Collaborating Across Systems to Build Effective Schools

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INTRODUCTION

School success is closely tied to social-emotional development and positive mental health for children. "Emotions can facilitate or hamper learning and ultimate success in school. Because social and emotional factors play such an important role, schools must attend to this aspect of the educational process for the benefit of all students" (Zins et al, 2004). "When schools implement high quality social-emotional learning programs effectively, the academic achievement of children increases, incidences of problem behaviors decrease, and the relationships that surround each child are improved" (Elias, 2003). In the context of the No Child Left Behind Act, emphasis on academic achievement should be balanced with social-emotional learning. "A deliberate and comprehensive approach to teaching children social and emotional skills can raise their grades and test scores, bolster their enthusiasm for learning, [and] reduce behavior problems..." (Gewertz, 2003).

In April, 2002, the New Freedom Commission on Mental Health began studying the nation's mental health delivery system culminating in 2003 with the report: *Achieving the Promise: Transforming Mental Health Care in America.* The Commission recommended changes in mental health care and recommended improved and expanded mental health care programs in schools. According to the Policy Leadership Cadre for Mental Health in Schools (sponsored by the Center for Mental Health in Schools at UCLA) mental health in schools is defined as both "positive mental health (e.g., promotion of social and emotional development) and mental health problems (psychosocial concerns and mental disorders) of students, their families, and school staff" (2001).

Schools play an important role in the lives of the nation's children and are uniquely positioned to promote mental health while providing academic skill development and achievement. Schools can help in identifying mental health needs and linking students to appropriate services. Improved access for poor, minority or difficult to reach populations can be also be achieved.

However, schools cannot accomplish the task of integrating and improving mental health programs alone. "The challenges of the 21st century demand collaboration across groups to assure both achievement and well being for America's children and youth. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of

every child" (NASMHPD and NASDSE, 2002). The *Report of the Surgeon General's Conference on Children's Mental Health* (U.S. DHHS, 2001) called for better coordination of mental health services for children, eliminating fragmentation and focusing on mental health as an integral part of learning and general health. Linking mental health and social service agencies with schools can improve community capacity to serve all students in providing universal, early and intensive programs.

Woodruff et al. (1999) compared practices employed to effectively provide mental health services in schools. They reported the following characteristics of effective service provision across study sites: locating counselors, social workers, and psychologists in the schools; wraparound services, school-based case managers, prevention and early intervention programs; support centers within schools for students and their families; and family advocates who engage families as partners.

The characteristics cited are consistent with what is commonly referred to as a "systems of care" model. A systems of care model generally involves a local coordinating board comprising representatives of agencies that serve youth and families. The board sets policy, and serves in an advisory and administrative capacity. Another important element of school and community agency collaboration is regular meetings among school and agency staff for information sharing and coordination of efforts.

Many of the implications and recommendations for best practice have been implemented in the Clinton Community School District (CCSD) through a U.S. Department of Education Safe Schools/Healthy Students sponsored Systems of Care Network for Elementary School Counseling Program. The program represents an innovative approach to addressing the social-emotional needs of students in elementary schools. The Systems of Care Network goal is to create a learning environment where all students have equal access to quality education and counseling services by providing students and families with access to school-based high-quality mental health and social services. The program works at three levels and includes universal, indicated, and selected processes that are developmentally appropriate and culturally sensitive to meet the needs of all students along a risk continuum. Current counseling and educational opportunities are improved by increasing the numbers of counselors available to students and their families; increasing and improving counseling services; and providing teacher training and involvement.

CLINTON COMMUNITY SCHOOL DISTRICT IMPLEMENTATION OF A SYSTEMS OF CARE NETWORK

The National Resource Center for Family Centered Practice has been evaluating the effectiveness of the Clinton Community School District approach to providing elementary school counseling since 2004. The Clinton Community School District (CCSD) Systems of Care (SOC) network was developed using three levels of developmentally appropriate and culturally sensitive services to accomplish the broad goal of creating a quality learning environment where students could receive school-based access to counseling services.

Three service levels were identified which were intended to build assets among the general student population and identify and work with students requiring more intensive intervention. Level A services are district-wide integrating elementary counseling services through training of teachers and support staff and implementation of appropriate curricula focusing on early academic skills. Level B involves identification and supportive intervention with students who have behavioral, academic or attendance issues. Level C is more intensive and includes mental health assessment and services for students and families in need of intervention or referral to community support services. The SOC approach also included improving collaboration with community agencies for better access to mental health and social services.

ELEMENTS OF THE NEW APPROACH

Some of the important changes that occurred included increasing the number of qualified counseling personnel available to students and their families, expanding opportunities for counseling and counseling services, and training of teachers who were also involved in the program. The CCSD adopted a solution-focused approach to the counseling program to increase assets (based on the developmental assets described by Benson, 1997) of positive attitudes about school, homework completion, reading for pleasure, peaceful conflict resolution, and resistance skills; and decrease the number of school absences, low achievement, early initiation into substance use, and aggressive school behavior. The Systems Inventory Profile (discussed below) and Iowa Test of Basic Skills (ITBS) were used to measure changes in assets and academic achievement along with other outcome measures such as school attendance and disciplinary actions.

Changes in Staffing, Curriculum and Training

The SOC program added three counselors and a contract with a local mental health agency for two additional social workers to provide services in the elementary schools. A contract with a school psychologist for ¼ time was also added to the Systems of Care Intervention Team (SCIT) for Level C services. The number of conflict resolution programs in which students work with peers to solve conflicts on and off the playground was increased and the *Second Step* curriculum that had been in place for Kindergarten 1st and 2nd grades was added for the 3rd, 4th and 5th grades. Second Step focuses on three social competencies: empathy, impulse control and problem solving and anger management.

Training was provided to staff on the Teacher Assistance Team concept and procedures and in addition training on the Systems Inventory Profile. Counseling staff and SCIT members received additional training on the purpose and procedures for SCIT, and reviewed best practices in preventive guidance curriculum delivery as it relates to the Second Step program. Four counselors received training as trainers in Developmental Assets at the Search Institute during Summer 2005 in order to train counselors and teachers on integrating the developmental asset philosophy into the social-emotional curricular activities.

Solution-Focused Teacher Assistance Team
The Solution-Focused Teacher Assistance Team (TAT), was designed to provide early identification of at-risk students and to help teachers when their interventions were not successful. Because the TAT is strengths-based, family-centered and solution-focused, the team begins with identification of student strengths, and then needs and interventions are discussed in the presence of parents who are encouraged to participate. Team members could include a school counselor, current teacher, teacher from the previous year, AEA consultant, Principal, or other teaching staff as needed and decided within each school.

Support Groups
CCSD provided support for students on a variety of topics including divorce, substance, abuse, anger management, and socials skills. Social workers and counselors worked with groups of students who, with parental consent, registered to participate.

Systems of Care Intervention Team (SCIT)
SCIT, a Level C service, provided diagnostic, prescriptive, direct service, case management, counseling and therapeutic services to students and families. Personal, social, family and academic strengths were identified and needs were addressed through the strengths-based, solution-focused approach. The team worked with the student and the family until goals were met. Team members included a school counselor, school psychologist, social worker who served as case facilitator, teacher, parents or guardians, administrative assistant, and on an as needed basis, a representative from juvenile court services, the office of the county attorney, a school resource officer, Department of Human Services staff, Principal, AEA representative or school nurse is also involved.

Parent Involvement
Parents participated in seven categories of service: community referrals, TAT, SCIT, special education meetings, case management, home visits and the evaluation. Parent involvement was also encouraged through quarterly school newsletters with articles on school activities, parenting classes on *1 2 3 Magic*, and family night held at the schools.

Advisory Board
Community oversight of the project is provided through Clinton's Gateway Initiative. The Gateway Initiative is responsible for managing projects including start-up, implementation, monitoring, refining, supervision and reporting. Membership includes representatives from CCSD Administration, school principals and staff, Community Learning Center (parent), Advisory Councils, New Directions, Women's Health Services, the Gannon Center for Mental Health, Clinton Parks and Recreation, Clinton Police Department, Department of Humans Services, Area Substance Abuse Council and Juvenile Court Services.

Presentations to Community Agencies
The CCSD project coordinator attended meetings with community agencies to describe the program and increase awareness of the services of the CCSD Systems of Care Network. Some of the agencies included: Lutheran Social Services, Hillcrest Family Services, Bethany for Families, Clinton County Juvenile Court Services, and Clinton County Department of Human Services. These presentations increased awareness and fostered an improved spirit of collaboration. The results of the agency survey which measured change in collaboration is discussed below.

Systems Inventory Profile Survey
The Systems Inventory Profile (SIP) is an instrument developed and tested by the Mississippi Bend Area Education Agency. The SIP uses teacher rating of student assets to measure strengths. Teachers rank students on a 1 (low asset) to 5 (high asset) scale on 18 social-emotional and academic domains: principal/student interactions, teacher/student interactions, other adult/student interactions, intrinsic motivation, self-help skills, overall academic performance in reading, math and science, interpersonal skills, communication skills, social skills, peer/student interaction, self-concept, mood, attitude towards learning, social participation, economics and student health. Teachers ratings of each student are conducted in fall and spring of each school year.

RESULTS

Need for Academic Support
The percentage of students qualifying for free and reduced lunch (FRL) ranged from 34 percent to 68 percent at the target schools in 2003, and in 2004, the year the program began, the target schools ranged from 38 percent to 75 percent FRL eligible. At the same time, the number of students in need of academic support - those whose percentile rank in reading comprehension and/or math was at the 40th percentile or less – was significantly reduced. During the 2003-04 school year 859 students (47%) were at or below the 40th percentile. After the first year of the program that number had dropped significantly to 562 students (31.4%) (recorded near the end of the 2004-05 school year).

Social/Emotional Assessment
Elementary teachers provided ratings for each student on the Systems Inventory Profile (SIP). The SIP measures five domains: school, performance skills, interpersonal skills, affect, and community and health. From fall 2004 to spring 2005, the percentage of students ranked by teachers “with assets” increased at each school while the percentage of those ranked “low asset” decreased. One school had an increase of 21 percent in students ranked “with assets” (increasing from 43 percent to 64 percent), while students ranked “low asset” decreased by 21 percent (from 57 percent to 36 percent).

Service Utilization
Counselors identified ten categories of service provided to students at Levels B and C, and time spent with each student in each of these categories was recorded. By the end

of the 04-05 school year, comprehensive mental health assessment, treatment, and aftercare services were provided to 972 students and their families in the target schools, far exceeding the goal of 200 students. Most students received more than one type of service, with 538 students (one-third of students) receiving consultation services. Nearly 30 percent of students received individual counseling (455 students, 28%), and 409 students (25%) utilized group counseling. Family meetings were held with 406 students (25%) and case management services were provided to 316 students (20%). Systems of Care Intervention Team (SCIT) services were provided for 190 students (12%) and Special Education Team meetings were held with 161 students (10%). Community referrals were made for 121 students (8%). Referrals to solution-focused Teacher Assistance Teams (TAT) were made for 109 students (7%), and 47 students and their families (3%) received home visits. In all, 60 percent of Clinton elementary students utilized counseling services during the first year of the program.

System Inventory Profile

Teacher rankings of student asset level scores on the SIP were computed for each student to measure the results from services in the areas of improved positive attitudes about school, home work completion, and reading for pleasure, peaceful conflict resolution and resistance skills.

Table1 presents the number and percentage of students assessed with assets according to the SIP in specific goal areas. From Fall 2004 to Spring 2005, students assessed with a *positive attitude toward learning* increased by 12 percent, *homework completion* increased by 12 percent, *reading for pleasure* increased by 12 percent, *peaceful conflict resolution* increased by 14 percent, and those with the asset of *resistance skills* increased by 14 percent.

Table 1.
CCSD Changes in Student Assets (2004-2005)*

GOAL AREAS	***Target schools***			
	Fall 04		Spring 05	
Number of students assessed=	*1460*		*1456*	
	#	%	#	%
Positive attitude toward learning	490	33.6	658	45.2
Homework Completion	454	31.3	635	43.6
Reading for Pleasure	478	32.8	655	45.0
Peaceful conflict resolution	444	30.4	651	44.8
Resistance Skills	452	31.0	635	43.7

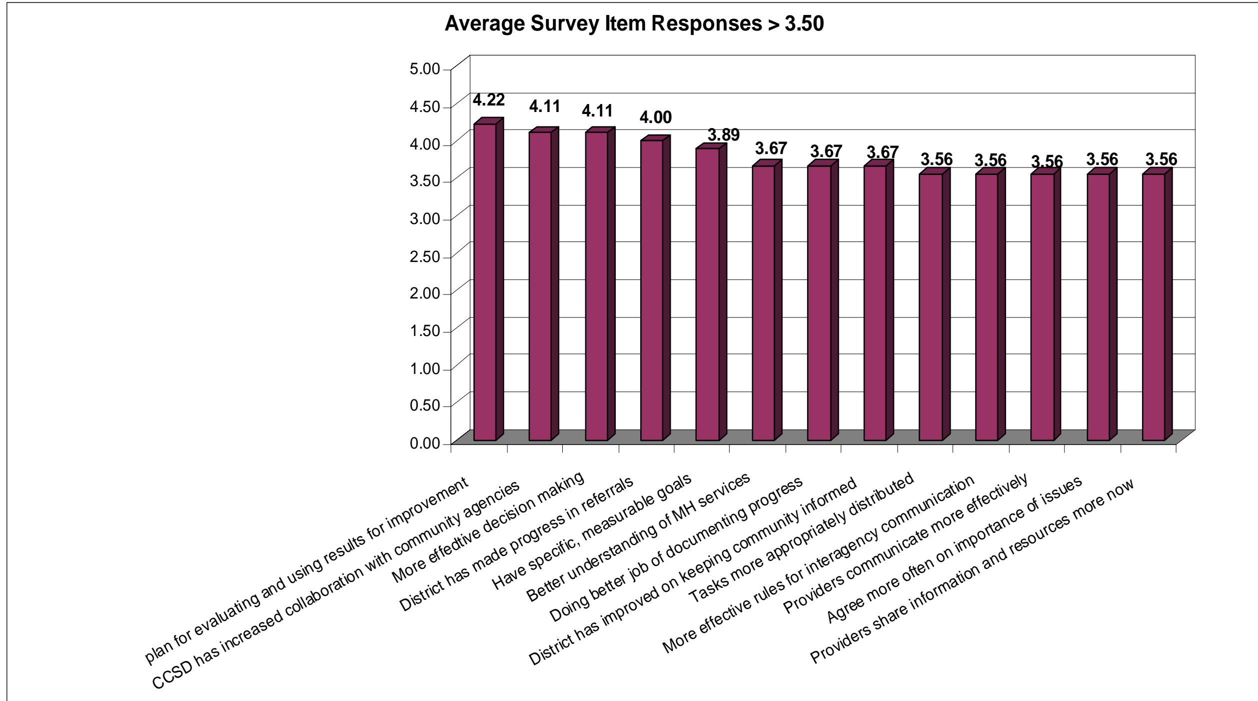
*In February 2005 CCSD was informed that the elementary schools previously placed on the No Child Left Behind "Watch List" were no longer on the list.

The number of students with disciplinary action decreased from 340 in 2003-2004 to 283 in 2004-2005 and the number of disciplinary actions taken also decreased from 913 in 2003-2004 to 691 in 2004-2005.

Results from Focus Groups with Students, Parents and Teachers
To gain an understanding of the experience students, parents and teachers had with the Systems of Care Network approach, focus groups were conducted in May 2005. When asked where they would rate the services on a 5-point scale, most students, parents and teachers rated services at "about a 5." Services were reported to be more coordinated with other agencies than in the past. It was very helpful for students to know that, if needed, they could visit the counselor and get help with *any* issue that might arise. Teachers and parents reported that counseling services helped students "deal with their feelings," and that they could "return to the classroom and get along with others" much more quickly. Teachers, more than students and parents, recognized and appreciated that a strength-based solution-focused approach was being used in the District. Some parents recognized that strengths were being identified and they liked the increased communication with the school; some indicated that they wanted even more communication about how their child was doing at school. In general, parents felt the schools had made very positive changes and noted the changes in their children's behavior and they wanted to hear more about "the good things that were going on." (To see the report of results from the focus groups visit: http://www.uiowa.edu/%7Enrcfcp/research/.)

Community Agency Survey
In other work on measuring community collaboration we have utilized social network analysis in conjunction with standard survey techniques to measure and promote strengths in community collaboration (for a more complete discussion see Measuring Strengths in Community Collaboration by Richardson and Graf, 2004, at: http://www.uiowa.edu/%7Enrcfcp/publications/documents/20041.pdf). For this evaluation we used only the standard survey approach seeking input on the impact the project was perceived to have on the community including the impact on access to mental health and social services among students and their families.

Responses to the community survey indicated that agency leaders were strongly in favor of the changes brought about in the community by the schools, they indicated their support for the project and reported increased collaboration. Figure 1, below shows items with mean scores above 3.50, indicating strong agreement with these statements. (Mean scores were computed from a response scale of 1 to 5 where 5=strongly agree and 1= strongly disagree.)



The statements and level of agreement reported as a mean score on a 1 – 5 scale are listed below:

- The school district has a plan for evaluating results and using results to improve elementary student/family access to high quality mental health social services. ($\bar{X}$ = 4.22)
- The Clinton School district has increased their collaboration between community agencies and elementary schools compared to a year ago. ($\bar{X}$ = 4.11)
- The elementary school community has a more effective process for making decisions on issues relating to mental health and social services for students and families. ($\bar{X}$ = 4.11)
- The school district has made progress services in referring elementary students/families to high-quality mental health and social services. ($\bar{X}$ = 4.00)
- They have identified specific, measurable goals that they want to achieve for students and their families in accessing high-quality mental health and social services ($\bar{X}$ = 3.89)
- There is a better understanding of mental health services for students and families at the elementary schools compared to one year ago. ($\bar{X}$ = 3.67)
- The Clinton school counselors are doing a better job documenting their progress (outcomes) in providing access to high-quality mental health and social services for elementary students and their families($\bar{X}$ = 3.67)
- The school district has improved on keeping the larger community well-informed about their work to provide access to high-quality mental health and social services for elementary students and their families ($\bar{X}$ = 3.67)
- Tasks are more appropriately distributed among members of the community with respect to providing students/families with access to mental health and social services ($\bar{X}$ = 3.56)

- We have more effective rules for handling interagency communication between agencies and the schools who serve elementary students and their families ($\bar{x}$ = 3.56)
- Mental health and social service providers communicate more effectively with each other compared to a year ago ($\bar{x}$ = 3.56)
- People in our community agree more often on the importance of issues for our community ($\bar{x}$ = 3.56)
- Mental health and social service providers in this community share information and resources to assist difficult-to-reach populations more now than one year ago ($\bar{x}$ = 3.56)

Summary of Findings

Through collaboration with community agencies, the Clinton Community School District increased counseling staff and made mental health and social services readily available to elementary students who needed them. As a result, the elementary schools have experienced an increase in math and reading scores, fewer discipline problems, and an increase in teacher's positive perceptions of students' strengths. Counselors now utilize solution-focused, strengths-based approaches to help meet the needs of CCSD children and families. Emphasis on the social-emotional aspects of learning for all students has had an effect on academic success, increased students' positive attitude toward learning, improved their skills in completing homework and reading for pleasure, and helped them further develop resistance skills and the ability to reach peaceful conflict resolution.

Together, the schools and community agencies communicate more effectively, share information and resources, and distribute tasks more appropriately in dealing with mental health issues. The community is better informed on the work of the Clinton Community School District elementary school counseling program, counselors have improved their ability to document and measure progress, and the elementary schools have more effective strategies for making decisions and meeting the needs of students. Understanding of mental health services for students and families at the elementary schools has also increased along with the capacity of CCSD to serve the mental health and social service needs of its students by joining together with community agencies, sharing expertise, a common agenda, and funding for staff. The CCSD Systems of Care Network has created a learning environment where all students have equal access to a quality education and counseling services by providing students and families with access to school-based, high-quality mental health and social services.

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