Center for Mental Health in Schools, 2005d).

*Key mechanisms.* To the above ends, existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices (Center for Mental Health in Schools, 2005e). Well-designed infrastructure mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to stakeholders effectively working together, and strategies that mobilize and maintain proactive effort so that changes are implemented and there is renewal over time. From this perspective, the importance of creating an atmosphere that encourages mutual support, caring, and a sense of community takes on another dimension.

Institutionalization of comprehensive, multifaceted approaches necessitates restructuring the mechanisms associated with at least six infrastructure concerns. These encompass processes for daily (1) governance, (2) leadership, (3) planning and implementation of specific organizational and program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, and (6) capacity building. Properly redesigned infrastructure changes, for example, ensure integration, quality improvement, accountability, and self-renewal of an enabling or learning support component.

In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed – easy to say, extremely hard to accomplish. Major systemic changes obviously require ensuring that those who operate essential mechanisms have adequate resources and support, initially and over time. Moreover, there must be appropriate incentives and safeguards for individuals as they become enmeshed in the complexities of systemic change.

## Exhibit B-2

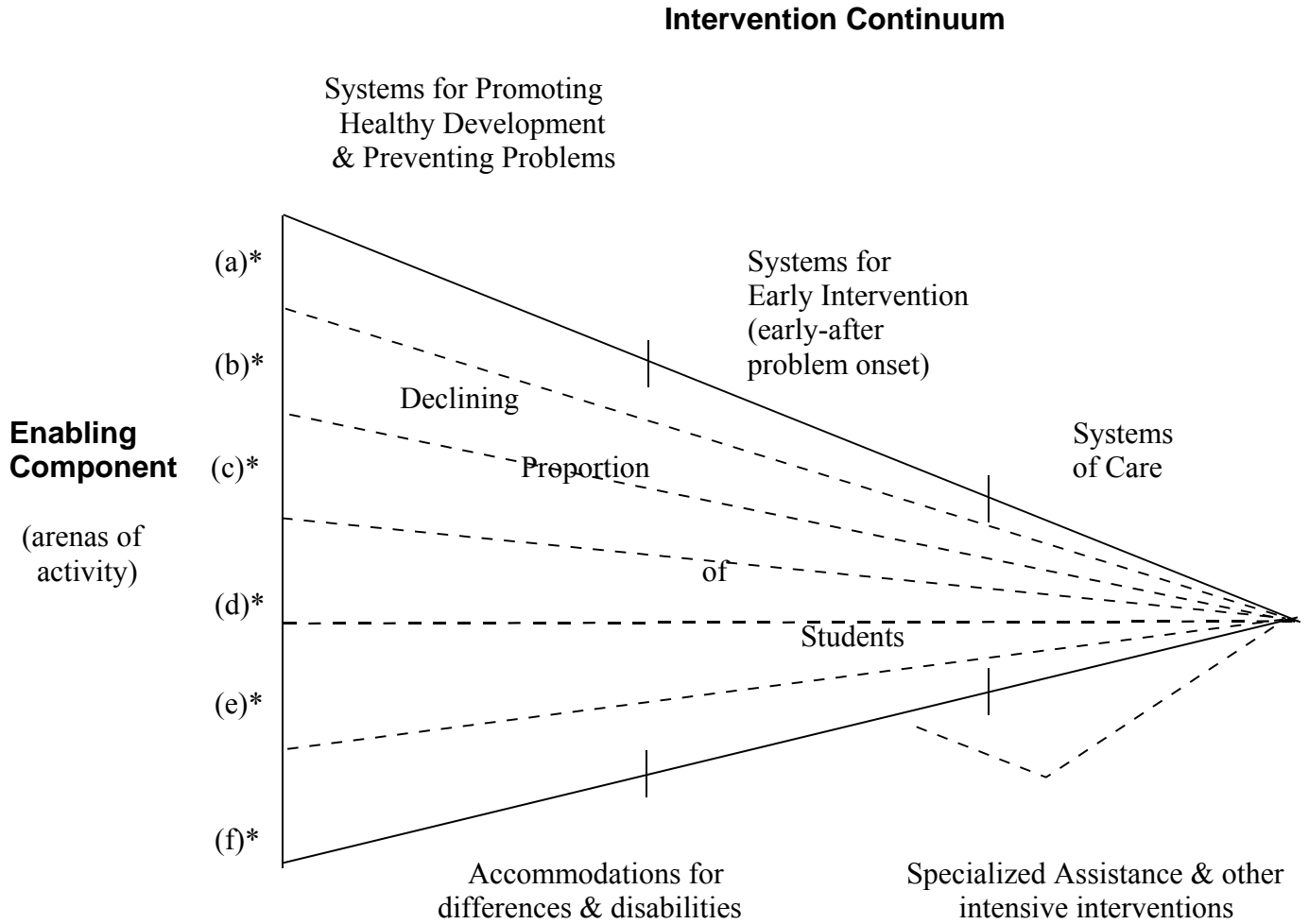
### Matrix outlining a system of learning supports\*

		Scope of Intervention		
		Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Organizing around the  <b>Content/ “curriculum”</b>  (for addressing barriers to learning & promoting healthy development)	Classroom- Focused Enabling			
	Crisis/ Emergency Assistance & Prevention			
	Support for transitions			
	Home Involvement in Schooling			
	Community Outreach/ Volunteers			
	Student and Family Assistance			
		Accommodations for differences & disabilities	Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)	

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

**Exhibit B-3**

**Reducing the Number of Students Needed “Deep-end” Services**



- (a) = Classroom-based approaches to enable and re-engage students in classroom learning
- (b) = Support for transitions
- (c) = Home involvement in schooling
- (d) = Community outreach/volunteers
- (e) = Crisis/emergency assistance and prevention
- (f) = Student and family assistance

*Learning Supports Resource Team.* At schools, obviously the administrative leadership is key to ending the marginalization of efforts to address learning, behavior, and emotional problems. Another key is establishment of a mechanism that focuses specifically on how learning support resources are used at the school. In some schools as much as 25 percent of the budget may be going to problem prevention and correction. Every school is expending resources to enable learning; few have a mechanism to ensure appropriate use of existing resources and enhance current efforts. Such a mechanism contributes to cost-efficacy of learner support activity by ensuring all such activity is planned, implemented, and evaluated in a coordinated and increasingly integrated manner. It also provides another means for reducing marginalization. Creation of such a mechanism is essential for braiding together existing school and community resources and encouraging services and programs to function in an increasingly cohesive way. When this mechanism is created in the form of a "team," it also is a vehicle for building working relationships and can play an expanded role in solving turf and operational problems.

Resource-oriented mechanisms have been designated by a variety of names including *Resource Coordinating Team*, *Resource Management Team*, and *Learning Supports Resource Team*. For purposes of this discussion, we will use the last of these. We initially demonstrated the feasibility of such teams in the Los Angeles Unified School District, and now they are being introduced in many schools across the country (Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995). Properly constituted, such a team provides on-site leadership for efforts to address barriers comprehensively and ensures the maintenance and improvement of a multifaceted and integrated approach (Adelman & Taylor, 2006, in press).

One of the primary and essential tasks a learning supports resource-oriented mechanism undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive "gap" assessment is generated as resource mapping is compared with surveys of the unmet needs of and desired outcomes for students, their families, and school staff. Analyses of what is available, effective, and needed provide a sound basis for formulating priorities and developing strategies to link with additional resources at other schools, district sites, and in the community and enhance resource use. Such analyses also can guide efforts to improve cost-effectiveness.

In a similar fashion, a learning support resource-oriented team for a complex or family of schools (e.g., a high school and its feeder schools) and a team at the district level provide mechanisms for analyses on a larger scale. This can lead to strategies for cross-school, community-wide, and district-wide cooperation and integration to enhance intervention effectiveness and garner economies of scale. For those concerned with school reform, such resource-oriented mechanisms are a key facet of efforts to transform and restructure school support programs and services.

When we mention a Learning Supports Resource Team, some school staff quickly respond: *We already have one!* When we explore this with them, we usually find what they have is a *case-oriented team* – that is, a team that focuses on individual students who are having problems. Such a team may be called a student study team, student success team, student assistance team, teacher assistance team, and so forth.

To help clarify the difference between resource and case-oriented teams, we contrast the functions of each as outlined in Exhibit B-4.

## Exhibit B-4 Contrasting Team Functions

### *A Case-Oriented Team*

Focuses on specific *individuals* and discrete *services* to address barriers to learning

Sometimes called:

- Child Study Team
- Student Study Team
- Student Success Team
- Student Assistance Team
- Teacher Assistance Team
- IEP Team

#### EXAMPLES OF FUNCTIONS:

- >triage
- >referral
- >case monitoring/management
- >case progress review
- >case reassessment

### *A Resource-Oriented Team*

Focuses on *all* students and the *resources, programs, and systems* to address barriers to learning & promote healthy development

Possibly called:

- Resource Coordinating Team
- Resource Coordinating Council
- School Support Team
- Learning Support Team

#### EXAMPLES OF FUNCTIONS:

- >aggregating data across students and from teachers to analyze school needs
- >mapping resources
- >analyzing resources
- >enhancing resources
- >program and system planning/development – including emphasis on establishing a full continuum of intervention
- >redeploying resources
- >coordinating and integrating resources
- >social "marketing"

A resource-oriented team exemplifies the type of mechanism needed to pursue overall cohesion and ongoing development of school support programs and systems. As indicated, its focus is not on specific individuals, but on how resources are used. In pursuing its functions, the 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. For example, such a mechanism can be used to (a) map and analyze activity and resources to improve their use in preventing and ameliorating problems, (b) build effective referral, case management, and quality assurance systems, (c) enhance procedures for management of programs and information and for communication among school staff and with the home, and (d) explore ways to redeploy and enhance resources – such as clarifying which activities are nonproductive, suggesting better uses for resources, and establishing priorities for developing new interventions, as well as reaching out to connect with additional resources in the school district and community.

Minimally, a resource-oriented team can reduce fragmentation and enhance cost-efficacy by assisting in ways that encourage programs to function in a coordinated and increasingly integrated way. For example, the team can coordinate resources, enhance communication among school staff and with the home about available assistance and referral processes, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this group can provide leadership in guiding school personnel and clientele in evolving the school's vision, priorities, and practices for learning support.

Although a resource-oriented mechanism might be created solely around psychosocial programs, it is meant to focus on resources related to all major learning support programs and services. Thus, it tries to bring together representatives of all these 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. It also should include representatives of any community agency that is significantly involved with schools. Beyond these "service" providers, such a team is well-advised to add the energies and expertise of administrators, regular 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 do resource-oriented functions. In adding the resource-oriented functions 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 the job.

Properly constituted, trained, and supported, a resource-oriented team complements the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and teaching. Having at least one representative from the resource team on the school's governing and planning bodies ensures the type of infrastructure connections that are essential if programs and services are to be maintained, improved, and increasingly integrated with classroom instruction. And, of course, having an administrator on the team provides the necessary link with the school's administrative decision making about allocation of budget, space, staff development time, and other resources.

*Not an Isolated Mechanism, Part of an Integrated Infrastructure.* Resource-oriented mechanisms at all levels cannot be isolated entities. The intent is for them to connect to each other and be part of an integrated infrastructure.

A Learning Supports Resource Team must be a formal unit of a school's infrastructure. And, it must be fully connected with the other infrastructure mechanisms at the school (e.g., those associated with instruction and management/governance). Figure B-5 illustrates relationships of such a team to other major infrastructure units.

Having at least one representative from the resource team on the school's governing and planning bodies ensures the type of infrastructure connections that are essential if student and learning supports are to be maintained, improved, and increasingly integrated with classroom instruction. And, of course, having an administrator on the team provides the necessary link with the school's administrative decision making related to allocation of budget, space, staff development time, and other resources.

*A multi-site resource-oriented mechanism.* Beyond the school, it is invaluable to link schools together to maximize use of limited resources. Schools in the same geographic or catchment area have a number of shared concerns, and schools in the feeder pattern often interact with the same family because each level has a youngster from that family who is having difficulties. Furthermore, some programs and personnel already are or can be shared by several neighboring schools, thereby minimizing redundancy and reducing costs.

A multi-site team can provide a mechanism to help ensure cohesive and equitable deployment of resources and also can enhance the pooling of resources to reduce costs. Such a mechanism can be particularly useful for integrating the efforts of high schools and their feeder middle and elementary schools. This clearly is important in addressing barriers with those families who have youngsters attending more than one level of schooling in the same cluster. It is neither cost-effective nor good intervention for each school to contact a family separately in instances where several children from a family are in need of special attention. With respect to linking with community resources, multi-school teams are especially attractive to community agencies who often don't have the time or personnel to make independent arrangements with every school.

In general, a group of schools can benefit from a multi-site resource mechanism designed to provide leadership, facilitate communication and connection, and ensure quality improvement across sites. For example, a multi-site body, or what we call a *Learning Supports Resource Council*, might consist of a high school and its feeder middle and elementary schools. It brings together one-two representatives from each school's resource *team*.

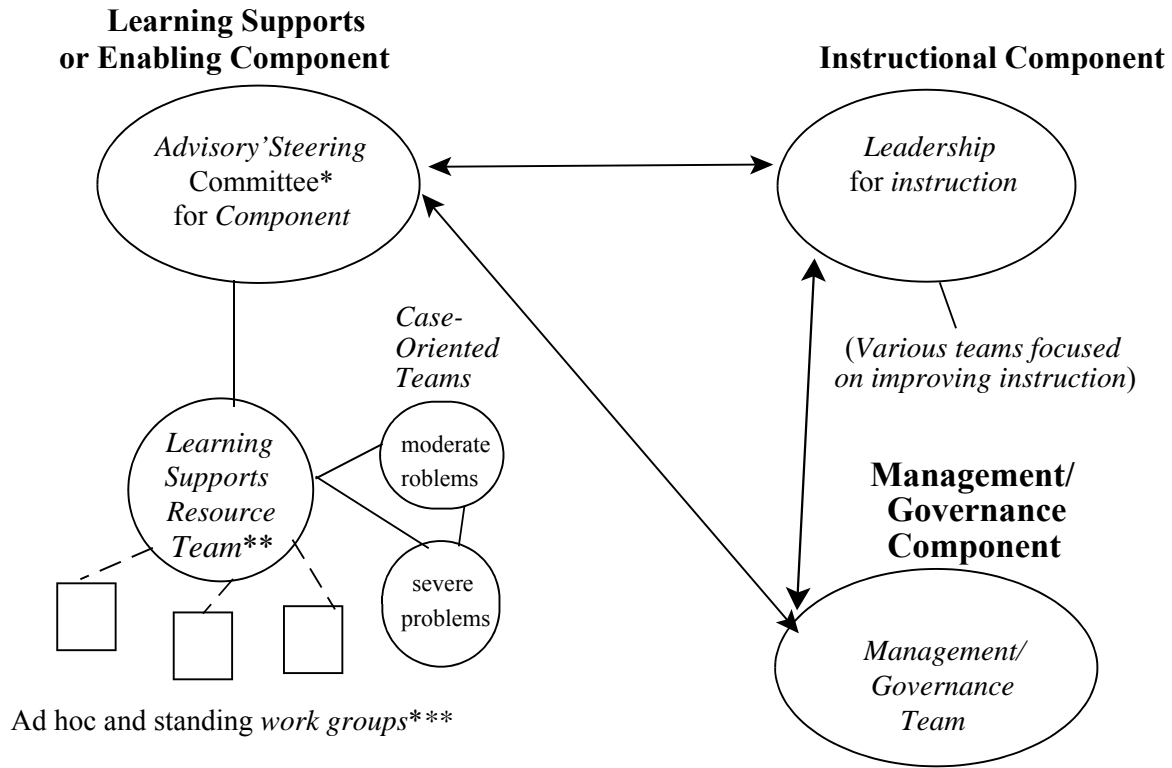
The Council meets about once a month to help (a) coordinate and integrate programs serving multiple schools, (b) identify and meet common needs with respect to guidelines and staff development, and (c) create linkages and collaborations among schools and with community agencies. In this last regard, it can play a special role in community outreach both to create formal working relationships and ensure that all participating schools have access to such resources.

When a “family of schools” in a geographic area collaborates to address barriers, they can share programs and personnel in many cost-effective ways. This includes streamlined processes to coordinate and integrate assistance to a family that has children at several of the schools. For example, the same family may have youngsters in the elementary and middle schools and both students may need support during a family crisis. This might be accomplished by assigning one counselor and/or case manager to work with the family. Also, in connecting with community resources, a group of schools can maximize distribution of scarce resources in ways that are efficient, effective, and equitable.

Creation of resource-oriented mechanisms at schools, for “families” of schools, and at the district level is essential for weaving together existing school and community resources, enabling programs and services to function in an increasingly cohesive and cost-efficient way, and developing a full continuum of interventions over time. Such mechanisms are seen as vital in reducing marginalization and fragmentation of student and learner supports through transforming current approaches for addressing barriers to student learning and promoting healthy development.

Establishing and building the capacity of resource-oriented mechanisms, of course, are not simple tasks. As a result, it is essential to think in terms of a phase-in process (Center for Mental Health in Schools, 2005f). And, because establishing such a team involves significant organizational change, staff assigned to accomplish the tasks must have the skills of a systemic change agent. We designate this type of change agent as an *organization facilitator* (Adelman & Taylor 2006; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

**Exhibit B-5**  
**Learning Supports Resource Team as Part of**  
**an Integrated Infrastructure at a School Site**



\*A Learning Supports or Enabling Component Advisory/Steering Committee at a school site consists of a leadership group whose responsibility is to ensure the vision for the component is not lost. It meets as needed to monitor and provide input to the Learning Supports Resource Team.

\*\*A Learning Supports Resource Team is the key to ensuring component cohesion, integrated implementation, and ongoing development. It meets weekly to guide and monitor daily implementation and development of all programs, services, initiatives, and systems at a school that are concerned with providing learning supports and specialized assistance.

\*\*\*Ad hoc and standing work groups are formed as needed by the Learning Supports Resource Team to address specific concerns. These groups are essential for accomplishing the many tasks associated with such a team's functions.



## Appendix C

### Some Natural Opportunities to Enhance Mental Health at School

Natural opportunities at schools for countering psychosocial and mental health problems and promoting personal and social growth can be grouped into four categories: (1) daily opportunities, (2) yearly patterns, (3) transitions, and (4) early after the onset of student problems.

#### Daily Opportunities

Schools are social milieus. Each day in the classroom and around the school students interact with their peers and various adults in formal and informal ways. Every encounter, positive and negative, represents a potential learning experience. All school staff, and especially teachers, can be taught ways to use the encounters to minimize transactions that work against positive growth and to capitalize on many opportunities to enhance social-emotional learning.

Appreciation of what needs attention can be garnered readily by looking at the school day through a mental health lens. Is instruction carried out in ways that strengthen or hinder development of interpersonal skills and connections and student understanding of self and others? Is cooperative learning and sharing promoted? Is inappropriate competition minimized? Is the school climate safe, supportive, and caring. Are interpersonal conflicts mainly suppressed or are they used as learning opportunities? Are roles provided for all students to be positive helpers throughout the school and community? How widespread is bullying? How safe do students and staff feel at school? Of course, appreciating problems and opportunities is not enough. Pre- and in-service education must focus on teaching those working in schools how to minimize what's going wrong and enable personal and social growth.

Major examples of natural opportunities *in the classroom* to enhance mental health and minimize emotional and behavioral problems arise each time students relate to each other and to staff during class and group instruction. Some activities are especially rife with opportunity such as cooperative learning experiences, peer sharing and tutoring, and when addressing interpersonal and learning problems. Examples of some major *school-wide* opportunities include providing roles for all students to be positive helpers and leaders throughout the school and community (e.g., service learning); engaging students in strategies to enhance a caring, supportive, and safe school climate; and focusing on both attitude and skill development during conflict resolution and crisis prevention efforts.

#### Yearly Patterns.

The culture of most schools yields fairly predictable patterns over the course of the year. The beginning of the school year, for example, typically is a period of hope. As the year progresses, a variety of stressors and opportunities for personal and social development are encountered. Examples of stressors include homework assignments that are experienced as increasingly difficult, interpersonal conflicts, and testing and grading pressures. Additional stressors and developmental experiences arise around special events associated with holidays, social events, sports, grade promotions, and graduation.

Each month strategies can be implemented that encourage school staff to minimize stressors and enhance coping through social-emotional learning and shared problem solving. To support such efforts the Center for Mental Health in Schools at UCLA has developed a set of monthly themes as examples for schools to draw upon and go beyond.\* The point is to establish a focus each month and build the capacity of school staff to evolve the school culture in ways that reduce unnecessary stressors and naturally promote social and emotional development.

## **Transitions**

Students are regularly confronted with a variety of transitions – changing schools, changing grades, and encountering a range of other minor and major transitory demands. Such transitions are ever-present and usually are not a customary focus of institutionalized efforts to support students. Every transition can exacerbate problems or be used as a natural opportunity to promote positive learning and attitudes and reduce alienation.

Schools need to build their capacity to address transitions proactively and in the process to be guided by their goals for enhancing personal and social functioning. On a daily basis, staff can capture opportunities before school, during breaks, lunch, and afterschool. With respect to newcomers, the focus can be on welcoming and social support processes and addressing school adjustment difficulties. Examples of desirable interventions for frequently occurring school-wide and classroom-specific events include welcoming new arrivals (students, their families, staff); preparing students for the next year; providing ongoing social supports as students adjust to new grades, new schools, and new programs; addressing adjustment difficulties as the year begins; and using before and after-school and inter-session activities as times for ensuring generalization and enrichment of such learning.

### **At the First Indication that a Student is Experiencing Problems**

Stated simply, every student problem represents a need and an opportunity to avoid exacerbating and to enhance mental health. Often the first response when a problem arises is to control it; the second response should include a mental health focus.

All this has relevance to the discussion of enhancing a positive school climate (discussed in Part III of this report). For example, as indicated, natural opportunities arise regularly to welcome and provide ongoing support to newcomers. Proactive strategies in response to these opportunities not only can prevent problems and help promote personal health, they can play a significant role in creating a psychological sense of community.

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\*See the website of the Center for Mental Health in Schools for details on how to pursue such themes – <http://smhp.psych.ucla.edu>

## Appendix D

### Guidelines for Mental Health in Schools

The following set of Guidelines were developed by the *Policy Leadership Cadre for Mental Health in Schools* as part of the major work presented in the document entitled:

*Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations.*

This field-defining resource and reference work is designed to address national policy and practice concerns about what mental health (MH) in schools is, is not, and should be.

Major topics covered include:

- » definitional concerns
- » the rationale for MH in schools
- » specific guidelines for a comprehensive, multifaceted approach
- » ways in which MH and psychosocial concerns currently are addressed in schools
- » ways to advance the field.

To enhance the document's resource value for policy and capacity building, a variety of supportive documents and sources for materials, technical assistance, and training also are provided.

The document (along with an executive summary) can be downloaded from the Cadre webpages which are hosted on the website of the Center for Mental Health in Schools – go to <http://smhp.psych.ucla.edu/policy.htm>

These guidelines have been adapted into Guidelines for a Student Support Component – see <http://smhp.psych.ucla.edu/pdfdocs/studentssupportguidelines.pdf>

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## **Guidelines for Mental Health in Schools**

### ***1. General Domains for Intervention in Addressing Students' Mental Health***

- 1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
- 1.3 Providing social/emotional support for students, families, and staff

### ***2. Major Areas of Concern Related to Barriers to Student Learning***

- 2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
- 2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

### ***3. Type of Functions Provided related to Individuals, Groups, and Families***

- 3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 3.2 Referral, triage, and monitoring/management of care
- 3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

(cont.)

***Guidelines for Mental Health in Schools (cont.)***

**4. *Timing and Nature of Problem-Oriented Interventions***

- 4.1 Primary prevention
- 4.2 Intervening early after the onset of problems
- 4.3 Interventions for severe, pervasive, and/or chronic problems

**5. *Assuring Quality of Intervention***

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

**6. *Outcome Evaluation and Accountability***

- 6.1 Short-term outcome data
- 6.2 Long-term outcome data
- 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality



## Appendix E

### Examples of Policy Statements for a Unifying Approach in Schools

The following are examples of policy statements that reflect the emerging view that mental health in schools should be fully integrated into school improvement plans and embedded into a system of learning supports.

Hawai'i and California took an early lead in focusing attention on the need to develop policy for a component to address barriers to student learning. In doing so, they are making the case for moving school reform from a two to a three component model.

- One of the first major policy statements was developed at the Elizabeth Learning Center in Cudahy, California. This K-12 school is one of the demonstration sites for the Urban Learning Center Model which is one of the eight national comprehensive school reform models developed with support from the New American Schools Development Corporation. The model incorporated and implemented the concept of a component to address barriers to learning as primary and essential and is proceeding to replicate it as one of the comprehensive school reforms specified in the Obey-Porter federal legislation. The school's governance body adopted the following policy statement:

*We recognize that for some of our students, improvements in Instruction/curricula are necessary but not sufficient. As a the school's governance body, we commit to enhancing activity that addresses barriers to learning and teaching. This means the Elizabeth Learning Center will treat the Enabling Component on a par with its Instructional/Curriculum and Management/ Governance Components. In policy and practice, the three components are seen as essential and primary if all students are to succeed.*

- As part of its ongoing efforts to address barriers to learning, the California Department of Education has adopted the concept of Learning Supports. In its 1997 Guide and Criteria for Program Quality Review, the Department states:

*Learning support is the collection of resources (school, home, community), strategies and practices, and environmental and cultural factors extending beyond the regular classroom curriculum that together provide the physical, emotional, and intellectual support that every child and youth needs to achieve high quality learning.*

- Several years ago the Los Angeles Unified School District began the task of restructuring its student support services. In 1998, the district's Board of Education resolved that a component to address barriers to student learning and enhance healthy development is one of the primary and essential components of the District's educational reform. In keeping with the California Department of Education's adoption of the unifying concept of *Learning Support*, the Board adopted this term to encompass efforts related to its component of addressing barriers to student learning and enhancing healthy development. The resolution that was passed is offered on the following pages.
- Paralleling the work in California, Hawaii's legislature passed an act establishing a *Comprehensive Student Support Systems* (CSSS) in 1999. A copy can be found on the following pages.

- In 1995, California Assembly Member Juanita McDonald brought together a set of task forces to develop an Urban Education Initiative package of legislation. One major facet focused on Overcoming Barriers to Pupil Learning. This facet of the legislation called on school districts to ensure that schools within their jurisdiction had an enabling component in place. The draft of that part of the various bills is available from our Center on request. Just before the legislation was to go to the Education Committee for review, McDonald was elected to Congress. As indicated below, new efforts are being made to incorporate the ideas into various policy initiatives.
- In 1999, a policy report prepared by the Center for Mental Health in Schools stressed:
 

Policy must be developed around well-conceived models and the best available information. Policy must be realigned horizontally and vertically to create a cohesive framework and must connect in major ways with the mission of schools. Attention must be directed at restructuring the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing problems and enhancing healthy development. Policy makers also must deal with the problems of “scale-up” (e.g., underwriting model development and capacity building for systemwide replication of promising models and institutionalization of systemic changes). And, in doing all this, more must be done to involve families and to connect the resources of schools, neighborhoods, and institutions of higher education.
- In 2004, the speaker pro tem of the California assembly, Leland Yee, offered an new act to move forward with a *Comprehensive Pupil Learning Support System* for the state. A copy is included in this section.
- Also included in this appendix is the policy statement developed in 2004 by the Multnomah (OR) Education Service District

Policy Resolution Proposed to and Passed by the  
Los Angeles Unified School District's Board of Education in 1998

In the mid 1990s, the Los Angeles Unified School District began the task of restructuring its student support services. In 1998, the district's Board of Education resolved that a component to address barriers to student learning and enhance healthy development is one of the primary and essential components of the District's educational reform. In keeping with the California Department of Education's adoption of the unifying concept of *Learning Support*, the Board adopted this term to encompass efforts related to its component of addressing barriers to student learning and enhancing healthy development.

Whereas, in its "Call to Action", the Los Angeles Unified School District has made clear its intent to create a learning environment in which all students succeed;

Whereas, new governance structures, higher standards for student performance, new instructional strategies, and a focus on results are specified as essential elements in attaining student achievement;

Whereas, a high proportion of students are unable to fully benefit from such reforms because of learning barriers related to community violence, domestic problems, racial tension, poor health, substance abuse, and urban poverty;

Whereas, teachers find it especially difficult to make progress with the high proportion of youngsters for whom barriers to learning have resulted in mild-to-moderate learning and behavior problems;

Whereas, many of these youngsters end up referred for special services and often are placed in special education;

Whereas, both the Los Angeles Unified School District and various community agencies devote resources to addressing learning barriers and initial processes have been implemented to reform and restructure use of their respective resources - including exploring strategies to weave District and community efforts together -- in ways that can overcome key barriers to student achievement;

Whereas, a comprehensive, integrated partnership between all District support resources and community resources will provide the LEARNING SUPPORT necessary to effectively break down the barriers to student achievement; now, therefore, be it

Resolved, that the Board of Education should adopt the following recommendations made by the Standing Committee on Student Health and Human Services:

1. The Board should resolve that a component to address barriers to student learning and enhance healthy development be fully integrated with efforts to improve the instructional and management/governance components and be pursued as a primary and essential component of the District's education reforms in classrooms, schools, complexes/clusters, and at the central office level.

(cont.)



2. In keeping with the California Department of Education's adoption of the unifying concept of **Learning Support**, the Board should adopt this term to encompass efforts related to its component for addressing barriers to student learning and enhancing healthy development.
3. In adopting the concept of **Learning Support**, the Board should adopt the seven area framework currently used by the Division of Student Health and Human Services to guide coordination and integration of existing programs and activities related to school, home, and community.
4. The Board should direct the Superintendent to convene a working group to develop a plan that promotes coordination and integration of the **Learning Support** component with instruction and management reform efforts at every school site. This plan would also clarify ways for complex/cluster and central office operations to support school site efforts (e.g. helping schools achieve economics of scale and implement practices that effectively improve classroom operations and student learning). The plan would also focus on ways to further promote collaboration with communities at the classroom, school, complex/cluster, and central office levels. Such a plan should be ready for implementation by Spring 1998.
5. To counter fragmentation stemming from the way programs are organized and administered at the central office, the Board should restructure the administrative organization so that all programs and activity related to the Learning Support including Special Education are under the leadership of one administrator. Such an administrator would be charged with implementing the strategic plan developed in response to recommendation #4.
6. The Board should direct those responsible for professional and other stakeholder development activity throughout the District to incorporate a substantial focus on the **Learning Support** component into all such activity (e.g. all teacher professional education, training activity related to LEARN, the Chanda Smith Special Education Consent Decree, early literacy programs).
7. To facilitate continued progress' related to the restructuring of student health and human services, the Board should encourage all clusters and schools to support the development of Cluster/Complex Resource Coordinating Councils and School-Site Resource Coordinating Teams. Such Councils and Teams provide a key mechanism for enhancing the **Learning Support** component by ensuring that resources are mapped and analyzed and strategies are developed for the most effective use of school, complex, and District-wide resources and for appropriate school-community collaborations.

# Hawaii's Legislation for its *Comprehensive Student Support System*

**S.B. NO. 519 – TWENTIETH LEGISLATURE, 1999 STATE OF Hawaii  
A Bill for an Act Relating to a Comprehensive Student Support System**

**DESCRIPTION:** Requires the department of education to establish a comprehensive student support system (CSSS) in all schools to create a school environment in which every student is cared for and respected.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. The legislature finds that the goal of the superintendent of education's success compact program is total support for every student, every time; every school, every time; and every community, every time. This integrated model focuses on the student and identifies the importance of literacy for every student, every time. To fulfill government's obligation to the children of this State, the superintendent, the board of education, the governor, and the legislature must reach every student, school, and community by realigning and redefining existing services and programs into a comprehensive student support system that systematically strengthens students, schools, and communities rather than by impulsively responding to crisis after crisis. It is the legislature's intention to create the comprehensive student support system from existing personnel and programmatic resources, i.e., without the need for additional or new appropriations.

The comprehensive student support system is a coordinated array of instructional programs and services that, as a total package, will meet the needs of traditional and nontraditional learners in school and community settings. This package takes what works, improves on others, and creates new avenues to services. The result will be customized support throughout a student's K-12 educational career. These services will include developmental, academic core, preventive, accelerated, correctional, and remedial programs and services. Linkages with other organizations and agencies will be made when services needed are beyond the purview of the department of education.

To achieve in school, students need to be wanted and valued. They need a positive vision of the future. They need safe, orderly schools, strong community support, high-quality care, and adults they can trust. Students often become alienated because they may not feel worthy, they may not have a supportive home or opportunities to learn to care, or they may not be successful in handling frustrations, or have good experiences in school. They may not see relevance to their education or have positive role models or may not have access to support services. Consequently, the superintendent, the board of education, the governor, and the legislature need to ensure that each student can read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from other students, teachers, and members of the school community.

The legislature finds that the generalized school support groups and individualized student support teams created by the comprehensive student support system can give parents what they and their children want most from government -- schools that are safe, and where the environment is focused on teaching and learning. The educational climate in Hawaii's public schools, as measured by average class and school size, absenteeism, tardiness, classroom misbehavior, lack of parental involvement, and other indicators, suggests that the time to implement the success compact program and the comprehensive student support system is today--not tomorrow when the State's economy might improve. According to the 1999 "Education Week, Quality Counts" survey, the educational climate in the State's public schools, given the grade of "F" (as in failed), would be hard pressed to get any worse than it already is.

The legislature's objective is to ensure that every student will become literate, confident, and caring, and be able to think critically, solve problems, communicate effectively, and function as a contributing member of society. The purpose of this Act is to authorize the department of education to establish a comprehensive student support system to meet this objective.

SECTION 2. Chapter 302A, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"PART . COMPREHENSIVE STUDENT SUPPORT SYSTEM

A. General Provisions

§§302A-A Establishment of comprehensive student support system. There is established within the department and for all schools the comprehensive student support system.

§§302A-B Description of the comprehensive student support system.

(a) The comprehensive student support system establishes a school environment in which every student is cared for and respected. The comprehensive student support system is teacher-driven because teachers know students better than anyone in the department. The foundation of the comprehensive student support system is the school support group, in which groups of teachers and students become familiar with each other and share experiences, ideas, problems, and concerns that allow them to support one another. Every student shall belong to a group of teachers and students who will care about them and who will be the first to respond to their support needs.

(b) When students are deemed by their teachers and counselors in the school support groups to need special services and programs, supports shall be customized to address each student's needs so the individual can satisfactorily benefit from classroom instruction.

(c) A coordinated and integrated student support system:

- (1) Avoids duplication and fragmentation of services, and ensures that services are timely;
- (2) Involves the use of formal and informal community supports such as churches and ethnic and cultural resources unique to the student and family.

(d) The comprehensive student support system shall be focused on the strength of the student and the student's family, and create a single system of educational and other support programs and services that is student-, family-, and community- based.

(e) The comprehensive student support system shall allow for the integration of:

(1) Personal efforts by teachers and students to support each other within the school support groups, including the support of parents and counselors where needed;

(2) Educational initiatives such as alternative education, success compact, school-to-work opportunities, high schools that work, after-school instructional program, and the middle school concept; and

(3) Health initiatives such as early intervention and prevention, care coordination, coordinated service planning, nomination, screening, and evaluation, staff training, service array, and service testing.

This integration shall work to build a comprehensive and seamless educational and student support system from kindergarten through high school.

§§302A-C Student support array.

(a) A student's social, personal, or academic problems shall be initially addressed through the school support group structure that involves interaction between student and student, student and adult, or adult and adults. Teachers, family, and other persons closely associated with a student may be the first to begin the dialogue if the student has needs that can be addressed in the classroom or home.

(b) Through dialogue within the school support group or with parents, or both, the teacher shall implement classroom accommodations or direct assistance shall be provided to address students' needs. Other teachers and school staff shall also provide support and guidance to assist families and students. These activities shall be carried out in an informal, supportive manner.

(c) School programs shall be designed to provide services for specific groups of students. Parents and families, teachers, and other school personnel shall meet as the student's support team to discuss program goals that best fit the individual student's needs. Regular program evaluations shall be used to keep the regular teacher and parents involved.

(d) When a student's needs require specialized assessment or assistance, a request form shall be submitted to the school's core team. One of the identified members of the core team shall serve as the interim coordinator who will organize and assemble a student support team. A formal problem solving session shall be held and a plan developed. Members of this student support team may

include teachers, counselors, parents and family, and other persons knowledgeable about the student or programs and services. One or more members may assist in carrying out the plan. For the purposes of this section, "core team" refers to the faculty members comprising a school support group. "Core team" does not include persons who are only physically located at a school to facilitate the provision of services to the school complex.

(e) When the needs of the student and family require intensive and multiple supports from various agencies, the student support team shall develop a coordinated service plan. A coordinated service plan shall also be developed when two or more agencies or organizations are involved equally in the service delivery. A care coordinator shall be identified to coordinate and integrate the services.

(f) The comprehensive student support system shall recognize and respond to the changing needs of students, and shall lend itself to meet the needs of all students to promote success for each student, every time.

#### §§302A-D Mission and goals of the comprehensive student support system.

(a) The mission of the comprehensive student support system shall be to provide all students with a support system so they can be productive and responsible citizens.

(b) The goals of the comprehensive student support system shall be to:

(1) Involve families, fellow students, educators, and community members as integral partners in the creation of a supportive, respectful, learning environment at each school;

(2) Provide students with comprehensive, coordinated, integrated, and customized supports that are accessible, timely, and strength-based so they can achieve in school; and

(3) Integrate the human and financial resources of relevant public and private agencies to create caring communities at each school.

#### §§302A-E Classroom instruction component of the comprehensive student support system.

(a) "Classroom instruction" includes education initiatives and programs directed to all students such as success compact, school-to-work opportunities, high schools that work, after-school instructional program, and general counseling and guidance activities.

(b) Classroom instruction shall emphasize literacy development through hands-on, contextual learning that recognizes diversity in student needs, and shall be provided through coordinated and integrated instructional programs and services that are articulated among teachers in all grade levels in the school.

(c) Classroom instruction shall be guided by the Hawaii content and performance standards, assessed by student performances, and guided by teachers and other service providers who clearly exhibit caring and concern towards students. The ultimate outcome of classroom instruction shall be students who can read, compute, think, communicate, and relate.

(d) Students shall learn from each other and build a community of learners who care about each other. All schools shall incorporate success compact and the teaming of teachers with students into groups that result in a greater caring environment in a more personalized group setting. Every student shall belong to a group of teachers and students who care about them. These groups shall be the first to respond to students in need of support.

§§302A-F Management component of the comprehensive student support system. Management functions, for example, planning, budgeting, staffing, directing, coordinating, monitoring, evaluating, and reporting, shall organize the instructional and student support components to maximize the use of limited resources. The comprehensive student support system, management component, shall be consistent with and complement school/community-based management. The management of resources and services shall be integrated and collaborative.

§§302A-G Classroom, school, family, and community settings under the comprehensive student support system.

(a) Teachers shall work with students to provide informal assistance as needed.

(b) Other caring adults in the school shall be available to work together and provide support and assistance to students, parents, and teachers. The student support team shall convene when a student requires support for more complex needs.

(c) Family strengths, resources, and knowledge shall be an integral part of a student support team.

(d) Resources with expertise in various areas of child development shall be included in providing services that enhance the quality of customized services when needed.

§§302A-H Student support team.

(a) "Student support team" includes the student, family, extended family, close family friends, school, and other related professionals and agency personnel who are knowledgeable about the student or appropriate teaching methods, and programs and services and their referral processes. "Student support team" includes the parent and family at the outset of the planning stage and throughout the delivery of support.

(b) If community programs and services become necessary to address needs that are not being met by existing supports within the school, then professionals with specific expertise who are not located at the school shall be contacted by a designated student support team member, and may become additional members of the student support team.

(c) A student support team's general responsibilities shall include functions such as assessing student and family strengths and needs, identifying appropriate services, determining service and program eligibility, and referring to or providing services, or both. A student support team shall have the authority and resources to carry out decisions and follow-up with actions. The responsibilities of the student support team shall be determined by the issues involved and the supports and services needed.

(d) Each profession or agency involved shall adhere to its particular ethical responsibilities. These responsibilities shall include:

- (1) The ability to work as members of a team;
- (2) Actively listen;
- (3) Develop creative solutions; enhance informal supports;
- (4) Arrive at a mutually acceptable plan; and
- (5) Integrate and include the family's views, input, and cultural beliefs into the decision-making process and plan itself.

(e) Student support teams may focus on the following activities:

(1) Working with the classroom teacher to plan specific school-based interventions related to specific behavior or learning needs, or both;

(2) Participating in strength-based assessment activities to determine appropriate referrals and eligibility for programs and services;

(3) Ensuring that preventive and developmental, as well as intervention and corrective, services are tailored to the needs of the student and family, and provided in a timely manner;

(4) Facilitating the development of a coordinated service plan for students who require support from two or more agencies. The service plan shall incorporate other plans such as the individualized education plan, modification plan, individual family service plan, and treatment plan. A designated care coordinator shall monitor the coordination and integration of multi-agency services and programs, delivery of services, and evaluation of supports; and

(5) Including parents and families in building a community support network with appropriate agencies, organizations, and service providers.

## B. Implementation

§§302A-I School level implementation of the comprehensive student support system.

(a) School-communities may implement the comprehensive student support system differently in their communities; provided that, at a minimum, the school-communities shall establish both school support groups and student support teams in which all students are cared for.

(b) All school-communities shall design and carry out their own unique action plans that identify items critical to the implementation of the comprehensive student support system at the school level using the state comprehensive student support system model to guide them. The local action plan may include:

(1) Information about school level policies, guidelines, activities, procedures, tools, and outcomes related to having the comprehensive student support system in place;

(2) Roles of the school support group and student support team;

(3) Roles of the school level cadre of planners;

(4) Partnerships and collaboration;

(5) Training;

(6) Identification, assessment, referral, screening, and monitoring of students;

(7) Data collection; and

(8) Evaluation.

(c) If there are existing action plans, projects, or initiatives that similarly address the comprehensive student support system goals, then the cadre of planners shall coordinate and integrate efforts to fill in the gaps and prevent duplication.

(d) The action plan shall be an integral part of the school's school improvement plan, not separated but integrated.

§§302A-J Complex level implementation of the comprehensive student support system. The comprehensive student support system shall be supported at the school complex level. A school-complex resource teacher shall provide staff support, technical assistance, and training to school-communities in each school complex in the planning and implementation of comprehensive student support system priorities and activities.

§§302A-K State level implementation of the comprehensive student support system.

(a) The department shall facilitate the process of bringing other state departments, community organizations, and parent groups on board with the department and allow line staff to work collaboratively in partnerships at the school level.

(b) The department, at the state level in partnership with other agencies, shall provide on-going professional development and training that are especially crucial in this collaborative effort.

(c) The department shall facilitate the procurement of needed programs and services currently unavailable or inaccessible at school sites.

(d) The department shall be responsive to complex and individual school needs.

### C. Evaluation

§§302A-L Purpose of evaluating the comprehensive student support system.

(a) The department shall evaluate the comprehensive student support system to:

(1) Improve the further development and implementation of the comprehensive student support system;

(2) Satisfy routine accountability needs; and

(3) Guide future replication and expansion of the comprehensive student support system.

(b) Successful program development and implementation shall result in:

(1) Improved prevention and early intervention support;

(2) Coordinated services made possible through cross-discipline, cross-agency teams with a problem-solving, collaborating orientation;

(3) Promotion of pro-social skills;

(4) Increased family involvement in collaborative planning to meet the needs of students;

(5) Development of schools' capacity to assess and monitor progress on the program's objectives through the use of specially developed educational indicators; and

(6) Successful long and short-term planning integrated with school improvement plans.

§§302A-M Outcomes expected of the comprehensive student support system. The outcomes expected of the comprehensive student support system are:

(1) Increased attendance;

(2) Improved grades;

(3) Improved student performance, as measured by established content and performance standards;

(4) A substantial increase in parental participation; and

(5) At the secondary level, increased participation in extracurricular activities."

SECTION 3. If any provision of this Act, or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION 4. In codifying the new sections added to chapter 302A, Hawaii Revised Statutes, by section 2 of this Act, the revisor of statutes shall substitute appropriate section numbers for the letters used in the new sections' designations in this Act.

SECTION 5. This Act shall take effect on January 1, 2000.

Online at: [http://www.capitol.hawaii.gov/session1999/bills/sb519\\_.htm](http://www.capitol.hawaii.gov/session1999/bills/sb519_.htm)

## MULTNOMAH EDUCATION SERVICE DISTRICT

### MEMORANDUM

Date: July 20, 2004  
To: MESD Board of Directors  
From: Board Program Review Committee  
Re: Policy for Learning Supports

The Program Review Committee has spent the year conducting specific reviews of elements of the MESD programs. Additionally the Committee has considered the larger question of the nature of today's learners and the role MESD plays in their education. We would like to share with members of the Board observations and findings we have made throughout the year.

1. We wish to affirm our intent to create a learning environment in which all students succeed.
2. We endorse State Superintendent Castillo's 2003-04 initiative to close the achievement gap on behalf of all students.
3. We are clear that the recently revised mission statement should be followed by all employees of the ESD

To support our local school districts and share in providing a quality education for the children and families of our communities.

4. Further, we are committed to our vision statement that we hold for the district:

We work as a team dedicated to enhancing the learning of the communities' children by designing and delivering services responsive to family and school district needs. We strive to demonstrate leadership, wise utilization of resources, cooperative relationships with school districts and other agencies and a commitment to being a learning organization.

5. We support the following value statements upon which the mission and vision are based:
  - Children are our most important natural resource;
  - Families should be supported in education of their children;
  - Each student should reach proficiency on challenging academic standards and assessments;
  - A quality staff is essential in carrying out the mission of the agency;
  - Supportive working relationships that value diversity within the ESD are vital to achieving our mission;
  - Community partnerships maximize resources;
  - Adequate and stable financial resources are required for a quality education;
  - Interagency relationships strengthen services to children;
  - Delivering effective services to schools is a process of continuous improvement;
  - A strong system of public education is essential to the future of our society.
6. Higher standards for student performance, new instructional strategies, and a focus on results are specified as essential elements in attaining student achievement.
7. As an agency, we strive to utilize the developmental assets and strength-based approach to students and families.
8. A high proportion of students are unable to benefit fully from educational reforms because of learning barriers related to lack of engagement in the learning process for many reasons

including urban poverty, poor health, community violence, domestic problems, racial and cultural tensions, substance abuse, insufficient support for transitions such as entering a new school and/or grade, insufficient home involvement in schooling, and inadequate response when learning, behavior and emotional problems first arise.

9. We recognize that teachers find it especially difficult to make progress with the high proportion of youngsters for whom barriers to learning have resulted in moderate-to-mild learning and behavior problems and even disengagement from classroom learning.
10. We believe in a balanced approach to deliver the 12 Quality Indicators for all students from the State of Oregon Quality Education Model.
11. Many of our youngsters who are referred for special services and placed in special education could have their needs met better by addressing barriers to learning through programs that prevent problems, respond to problems as soon as they arise, and promote healthy development.
12. We believe that the economic case for public funding of Early Childhood Education is clearly justified along with the efficacy of barrier reduction for children.
13. The MESD, its constituent districts and various community agencies have devoted resources to addressing learning barriers and initial processes have been well implemented to reform and restructure use of their respective resources - including exploring strategies to weave education and community efforts together – in powerful ways that can overcome key barriers to student achievement.
14. A comprehensive, integrated collaboration among all MESD support resources along with community resources will allow for development of “Components for Learning Supports” that are fully integrated with instructional efforts to effectively address barriers to learning and teaching. Properly developed and implemented, such components will enhance student achievement and reduce the achievement gap.

**We therefore recommend that the MESD Board of Directors consider and adopt a Learning Supports policy.**

**RESOLUTION 04-45 – Approval for Second Reading of New Board Policy IAB (Learning Supports to Enhance Achievement)**

This resolution is for second reading for new Board Policy IAB (Learning Supports to Enhance Achievement).

Background: The resolution is necessary for a policy on development of components of Learning Supports to enhance student achievement and reduce the achievement gap.

The Superintendent recommends adoption of the following resolution:

**WHEREAS** to achieve in school, students need to be wanted and valued. They need a positive vision of the future, and

**WHEREAS** students require safe, orderly schools, strong community support, high-quality care, and adults they can trust, and

**WHEREAS** students become alienated because they may not feel worthy, they may not have a supportive home or opportunities to learn to care, or they may not be successful in handling frustrations, or have good experiences in school. They may not see relevance to their education or have positive role models or may not have access to essential supports, and



**WHEREAS** the MESD Board of Directors, the Superintendent, and staff need to ensure that each student can read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from other students, teachers, and members of the school community, and

**WHEREAS** the MESD Board of Directors finds that the generalized Learning Support system and individualized student support created by comprehensive and systemic Learning Support components can give parents what they and their children and teachers want most from education--schools that provide the type of safe and caring environment that enhances student learning and reduces the achievement gap, and

**WHEREAS** implementation of comprehensive, integrated components for Learning Supports will serve our community by developing successful, well-educated citizens, and

**WHEREAS** steps should be taken to fully implement such components through alignment and redeployment of existing resources and through strategically filling gaps over time, and

**WHEREAS** the Board reviewed this policy during first reading on July 20, 2004,

**NOW THEREFORE BE IT RESOLVED** that Board Policy IAB is approved for Second Reading as written and adopted.

#### **LEARNING SUPPORTS TO ENHANCE ACHIEVEMENT**

1. The Board of Directors resolves that components to address barriers to student learning and enhance healthy development be fully integrated with efforts to improve instruction and management/governance for instruction and be pursued as a primary and essential component of MESD education reforms in classrooms, schools, and consultation/services to component districts.
2. In keeping with the Oregon Quality Education Standards for best practices, the Board adopts the term learning supports as a unifying concept that encompasses all efforts related to addressing barriers to learning and enhancing healthy development.
3. The Board encourages and supports administrative efforts toward securing resources at the state, federal and local public level as well as private sector and philanthropic efforts to more fully fund a comprehensive system of related learning supports.
4. The Board will direct administrative efforts toward aligning, deploying and redeploying current funding and community resources related to learning support efforts in order to initiate development of comprehensive and systematic components of learning supports for schools.
5. The Board directs the Superintendent to ensure those responsible for professional and other stakeholder development throughout the District incorporate a substantial focus on learning support components into all such training and developmental activities.
6. The Board will direct administrative efforts to allocate funds in ways that fill gaps related to fully developing comprehensive and systematic components of learning supports for schools.

## **An Example of an Early Legislative Proposal**

California took an early lead in focusing attention on the need to develop policy for a component to address barriers to student learning. In 1995, California Assembly Member Juanita McDonald brought together a set of task forces to develop an Urban Education Initiative package of legislation. One major facet focused on Overcoming Barriers to Pupil Learning. This facet of the legislation called on school districts to ensure that schools within their jurisdiction had an enabling component in place. On the following pages is the draft of that part of the bill. Just before the legislation was to go to the Education Committee for review, McDonald was elected to Congress.

CALIFORNIA LEGISLATURE—1995–96 REGULAR SESSION

ASSEMBLY BILL No. 784 AMENDED IN ASSEMBLY APRIL 25, 1995

Introduced by Assembly Member McDonald  
(Principal coauthor: Assembly Member Alpert)  
(Coauthors: Assembly Members Archie-Hudson, Baca,  
Ducheny, Kuehl, and Napolitano)  
(Coauthor: Senator Watson)  
February 22, 1995

An act to add Part 29.5 (commencing with Section 55000) to the Education Code, relating to urban school districts.

### LEGISLATIVE COUNSEL’S DIGEST

AB 784, as amended, McDonald. Education: urban school districts: equal opportunity to learn: teacher credentialing reform.

#### CHAPTER 5. OVERCOMING BARRIERS TO PUPIL LEARNING

##### **Article 1. Enabling Pupils to Overcome Learning Barriers**

55040. (a) It is the intent of the Legislature that on or before the commencement of the 1996–97 school year, each school district ensure that the schools within their jurisdiction have an enabling component in place. The enabling component shall enable pupils to overcome barriers that interfere with their ability to learn and to benefit from instructional and management reforms made at schools. For the purposes of this chapter, an “enabling component” means a comprehensive, integrated continuum of school-based and school-linked activity designed to enable schools to teach and pupils to learn. That continuum shall include prevention, including promotion of wellness, early-age and early-after-onset intervention, and treatments for severe, pervasive, and chronic conditions.

(b) Each enabling component developed by each school shall include, but not necessarily be limited to, the following:

- (1) A plan for restructuring school education support programs and services.
- (2) A plan for coordinating school district and community resources.
- (3) A plan for coordinating school district enabling activities with health and human services provided by the state and by local government.
- (4) A plan for enhancing the performance of persons involved in the delivery of education services to pupils.
- (5) Strategies for replicating promising innovations.
- (6) Strategies for the improvement of the quality of education and accountability of the school.

55041. The department shall develop and report to the Legislature on a plan for the implementation of the enabling components consistent with requirements set forth in subdivision (b) of Section 55040 and with any other requirements determined to be necessary by the department to enable

pupils to overcome barriers to learning. The report shall include specific recommendations on coordinating school-based enabling activities with community resources and the ways in which the parents and guardians of pupils may be included in enabling activities. The report shall include specific recommendations on changes necessary to existing laws and on any new legislation that is necessary to implement the plan. The department shall report the plan to the Legislature not later than December 31, 1996. It is the intent of the Legislature that any necessary implementing legislation be enacted for the 1997–98 school year.

55042. School districts may request assistance from the department in the development of the enabling component described in Section 55040. The department shall assist school districts that have demonstrated readiness to develop enabling components to coordinate school-based enabling activities with community resources and to involve the parents and guardians of pupils in those activities.

## **Article 2. Restructuring Education Programs and Coordinating With Other Support Programs**

55045. (a) For the purpose of enabling pupils to overcome barriers to learning, the department shall develop a strategic plan to guide and stimulate restructuring of education support programs and services operated by schools for pupils and their parents and guardians. The department shall include within that plan methods of coordinating school services with community services that are made available to pupils and their families by local government agencies or private nonprofit groups. The department shall also develop a plan for those programs and services that are operated by school districts and by the department. The plan shall include, but not be limited to, the following:

- (1) Moving from fragmented, categorical and single discipline-oriented services toward a comprehensive, integrated, cross-disciplinary approach.
- (2) Moving from activity that is viewed as supplementary toward a full-fledged integrated component that is understood to be primary and essential to enabling learning.
- (3) Involving pupils and their parents and guardians, and communities in the education process in a manner that capitalizes on their strengths and the many ways in which they can contribute to the education process.
- (4) Restructuring education support programs and services offered at schoolsites.
- (5) Coordinating services offered by school districts with other services available in the community.
- (6) Coordinating enabling components with health and human services offered by the state and by local government.
- (7) Involving all persons having an interest in the education process in developing the enabling component.
- (8) Strategies for replicating at school sites innovations to improve pupil learning that are successful at other school sites.
- (9) Strategies for improving the quality of education and for improving school accountability.
- (10) Establishing a comprehensive, integrated, cross-disciplinary approach to teaching.
- (11) Establishing an integrated component that is understood to be essential to learning.
- (12) Involving all persons having an interest in the education process in a manner that best utilizes their various strengths.
- (13) Integrating the enabling component with the instructional and management components of the education process.
- (14) Developing leadership to effectively operate and implement the enabling component.
- (15) Developing and incorporating integrated planning for the use of advanced multifaceted technology, to assist pupils and their parents or guardians in the learning process, to provide responses to and prevention of emergencies and other crises, to support transitions, and to provide for community and volunteer outreach.
- (16) Facilitating teacher recruitment, continuing education for teachers, and retention of teachers.

(17) Infrastructure changes, particularly those related to operation space at schoolsites, allocation and maximization of fiscal resources, administrative and staff leadership, and mechanisms for effective coordination of essential system elements and resources.

(18) Strategies for phasing in the restructuring of education programs.

(19) Strategies to ensure the long-term success of planned changes.

(20) The types of leadership, infrastructure, and specific mechanisms that can be established at a schoolsite for high schools and their feeder schools, and in communities to facilitate coordinated and integrated governing, planning, and implementation of enabling components.

(21) Methods for schoolsites to ensure significant roles and leadership training for parents and guardians of pupils and for other community residents, representatives of community-based organizations, and, when appropriate, pupils.

(22) Methods to seek waivers of state and federal laws and regulations thereto when necessary to facilitate efforts to evolve a comprehensive, integrated approach to learning.

(23) Evaluating the progress of schools in implementing reforms and enhancing outcomes.

(24) Methods to provide professional preparation and continuing education programs that focus on the type of interprofessional collaborations necessary for the development of a comprehensive, integrated approach to enabling pupil learning.

(b) The department shall disseminate the strategic plan adopted pursuant to this section to school districts on or before December 31, 1996. The department shall also report the strategic plan to the Legislature not later than December 31, 1996, along with specific recommendations on any changes to existing law that are necessary to implement the plan and on any new legislation required to implement the plan. It is the intent of the Legislature that any necessary implementing legislation be enacted for the 1997–98 school year.

55046. (a) The department shall assist urban school districts or schools that demonstrate readiness to restructure their education support programs and services in a manner consistent with the strategic plan developed pursuant to Section 55045.

(b) The department may provide assistance to schools by any of the following methods:

(1) Informational guidelines and guidebooks.

(2) Leadership training.

(3) Regional workshops.

(4) Demonstrations of effective methods of restructuring education.

(5) Opportunities for interchanges.

(6) Technical assistance in developing plans.

### **Article 3. Models of Strategies to Enable Pupil Learning**

55050. On or before December 31, 1996, the department shall develop a plan to enable schools to replicate methods of overcoming barriers to pupil learning that have been successfully implemented at the school site level. The plan shall include recommendations on the following:

(a) Guidelines and procedures for identifying successful innovations that are designed to address barriers to pupil learning and implemented at the school site or school district level.

(b) Procedures for analyzing new initiatives and promising innovations to identify possible redundancy and fragmentation of methods.

(c) Disseminating successful innovations that are designed to overcome barriers to learning and, in doing so, reduce redundancy and fragmentation of methods.

(d) Using demonstrations of innovative methods of overcoming pupil learning barriers as catalysts to stimulate interest in reform.

(e) Developing replication models that can be adopted for use at the school site level.

(f) Providing technical assistance for implementing replication strategies for school districts implementing innovations designed to address barriers to pupil learning.

55051. The department shall make the plan developed pursuant to Section 55050 available to school districts on or before December 31, 1996.

**Proposed Legislation in California – 2005-2006 regular session:**

**A Comprehensive Pupil Learning Support System**

**ASSEMBLY BILL No. 171**

An act to add Chapter 6.4 (commencing with Section 52059.1) to Part 28 of the Education Code, relating to pupils.

Legislative Counsel's Digest

Existing law establishes various educational programs for pupils in elementary, middle, and high school to be administered by the State Department of Education. This bill would establish the Comprehensive Pupil Learning Support System to ensure that each pupil will be a productive and responsible learner and citizen. The bill would require the State Department of Education to administer and implement the program through existing resources that are available to the department for the purposes of the program. The bill would require the department to adopt regulations to implement the program. The bill would authorize each elementary, middle, and high school to develop a school action plan, as specified, based on guidelines to be developed by the State Department of Education. The bill would require each school action plan to, among other things, enhance the capacity of each school to handle transition concerns confronting pupils and their families, enhance home involvement, provide special assistance to pupils and families, and incorporate outreach efforts to the community.

**SECTION 1.** The Legislature hereby finds and declares all of the following:

- (a) The UCLA Center for Mental Health in Schools, the WestEd Regional Educational Laboratory, the State Department of Education, and other educational entities have adopted the concept of learning support within ongoing efforts to address barriers to pupil learning and to enhance healthy development.
- (b) Learning supports are the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports intended to enable all pupils to have an equal opportunity for success at school. To accomplish this goal, a comprehensive, multifaceted, and cohesive learning support system should be integrated with instructional efforts and interventions provided in classrooms and schoolwide to address barriers to learning and teaching.
- (c) There is a growing consensus among researchers, policymakers, and practitioners that stronger collaborative efforts by families, schools, and communities are essential to pupil success.
- (d) An increasing number of American children live in communities where caring relationships, support resources, and a profamily system of education and human services do not exist to protect children and prepare them to be healthy, successful, resilient learners.
- (e) Especially in those communities, a renewed partnership of schools, families, and community members must be created to design and carry out system improvements to provide the learning support required by each pupil in order to succeed.
- (f) Learning support is the collection of resources, strategies and practices, and environmental and cultural factors extending beyond the regular classroom curriculum that together provide the physical, emotional, and intellectual support that every pupil needs to achieve high-quality learning.
- (g) A school that has an exemplary learning support system employs internal and external supports and services needed to help pupils become good parents, good neighbors, good workers, and good citizens of the world.
- (h) The overriding philosophy is that educational success, physical health, emotional support, and family and community strength are inseparable.

- (i) To implement the concept of learning supports, the state must systematically realign and redefine existing resources into a comprehensive system that is designed to strengthen pupils, schools, families, and communities rather than continuing to respond to these issues in a piecemeal and fragmented manner.
- (j) Development of learning supports at every school is essential in meeting the needs arising from the federal No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Act. The state needs to ensure that each pupil is able to read, write, and relate effectively, has self-worth, has meaning-based learning opportunities, and has positive support networks from their peers, teachers, pupil support professionals, family members, and other school and community stakeholders.
- (k) It is essential that each pupil becomes literate, confident, caring, and capable of thinking critically, solving problems, communicating effectively, and functioning as a contributing member of society.
- (l) The education climate in the public schools of the state, as measured by overcrowded schools, absenteeism, increasing substance and alcohol abuse, school violence, sporadic parental involvement, dropouts, and other indicators, suggest that the state is in immediate need of learning supports.
- (m) A learning support system needs to be developed at every school to ensure that pupils have essential support for learning, from kindergarten to high school.
- (n) A learning support system should encompass school-based and school-linked activities designed to enable teachers to teach and pupils to learn. It should include a continuum of interventions that promote learning and development, prevent and respond early after the onset of problems, and provide correctional, and remedial programs and services. In the aggregate, a learning support system should create a supportive and respectful learning environment at each school.
- (o) A learning support system is a primary and essential component at every school, designed to support learning and provide each pupil with an equal opportunity to succeed at school. The learning support system should be fully integrated into all school improvement efforts.
- (p) The State Department of Education, other state agencies, local school districts, and local communities all devote resources to addressing learning barriers and promoting healthy development. Too often these resources are deployed in a fragmented, duplicative, categorical manner that results in misuse of sparse resources and failure to reach all the pupils and families in need of support. A learning support system will provide a unifying concept and context for linking with other organizations and agencies as needed and can be a focal point for braiding school and community resources into a comprehensive, multifaceted, and cohesive component at every school.
- (q) It is the intent of the Legislature that the Comprehensive Pupil Learning Support System (CPLSS) is fully integrated with other efforts to improve instruction and focuses on maximizing the use of resources at individual schools and at the district level. Collaborative arrangements with community resources shall be developed with a view to filling any gaps in CPLSS components.

SEC. 2. Chapter 6.4 (commencing with Section 52059.1) is added to Part 28 of the Education Code, to read:

Chapter  
6.4. Comprehensive Pupil Learning Support System

- 52059.1. (a) There is hereby established the Comprehensive Pupil Learning Support System (CPLSS). The CPLSS shall be implemented with existing personnel and program resources, without the need for additional or new appropriations.
- (b) It is the intent of the Legislature in establishing the CPLSS to provide pupils with a support system to ensure that they will be productive and responsible learners and citizens. It is further the intent of the Legislature that the CPLSS ensure that pupils have an equal opportunity to succeed at school and to do so in a supportive, caring, respectful, and safe learning environment.

(c) It is the intent of the Legislature that these goals be accomplished by involving pupils, teachers, pupil support professionals, family members, and other school and community stakeholders in the development, daily implementation, monitoring, and maintenance of a learning support system at every school and by braiding together the human and financial resources of relevant public and private agencies.

52059.2. The department shall facilitate the establishment of the CPLSS by doing all of the following:

(a) Developing standards and strategic procedures to guide the establishment of the CPLSS component at each school.

(b) Providing ongoing technical assistance, leadership training, and other capacity building supports.

(c) Rethinking the roles of pupil services personnel and other support staff for pupils and integrating their responsibilities into the educational program in a manner that meets the needs of pupils, teachers, and other educators.

(d) Detailing procedures for establishing infrastructure mechanisms between schools and school districts.

(e) Coordinating with other state agencies that can play a role in strengthening the CPLSS.

(f) Ensuring that the CPLSS is integrated within the organization of the department in a manner that reflects the school action plans developed by schools pursuant to subdivision

(a) of Section 52059.3.

(g) Enhancing collaboration with state agencies and other relevant resources to facilitate local collaboration and braiding of resources.

(h) Including an assessment of the CPLSS in all future school reviews and accountability reports.

52059.3. (a) Each elementary, middle, and high school may develop a CPLSS component by developing a school action plan based on the guidelines developed by the department pursuant to

Section 52059.2. (a) Each elementary, middle, and high school may develop a CPLSS component by developing a school action plan based on the guidelines developed by the department pursuant to Section 52059.2.

(b) Each school action plan shall be developed with the purpose of doing all of the following:

(1) Enhance the capacity of teachers to address problems, engage and re-engage pupils in classroom learning, and foster social, emotional, intellectual, and behavioral development. The component of the school action plan required by this paragraph shall emphasize ensuring that teacher training and assistance includes strategies for better addressing learning, behavior, and emotional problems within the context of the classroom. Interventions may include, but not be limited to, all of the following:

(A) Addressing a greater range of pupil problems within the classroom through an increased emphasis on strategies for positive social and emotional development, problem prevention, and accommodation of differences in the motivation and capabilities of pupils.

(B) Classroom management that emphasizes re-engagement of pupils in classroom learning and minimizes over-reliance on social control strategies.

(C) Collaboration with pupil support staff and the home in providing additional assistance to foster enhanced responsibility, problem solving, resilience, and effective engagement in classroom learning.

(2) Enhance the capacity of schools to handle transition concerns confronting pupils and their families. The component of the school action plan required by this paragraph shall emphasize ensuring that systems and programs are established to provide supports for the many transitions pupils, their families, and school staff encounter. Interventions may include, but are not limited to, all of the following:

(A) Welcoming and social support programs for newcomers.

(B) Before, during, and afterschool programs to enrich learning and provide safe recreation.

- (C) Articulation programs to support grade transitions.
  - (D) Addressing transition concerns related to vulnerable populations, including, but not limited to, those in homeless education, migrant education, and special education programs.
  - (E) Vocational and college counseling and school-to-career programs.
  - (F) Support in moving to postschool living and work.
  - (G) Outreach programs to re-engage truants and dropouts in learning.
- (3) Respond to, minimize the impact of, and prevent crisis. The component of the school action plan required by this paragraph shall emphasize ensuring that systems and programs are established for emergency, crisis, and followup responses and for preventing crises at a school and throughout a complex of schools. Interventions may include, but are not limited to, all of the following:
- (A) Establishment of a crisis team to ensure immediate response when emergencies arise, and to provide aftermath assistance as necessary and appropriate so that pupils are not unduly delayed in re-engaging in learning.
  - (B) Schoolwide and school-linked prevention programs to enhance safety at school and to reduce violence, bullying, harassment, abuse, and other threats to safety in order to ensure a supportive and productive learning environment.
  - (C) Classroom curriculum approaches focused on preventing crisis events, including, but not limited to, violence, suicide, and physical or sexual abuse.
- (4) Enhance home involvement. The component of the school action plan required by this paragraph shall emphasize ensuring there are systems, programs, and contexts established that lead to greater involvement to support the progress of pupils with learning, behavior, and emotional problems. Interventions may include, but are not limited to, all of the following:
- (A) Interventions that address specific needs of the caretakers of a pupil, including, but not limited to, providing ways for them to enhance literacy and job skills and meet their basic obligations to the children in their care.
  - (B) Interventions for outreaching and re-engaging homes that have disengaged from school involvement.
  - (C) Improved systems for communication and connection between home and school.
  - (D) Improved systems for home involvement in decisions and problem solving affecting the pupil.
  - (E) Enhanced strategies for engaging the home in supporting the basic learning and development of their children to prevent or at least minimize learning, behavior, and emotional problems.
- (5) Outreach to the community in order to build linkages. The component of the school action plan required by this paragraph shall emphasize ensuring that there are systems and programs established to provide outreach to and engage strategically with public and private community resources to support learning at school of pupils with learning, behavior, and emotional problems. Interventions may include, but are not limited to, all of the following:
- (A) Training, screening, and maintaining volunteers and mentors to assist school staff in enhancing pupil motivation and capability for school learning.
  - (B) Job shadowing and service learning programs to enhance the expectations of pupils for postgraduation opportunities.
  - (C) Enhancing limited school resources through linkages with community resources, including, but not limited to, libraries, recreational facilities, and postsecondary education institutions.
  - (D) Enhancing community and school connections to heighten a sense of community.
- (6) Provide special assistance for pupils and families as necessary. The component of the school action plan required by this paragraph shall ensure that there are systems and programs established to provide or connect with direct services when necessary to address barriers to the learning of pupils at school. Interventions may include, but are not limited to, all of the following:



(A) Special assistance for teachers in addressing the problems of specific individuals.

(B) Processing requests and referrals for special assistance, including, but not limited to, counseling or special education.

(C) Ensuring effective case and resource management when pupils are receiving direct services.

(D) Connecting with community service providers to fill gaps in school services and enhance access for referrals.

(c) The development, implementation, monitoring, and maintenance of the school action plan shall include, but not be limited to, all of the following components:

(1) Ensuring effective school mechanisms for assisting individuals and families with family decision making and timely, coordinated, and monitored referrals to school and community services when indicated.

(2) A mechanism for an administrative leader, support staff for pupils, and other stakeholders to work collaboratively at each school with a focus on strengthening the school action plan.

(3) A plan for capacity building and regular support for all stakeholders involved in addressing barriers to learning and promoting healthy development.

(4) Compliance with the guidelines developed by the department pursuant to Section 52059.2.

(5) Accountability reviews.

(6) Minimizing duplication and fragmentation between school programs.

(7) Preventing problems and providing a safety net of early intervention.

(8) Responding to pupil and staff problems in a timely manner.

(9) Connecting with a wide range of school and community stakeholder resources.

(10) Recognizing and responding to the changing needs of all pupils while promoting the success and well-being of each pupil and staff member.

(11) Creating a supportive, caring, respectful, and safe learning environment.

52059.4. Each school with a CPLSS school action plan shall integrate the CPLSS school action plan with other school safety plans, school improvement plans, or other programs to improve instruction, and focus on maximizing its use of available resources at the individual school level and the school district level in order to implement this program. The school action plan shall reflect all of the following:

(a) School policies, goals, guidelines, priorities, activities, procedures, and outcomes relating to implementing the CPLSS.

(b) Effective leadership and staff roles and functions for the CPLSS.

(c) A thorough infrastructure for the CPLSS.

(d) Appropriate resource allocation.

(e) Integrated school/community collaboration.

(f) Regular capacity building activity.

(g) Delineated standards, quality and accountability indicators, and data collection procedures.

52059.5. (a) For the purposes of this section, “complex of schools” means a group of elementary, middle, or high schools associated with each other due to the natural progression of attendance linking the schools.

(b) To ensure that the CPLSS is developed cohesively, efficiently uses community resources, and capitalizes on economies of scale, CPLSS infrastructure mechanisms shall be established at the school and district level.

(c) Complexes of schools are encouraged to designate a pupil support staff member to facilitate a family complex CPLSS team consisting of representatives from each participating school.

(d) Each school district implementing a CPLSS shall establish mechanisms designed to build the capacity of CPLSS components at each participating school, including, but not limited to, providing technical assistance and training for the establishment of effective CPLSS components.

52059.6.(a) The department shall evaluate the success of the CPLSS component according to the following criteria:

(1) Improved systems for promoting prosocial pupil behavior and the well-being of staff and pupils, preventing problems, intervening early after problems arise, and providing specialized assistance to pupils and families.

(2) Increasingly supportive, caring, respectful, and safe learning environments at schools.

(3) Enhanced collaboration between the school and community.

(4) The integration of the CPLSS component with all other school improvement plans.

(5) Fewer inappropriate referrals of pupils to special education programs or other special services.

(b) The department shall consider all of the following in evaluating the success of the CPLSS component:

(1) Pupil attendance.

(2) Pupil grades.

(3) Academic performance.

(4) Pupil behavior.

(5) Home involvement.

(6) Teacher retention.

(7) Graduation rates.

(8) Literacy development.

(9) Other indicators required by the federal No Child Left Behind Act of 2001 (20 U.S.C. Sec. 6301 et. seq.) and included in the California Healthy Kids Survey.

SEC. 3. A local educational agency may use funds made available pursuant to Title I of the No Child Left Behind Act of 2001 (20 U.S.C. Sec. 6301 et seq.), to the extent allowable for the purposes of implementing this act, if approved by a school site council.

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## Appendix F

### Examples of Provisions of Federal Law that Allow Districts to Redeploy Federal Resources to Improve Systems (e.g., to creating a cohesive *System of Learning Supports*)

#### ***No Child Left Behind Act of 2001 (PL 107-110)***

This last reauthorization of the Elementary and Secondary Education Act continues to enable making the case for using a percentage of the allocated federal funds for enhancing how student/learning supports are coalesced. For example, under Title I (Improving The Academic Achievement of the Disadvantaged), the need for coordination and integration of student supports is highlighted in the statement of Purpose (Section 1001) # 11 which stresses “coordinating services under all parts of this title with each other, with other educational services, and, to the extent feasible, with other agencies providing services to youth, children, and families.” It is also underscored by the way school improvement is discussed (Section 1003) and in Part A, Section 1114 on schoolwide programs. Section 1114 (a) on use of funds for schoolwide programs indicates:

“(1) IN GENERAL- A local educational agency may consolidate and use funds under this part, together with other Federal, State, and local funds, in order to upgrade the entire educational program of a school that serves an eligible school attendance area in which not less than 40 percent of the children are from lowincome families, or not less than 40 percent of the children enrolled in the school are from such families

(J) Coordination and integration of Federal, State, and local services and programs, including programs supported under this Act, violence prevention programs, nutrition programs, housing programs, Head Start, adult education, vocational and technical education, and job training.”

<http://www.ed.gov/policy/elsec/leg/esea02/pg2.html#sec1114>

The need is also implicit in Part C on migratory children, Part D on prevention and intervention programs for neglected, delinquent, or at-risk students, and Part F on comprehensive school reform, and Part H on dropout prevention, in Title IV 21st Century Schools, and so on.

Mechanisms for moving in this direction stem from the provisions for flexible use of funds, coordination of programs, and waivers detailed in Titles VI and IX. – <http://www.ed.gov/policy/elsec/leg/esea02/index.html>

#### ***Individuals with Disabilities Education Improvement Act of 2004 Public Law No: 108-446***

Using IDEA funds to coalesce student/learning supports is emphasized in how Title I, Part B, Section 613 (Local Educational Agency Eligibility) discusses (f) Early Intervening Services:

“(1) IN GENERAL- A local educational agency may not use more than 15 percent of the amount such agency receives under this part for any fiscal year . . . , in combination with other amounts (which may include amounts other than education funds), to develop and implement coordinated, early intervening services, which may include interagency financing structures, for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.

(2) ACTIVITIES- In implementing coordinated, early intervening services under this subsection, a local educational agency may carry out activities that include–

(A) professional development (which may be provided by entities other than local educational agencies) for teachers and other school staff to enable such personnel to deliver scientifically based academic instruction and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software; and

(B) providing educational and behavioral evaluations, services, and supports, including scientifically based literacy instruction.” ...

“(5) COORDINATION WITH ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965- Funds made available to carry out this subsection may be used to carry out coordinated, early intervening services aligned with activities funded by, and carried out under, the Elementary and Secondary Education Act of 1965 if such funds are used to supplement, and not supplant, funds made available under the Elementary and Secondary Education Act of 1965 for the activities and services assisted under this subsection.”

<http://www.ed.gov/about/offices/list/osep/index.html?src=mr>

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# Response Form

## *Current Status of Mental Health in Schools*

(1) Names (with contact info if you have it) for those you want us to send copies of the report

(2) \_\_\_\_ Check here if you want us to send you some copies of the report to circulate. How Many? \_\_\_\_

(3) Any Ideas about how we should use the report to stimulate discussion and change?  
(Don't be limited by the space below)

(4) Other thoughts about and examples of the Current Status of MH in schools:  
(Don't be limited by the space below)

If you aren't already, indicate below if you want

\_\_\_\_ to join the national ***Policy Leadership Cadre for MH in Schools*** – see description online at –  
<http://www.smhp.psych.ucla.edu/coalit.htm>

\_\_\_\_ to receive our free monthly ***electronic newsletter (ENEWS)*** – see recent issue online at –  
<http://smhp.psych.ucla.edu/enews.htm>

\_\_\_\_ to receive our free ***quarterly hardcopy newsletter*** – see past issues online at –  
<http://smhp.psych.ucla.edu/news.htm>

\_\_\_\_ to be part of the ***weekly Practitioners Listserv exchanges*** – see last interchange online at –  
<http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner.pdf>

\_\_\_\_ to be part of the ***Center's Consultation Cadre*** – see description at –  
<http://www.smhp.psych.ucla.edu/consult.htm>

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*Thanks for completing this form. Return by FAX to (310) 206-5895.*

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