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Building Full-Service Schools: Lessons Learned in the Development of Interagency Collaboratives

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Although the history of clinical–school–community collaboration can be traced back to the end of the 19th century, the full-service school movement represents a new era in the quest for more effective ways to deliver human services to children. Building on the personal experience of the authors and the literature concerning the development of integrated service delivery systems, this article outlines conceptual, administrative, fiscal, legal–ethical, and practical issues that can hinder local efforts to develop full-service schools. The systematic analysis of potentially negative influences is presented as something that must be pursued by educational and psychological consultants so that, as the next millennium begins, they will be in a position to help local working groups develop interagency collaboratives that more effectively integrate school and human service systems, increase service use, and promote positive developmental outcomes for children living in high-risk situations.

Although the history of clinical–school–community collaboration can be traced back to the end of the 19th century, the full-service school movement represents a new era in the quest for more effective ways to deliver human services to children. As awareness that school systems alone cannot address the social problems affecting millions of children, the concept of full-service schools has been embraced as a potential solution to service delivery problems affecting children living in high-risk environments. Built

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on shared commitment to positive child development, full-service schools represent an effort to make human service systems partners in the educational process, while simultaneously making school systems partners in the delivery of human services (Adelman & Taylor, 1999; Dryfoos, 1994a, 1995, 1997, 1998; Morrill, 1992).

Despite growing enthusiasm about comprehensive systems of school-based intervention, it is important to note that the concept of full-service schools emerged in the midst of longstanding ambivalence about the presence of human service professionals in the schools, recurrent problems in the implementation of school-based programs, and failure to move new ideas past the demonstration phase of development (Dryfoos, 1994a; Flaherty, Weist, & Warner, 1996; Sedlak, 1997; Tyack, 1992). Although innovative partnerships described by Dryfoos (1994a, 1995, 1997, 1998) and others (e.g., Eber & Nelson, 1997; Holtzman, 1992, 1997; Zigler, Finn-Stevenson, & Stern, 1997) reflect substantial interest in the integration of school and human service systems, most school buildings in this country have not yet been transformed into full-service schools. For the most part, local school systems have not yet become an integral part of the human service system; human service systems have not yet established a presence in local schools; and efforts to create full-service schools have been hindered by an array of conceptual, administrative, fiscal, legal-ethical, and practical issues.

Consequently, building on the literature concerning the development of integrated service delivery systems for children, we outline important lessons learned in our efforts to develop full-service schools designed to better meet the needs of urban teens that is at greatest risk for school failure. However, rather than simply describing the development of yet another full-service school project, we attempt to support the implementation of the concept by exploring issues that have hampered our efforts to define, develop, and evaluate interagency collaboratives. After an historical review of clinical-school-community collaboration, we define the concept of a full-service school and then discuss 10 potential barriers to implementation encountered at the local level. *From the beginning, it is important to acknowledge that our intent is not to discourage efforts to pursue the concept.* Instead, our hope is that this analysis will provide consultants joining local work groups with an outline of potential problems that must be considered in the successful implementation of all full-service school programs. By clearly delineating the factors thwarting growth, we hope to stave off premature disillusionment with a worthwhile concept that is easy to embrace but difficult to translate into day-to-day activity that improves service delivery for children.

HISTORICAL BACKGROUND

Historical precursors to contemporary community–school collaboration can be traced back to the end of the 19th century when medical practitioners began working with school staff to develop procedures for the identification and education of children with special needs (Fagan, 1985; Sedlak, 1997). G. Stanley Hall is often credited with beginning the child study movement that, in 1899, led to creation of the Department of Scientific Pedagogy and Child Study in Chicago, the first school-based child study clinic in the country (Fagan, 1985). Soon thereafter, Lightner Witmer founded the Psychological Clinic at the University of Pennsylvania and began a process of clinical–school collaboration that is still relevant to contemporary practice (Fagan, 1996). At approximately the same time, Arnold Gesell brought clinical expertise from his academic position at Yale University to an appointment as state inspector of special school children for the Connecticut Board of Education, a position historians commonly recognize as the first school psychology position in the country (Fagan, 1987a, 1987b).

Soon after the turn of the century, social work and nursing services also began appearing in the schools (Sedlak, 1997; Tyack, 1992). Whereas the child study movement evolved out of concern for children with developmental difficulties, the school social work and school nursing movements evolved out of concern about the impact of urban poverty on children. In 1902, Lina Lavanche Rogers began work in New York City as the first school-based nurse in this country, and the role of the school nurse has evolved over more than 90 years as a specialty within the field of public health nursing (Hawkins, Hayes, & Corliss, 1994). At the same time, settlement houses and the school board in New York City joined forces in 1906 and defined the concept of the *visiting teacher*, a school-based charity worker who provided social services to troubled children within the context of a school–community partnership that marked the beginning of school social work as a profession.

Between 1930 and 1960, three important paradigm shifts then contributed to movement away from community–school collaboration (Sedlak, 1997; Tyack, 1992). First, support professionals became part of the educational bureaucracy as school psychology, school nursing, and school social work became distinct educational professions. For the most part, collaboration with community providers ended as school systems retained professionals to provide support services from within the system. Second, the influence of psychoanalysis contributed to movement away from concern about social policy and system reform toward concern about clinical theory and the remediation of deficits within individuals. Third, as World

War II ended and newly married couples began leaving the city, the focus on support for children affected by urban poverty gave way to concern about the growing population of children living in the more affluent suburbs.

Following institutionalization of support services, the Rehabilitation Act of 1973 and the Education of the Handicapped Act of 1975 guaranteed school-age children with handicapping conditions access to a broad range of special services. Despite efforts to do so within projects like the School Development Program (Haynes & Comer, 1996) and the Memphis City Schools Mental Health Center (Paavola, Hannah, & Nichol, 1989), this legislation never led to broader mandates making support services available to all students. In fact, many observers (e.g., Flaherty et al., 1996; Sedlak, 1997) believe legal mandates to serve special education students contributed to significant restriction of access to support services for children without handicapping conditions as school systems struggled to fulfill legal obligations to an expanding population of students with special needs.

During the following decade, school health clinics began appearing in middle and secondary schools throughout the country (Dryfoos, 1994a). Originally designed to make primary health and family planning services available to youth living in urban settings, the need for complementary mental health, substance abuse, and social services quickly became evidence as school-based clinics became operational (Adelman, Barker, & Nelson, 1993; Dryfoos, 1994b). Conceptual models of school health programs being advanced by the Centers for Disease Control and Prevention (Kolbe, Collins, & Cortese, 1997) recognized the need for mental health and social services, but many critics (e.g., Adelman & Taylor, 1993, 1997a; Allensworth, Lawson, Nicholson, & Wyche, 1997; Short & Talley, 1997) have argued that school health clinics have never adequately accommodated the demand for psychological and social services.

THE CONCEPT OF FULL-SERVICE SCHOOLS

As the first 100 years of clinical–school–community collaboration came to a close, the concept of full-service schools emerged from this historical process as the latest strategy to more effectively deliver human services to children. Evolution of the concept was shaped by two driving forces: (a) renewed concern about social problems affecting learning and (b) intense political pressure to reorganize school, health care, and social service systems. Throughout the literature (Carlson, Paavola, & Talley, 1995; Carlson, Tharinger, Bricklin, DeMers, & Paavola, 1996; Dryfoos, 1994a, 1998;

Morrill, 1992; Paavola et al., 1996; Talley & Short, 1996), the concept of full-service schools has repeatedly been linked with (a) demands for educational reform, (b) the reorganization of health care systems, (c) renewed interest in interagency collaboration, and (d) an emerging focus on the concept of service integration. Although some observers (e.g., Adelman & Taylor, 1997a, 1999; Dryfoos, 1998) have argued that true collaboration and true integration have not yet been realized, most observers (e.g., Adelman & Taylor, 1999; Adelman et al., 1999; Dryfoos, 1994a, 1998; Paavola et al., 1996; Talley & Short, 1996) believe paradigm shifts that will eventually promote large-scale development of full-service schools are clearly underway.

According to Dryfoos (1994a, 1995, 1998), the term *full-service school* was first used in 1991 when the Florida legislature provided funding to support a system of interagency collaboratives with mandates to make a comprehensive package of human services available in school buildings. In her writing, Dryfoos (1994a) defined the full-service school as a concept to guide the organization of service delivery systems designed to promote the physical, emotional, social, and academic growth of children living in high-risk environments. From her perspective, the concept represents an ideal that integrates educational reform and the reorganization of community-based services so that children receive the best education possible, with access to the full complement of human services needed to address threats to optimal child development.

More than anything else, the concept of full-service schools represents a commitment to a specific value system and a specific strategy for service delivery. Five related principles appear to be guiding the development of these interagency collaboratives. First, the concept acknowledges the validity of increasingly sophisticated developmental-ecological models of psychosocial adjustment that characterize both positive and negative outcomes as the end result of a complex interaction of risk and protective factors present in the lives of children (see Davidson, Pruett, McMahon, Ward, & Griffith, in press). Second, the concept recognizes the problems disenfranchised families have accessing quality services and the potential to quickly increase access by moving services to school buildings because most children in this culture attend school on a daily basis (Dryfoos, 1994a).

Third, the concept of full-service schools also recognizes the need to bring a full complement of human services into the schools (Adelman & Taylor, 1998, 1999). From this perspective, full-service schools are the vehicle with which to better organize the patchwork of preventive, social, and clinical services presently delivered in school settings into an integrated continuum of interventions that range from primary prevention to inten-

sive, community-based treatment for serious, persistent problems. Fourth, the concept embraces the need for interagency collaboration and service integration (Paavola et al., 1996). Because neither the schools nor any other agency can provide the full range of services needed to adequately address social, emotional, and behavioral barriers to learning, the concept calls for the creation of interagency networks committed to true collaboration and true integration of services. Finally, the concept of full-service schools emphasizes the importance of community (Dryfoos, 1994a, 1998; Holtzman, 1997). Community involvement in the development and maintenance of these new educational institutions is valued and actively pursued.

Since the concept of full-service schools emerged, there have been numerous descriptions of successful programs that illustrate operationalization of these five guiding principles. Dryfoos (1994a, 1995, 1997, 1998), more than anyone else, described the growing number of successful partnerships being developed across the country. Throughout her commentary on the full-service school movement, she has highlighted programs being developed through competitive bidding for public funds available in California, Florida, Kentucky, and New Jersey. Repeatedly, she has also described an array of innovative projects being supported by a number of philanthropic foundations interested in the reform of educational, health care, and social service systems.

In one of the early references on the topic, Holtzman (1992, 1997) described the School of the Future being developed in Texas with support provided by the Hogg Foundation for Mental Health. Several authors (e.g., Adelman et al., 1999; Dryfoos, 1997; Illback, Kalafat, & Sanders, 1997; Phillips, Boysen, & Schuster, 1997) have also written about the projects being supported by the School-Based Youth Service Program of New Jersey and the Kentucky Education Reform Act. Eber and Nelson (1997) also highlighted efforts to develop school-based systems of wraparound services for children, and Zigler et al. (1997) described the *School of the 21st Century*, a school-community partnership designed to move quality child care and family support services into school buildings. Most recently, Davidson et al. (in press) outlined the development of a full-service alternative high school for inner-city teens who are at greatest risk for school failure, and Garrison, Roy, and Azar (1999) described an innovative, culturally sensitive program targeting Latino youth.

Although descriptions of existing programs are relatively common, and the number of programs seems to be growing, it is not clear exactly how many full-service schools there are in this country (Dryfoos, 1998). The comprehensive accounting of activity recently done by Dryfoos (1998) suggests that, at best, most states have a limited number of programs con-

centrated in poor, urban school districts. Because of publicly funded initiatives (for a review, see Dryfoos, 1998), programs seem to be most common in the states of California, Florida, Kentucky, and New Jersey. New York City also seems to have a number of publicly and privately funded projects (Dryfoos, 1998). Regardless of where they are located, most programs are relatively new. Few have been in existence for more than 10 years (Dryfoos, 1998), formal evaluation of projects considered successful is just beginning (e.g., see Eber & Nelson, 1997; Holtzman, 1997; Zigler et al., 1997), and what evaluative work has been done is not readily accessible because most of it has only been published in project reports with limited circulation (for a review, see Dryfoos, 1998).

For the most part, the development of new projects is currently being guided by descriptions of existing programs (e.g., Eber & Nelson, 1997; Holtzman, 1992, 1997; Zigler et al., 1997), generic outlines of the implementation process (e.g., Calfee, Wittwer, & Meredith, 1998), and secondary review of local evaluations (e.g., Dryfoos, 1998; Eber & Nelson, 1997). Lessons learned during other efforts to reform service delivery systems (e.g., Allensworth et al., 1997; Annie E. Casey Foundation, 1995; Bickman, 1996; Cowen et al., 1996; Cross & Saxe, 1997) have also proven helpful. In general, there appears to be consensus (e.g., Adelman & Taylor, 1997a, 1999; Dryfoos, 1998; Eber & Nelson, 1997; Weist, 1997; Zigler et al., 1997) that the available data suggest that, despite being difficult to develop and institutionalize, full-service schools have the potential to promote a better interface of school and human service systems, increase service use, and positively affect developmental outcomes for children living in high-risk situations.

LESSONS LEARNED

Despite agreement about the promise of this new approach to service delivery, there has been little systematic analysis of the factors hampering local efforts to define, develop, and evaluate full-service schools. Consequently, with the hope that careful analysis of potential barriers to implementation will *support* expansion of local initiatives and define issues that need to be considered in continued evaluation of new and existing programs, we review 10 problems that have hindered our efforts to establish full-service schools in an urban setting. These potential barriers include (a) questions about what to build, (b) decisions about how to begin, (c) local politics, (d) fiscal matters, (e) gravel in the collaborative process, (f) need for positive community–school relations, (g) parallel rather than integrated adminis-

trative structures, (h) legal and ethical considerations, (i) links between school attendance and access to services, and (j) unrealistic expectations in the evaluative process.

Structures and Prototypes: What to Build?

As local planning groups begin exploring options for the development of full-service schools, they must decide what to build and how to go about building them (Adelman & Taylor, 1997b). Within the literature, some authors (e.g., Adelman, 1993; Adelman & Taylor, 1997b) have called for the description, implementation, and testing of conceptual models that can then be replicated in other settings. At this time, broad conceptual models that can be adapted to local circumstance have been developed, and replication of specific approaches has begun (for a review, see Dryfoos, 1998). For example, the School of the 21st Century, first described by Zigler in 1987, has been successfully replicated nation wide in more than 400 schools (Zigler et al., 1997). Similarly, the School of the Future supported by the Hogg Foundation for Mental Health has been successfully defined, developed, and replicated in four urban school districts in Texas (Holtzman, 1997). School-based systems of wraparound care based on the principles outlined by Eber (Eber & Nelson, 1997) are also being developed across the country, and the Children's Aid Society is currently working to replicate the success of Intermediate School #216, a settlement house located within a public middle school serving a poor, largely Dominican neighborhood in New York City (Dryfoos, 1998).

Unfortunately, although descriptions of specific projects (e.g., Eber & Nelson, 1997; Holtzman, 1992, 1997; Levy & Shepardson, 1992; Zigler et al., 1997) offer local planning groups examples of different approaches being replicated across the country, they provide little detail concerning the design, implementation, and effectiveness of these demonstration projects. Elements of the guiding principles can be found in all descriptions of full-service schools, but information about the structural elements and day-to-day operation of specific programs is much more difficult to secure. Structurally, most programs include a governance structure, an instructional component, and a support or enabling component (Adelman & Taylor, 1997a, 1998, 1999; Dryfoos, 1994a). However, after that, the structure and operation of most programs is dictated, to a large extent, by local need. Existing projects can provide local work groups with a conceptual model and guiding principles, but most observers (e.g., Dryfoos, 1994a; Gardner, 1992) agree that there is no single prototype that can be built again and

again across settings, and most observers (e.g., Adelman & Taylor, 1997a; Melton, 1997) agree that the absence of conceptual distinctions and detailed information about structure and operation is hampering the development of new programs.

Even when existing models seem appropriate for implementation in other settings, some authors (e.g., Levy & Shepardson, 1992) have raised important questions about wholesale pursuit of replication. With very few exceptions, most demonstration projects have not been thoroughly evaluated, even fewer have been systematically replicated, and information about successful replication is very limited. Furthermore, as Melton (1997) pointed out, initial development and successful replication involve entirely different sets of tasks. Successful implementation in one setting does not mean replication is possible in another. Therefore, as local planning groups consider adopting conceptual models associated with specific demonstration projects, they should pursue as much information as possible about the potential utility of the approach in their community, the effectiveness of the existing project, the extent to which it has been replicated, and the availability of technical assistance.

Moreover, when planning programming for specific populations, local work groups should know that replication of an existing model may not be an option because demonstration projects that have targeted similar populations may simply not exist. For example, very little has been written about full-service alternative schools for teens at greatest risk for school failure (Davidson et al., *in press*), and programs in urban settings are much more common than programs in rural or suburban settings (Dryfoos, 1998). The movement also values the concept of cultural sensitivity (Dryfoos, 1998) and Garrison et al. (1999) discussed the development of programs designed to better meet the needs of Latino youth, but there has been little discussion of culture-specific programs to target other populations of ethnic minority youth.

Hence, in most situations, local planning groups should be prepared to review the literature; carefully consider the guiding principles; identify existing structures; consult with professionals involved in a planning process; and then define conceptual models, organizational structures, and operating procedures they believe will best meet the needs of their community. As local work groups wrestle with decisions about what to build, they may also find national and state centers being established to support local efforts (for descriptions, see Adelman et al., 1999; Eber & Nelson, 1997) to be viable, readily accessible sources of technical assistance. Moreover, rather than charging forward, time spent defining and refining the initial organizational structure may be time well spent. Clearly, previous experience with

the development of these (e.g., Holtzman, 1997) and other community-based initiatives (e.g., Annie E. Casey Foundation, 1995) suggests that the better the initial plan, the more successful the implementation.

Pursuing Plans: Where to Begin?

In addition to deciding what to build, local planning groups must also decide how to pursue their plans. Dryfoos (1994a), Adelman (1993, 1996; Adelman & Taylor, 1993, 1997b), and Holtzman (1992, 1997) each outlined slightly different versions of the start-up process for existing programs. Dryfoos highlighted a community-oriented process whereby a single lead community agency assumes responsibility for the organization and administration of the initiative. Adelman described the components of a generic process of program development that emphasizes the central role played by an external consultant with special training in systems change who serves as the catalyst for the creation of the new service delivery system and then leaves once the program has been implemented. Holtzman emphasized the importance of a local coordinator who functions as a facilitator during the planning and implementation phases and then continues as the project director once the program is operational. Again, just as there is no universal structural model, there is no single, best model of the planning and implementation process. Each of these approaches has been used to begin successful programs, and there currently are no empirical data to support the use of one approach over another.

Therefore, as local work groups consider what might best meet their needs, they should consult with professionals who have used different approaches and carefully consider the potential advantages and disadvantages of each approach. For example, the concept of a single lead agency that can organize fiscal and administrative functions under one roof may have appeal in some settings, but that approach should only be pursued with awareness that there is potential for the process to derail if that agency becomes an overbearing force (Gardner, 1992; Jehl & Kirst, 1992). Likewise, the concept of an organizational facilitator who can serve as an independent consultant and help marry knowledge of local needs provided by work groups with knowledge of systems reform may have appeal in other settings. Nevertheless, unless paid for by some third party to the process, local planning groups must be prepared to finance the consultation, and they must proceed with awareness that, despite the best efforts of everyone involved, the facilitator may become an integral part of a process that may just not work as well once that individual leaves. Similarly,

the success of the process whereby the facilitator during the planning phase remains as the project director depends on the willingness of that person to remain over an extended period of time (Holtzman, 1997). Ultimately, as with decisions about structure, available data on implementation suggest that the best strategy will be the strategy that best accommodates local circumstance.

Local Politics: All Questions are Political Questions

More than anything else, efforts to cultivate effective interagency collaboratives will highlight the extent to which political considerations can hinder their development. Given the highly competitive, highly politicized nature of school systems (for a discussion, see Crowson & Boyd, 1993), efforts to build full-service schools can quickly become the focal point of political agendas being pursued both within and across systems. Although some authors (e.g., Dryfoos, 1994a, 1998) have mentioned the potential for community opposition to the placement of services in schools, especially family planning services, there has been little discussion of other ways local politics might undermine program development. Regardless of the setting, even very sophisticated planning groups may find themselves triangulated into political struggles they must successfully negotiate if the project is to move forward.

For example, even if there is agreement that services should be located in schools, competition or outright conflict between neighborhoods may slow implementation as political factions lobby to influence which school gets chosen as the demonstration site. If politicians help secure funding for the project, they may look to showcase their involvement for political gain in ways that provoke other stakeholders and hamper the initiative. Program development may also be derailed by power struggles within the administrative structure of the school system as individuals use the project to make statements about the extent of their influence. Conflict between specific organizations or people within organizations may contribute to back-room lobbying for the exclusion of specific stakeholders, whereas concern about the preservation of tenuous relationships across agencies may dampen honest communication about areas of disagreement. In short, as planning groups begin their work, they should not underestimate the extent to which need to preserve political power, forge political alliances, or settle old scores might affect implementation of the best laid plans, and they must be prepared to quickly and effectively address political agendas

that might subvert the process so that local politics do not become more important than the well-being of the children involved.

Fiscal Matters: Too Many Checks in the Mail

As the concept of full-service schools has been advanced, a number of authors (e.g., Farrow & Joe, 1992) have highlighted the extent to which local initiatives are being developed with a patchwork of local, state, and federal funding. Rather than being available without restriction, much of this support must be used in prescribed ways to address specific problems (Adelman & Taylor, 1998, 1999). In fact, some observers (e.g., Orland, Danegger, & Foley, 1997) believe that, more than anything else, the growth of full-service schools is being slowed by funding mechanisms that require school-based collaboratives secure, administer, and maintain multiple sources of categorical support. Recent use of block grants, administrative waivers, and other mechanisms that allow for more flexible use of federal and state funding may represent initial movement away from strict categorical funding of health and social services, but these changes are just beginning (Adelman et al., 1999; Adelman & Taylor, 1999; Orland et al., 1997). Until true reform of funding mechanisms occurs, the persistence of a largely categorical approach to the dissemination of public and private funds dictates that new projects develop creative mechanisms for the consolidation and management of support coming from different funding streams.

Dryfoos (1994a) recommended that a single lead agency assumes responsibility for fiscal and administrative management, and this arrangement seems to be most common among existing programs (Dryfoos, 1998). However, this strategy should only be pursued with knowledge that, despite its advantages, this approach can also create a situation where staff within that agency quickly become responsible for the generation of ongoing support. Given that most observers (e.g., Dryfoos, 1994a, 1998; Gardner, 1992) believe that the lead agency cannot be the local school system, this type of administrative structure can also lead to a situation where the school system and other parties have little financial stake in the long-term survival of the program. Despite being more difficult to create and not yet widely used, a wholly new organization established specifically to receive funding and administer the project may be an alternative to the concept of a single lead agency that ensures shared responsibility to secure and manage funding.

Furthermore, even when collaboratives develop effective mechanisms for the management of fiscal resources, the most common source of fund-

ing, funds made available specifically to support demonstration projects, may complicate the process by providing large influxes of time-limited support that must be quickly spent as stipulated in a rigid timetable. Just as limited funding can undermine an initiative, large infusions of support can also hinder development by prematurely accelerating implementation in ways that may not necessarily promote fiscal stability and long-term survival (Adelman & Taylor, 1999; Finn-Stevenson, 1992). Although all funding for demonstration projects comes with stipulations that recipients must cultivate alternative sources of support, it is difficult to institutionalize support for innovative service delivery, this rarely occurs to the extent anticipated, and projects often face substantial budget cuts as demonstration grants end (Adelman & Taylor, 1999; Melton, 1997).

As appealing as demonstration grants may be, planning groups should carefully consider the long-term impact of time-limited funds and closely examine other funding mechanisms that might support a slower, stepwise process of implementation that may actually prove more beneficial over the long-term (Finn-Stevenson, 1992). For example, as Adelman and Taylor (1998) suggested, existing patterns of external funding for school-based services can be inventoried, and school systems can be encouraged to consolidate this support into a pool of money that can be made available to support the initiative. Also, interagency agreements that begin the process can include provisions for matching funds from all organizations involved, even if those funds come primarily in the form of in-kind support for professional time, office space, utilities, supplies, and related costs (Larson, Gomby, Shiono, Lewit, & Behrman, 1992). Some authors (e.g., Armbruster, Andrews, Couenhoven, & Blau, 1999) have also highlighted the possibility of obtaining third-party reimbursement, primarily Medicaid reimbursement, for health and mental health services provided in school settings.

In addition, many observers (e.g., Dryfoos, 1998; Farrow & Joe, 1992; Gardner, 1992; Melton, 1997) have suggested that stable fiscal support is most likely to come through state mechanisms. Consistent with this position, Dryfoos (1994a, 1998) recently outlined ways state governments might support an expansion of the movement, and she described state initiatives in California, Florida, Kentucky, and New Jersey designed specifically to support the development of school-based service delivery systems. In short, the lesson here is the idea that, as collaboratives evolve, they need to consider how individual agencies might bring categorical forms of funding to the initiative as they also position themselves to pursue flexible funding made available for integrated service delivery. As local work groups begin considering potential sources of income, they should also

closely follow federal efforts (for a description, see Adelman et al., 1999) to build the infrastructure to support policy analysis and fiscal planning across all levels of government, and they should be prepared to lobby state legislators for the institutionalization of funding to support the expansion of school-based collaboratives.

Building Support Teams: Grease and Gravel in the Collaborative Process

The development of full-service schools almost always involves the organization of representatives from different agencies into interagency teams that come together to provide students with a continuum of services in a way that requires delineation of structural connections between providers, mechanisms for the exchange of information, and procedures that facilitate cooperation (Adelman & Taylor, 1993, 1997b, 1998, 1999; Noblit & Cobb, 1997). Noblit and Cobb described two important dimensions of this collaborative process: (a) factors that promote versus discourage decisions to collaborate (spurs vs. reins) and (b) things that make collaboration less versus more difficult (grease vs. gravel). As competition for funding has increased among human service organizations, fiscal issues are often the most significant spur promoting decisions to cooperate. Unfortunately, once agreements to work together are reached, there may be more gravel than grease as the collaborative process unfolds.

Under the best of circumstances, interagency programs are difficult to create, and collaboration can be threatened by both problems specific to the process itself and preexisting problems that organizations bring to the process (Adelman & Taylor, 1997b; Crowson & Boyd, 1993). Therefore, when building interagency collaboratives, local planning groups should be aware that lack of stable leadership, fiscal problems, poor administration, and staff turnover within organizations can affect their ability to contribute as expected. As the planning process unfolds and stakeholders express interest in participating, the work group must establish mechanisms to evaluate the potential for each organization to contribute as expected, specify ways potential threats to effective participation will be addressed, and monitor the implementation of changes to support ongoing participation.

Once the players have come together, collaboration can also be contaminated by different levels of expertise and different levels of commitment among the staff expected to contribute on a day-to-day basis. As collaboratives form, staff from some organizations may come with the de-

sired skills but only limited commitment to innovative service delivery; others may come enthusiastic about the concept of school-based service delivery but without the professional skills needed to work effectively with the target population. Again, local planning groups will need mechanisms to determine whether the staff being considered for certain roles have the requisite skills and general commitment needed to make a valuable contribution to an interagency team. More important, as projects begin, interagency collaboratives will also need mechanisms to ensure that, once chosen, staff receive the training they need to work effectively with the target population in a manner that supports integrated service delivery (for a discussion, see Short, 1997).

Once underway, the collaborative process can be jeopardized by an array of other potential problems. For example, beneath facades of agreement about a common vision hammered out over time, different parties may privately maintain different visions of the same program. Likewise, even in the midst of agreement about the importance of all services and the need for innovative approaches to service delivery, the universal tendency to defend professional turf and adhere to traditional modes of operating can undermine the development of interagency teams as professionals from different disciplines struggle about the relative value of who does what and how it gets done (Flaherty et al., 1998; Noblit & Cobb, 1997; Waxman, Weist, & Benson, 1999). Perhaps even more so than in other professional work environments, economic, ethnic, gender, personality, and lifestyle differences can also generate difficulty as project staff are assembled (Adelman & Taylor, 1997b; Noblit & Cobb, 1997). Finally, intervention teams that span agencies can also create divided loyalty among staff who must balance their commitment to the collaborative against their commitment to their home agency (Crowson & Boyd, 1993).

That said, problems associated with turf, communication, allocation of resources, and bureaucracy tend to quickly resolve when planning groups seriously consider fundamental questions about organizational structure and the dynamics of collaboration. As Crowson and Boyd (1993) suggested, formal documentation of goals, clear delineation of expectations, contracts that stipulate the nature of interagency relationships, diagrams specifying organizational structure, and outlines of policies and procedures usually help promote collaboration. Group process that leaves participants feeling involved in equitable, productive, reciprocal relationships that represent a new organization with its own identity also helps tremendously (Adelman & Taylor, 1997b).

Team process that focuses on the needs of the school and the development of the service delivery system, rather than the needs of individual

students, can also promote interagency collaboration (Adelman & Taylor, 1998, 1999; Waxman et al., 1999). Sharing resources and work space may also help (Crowson & Boyd, 1993). More than anything else, 3 to 5 years of time working together may be necessary for interagency collaboratives to congeal (Annie E. Casey Foundation, 1995; Dryfoos, 1998; Waxman et al., 1999). Regardless of what else gets done to promote collaboration, interested parties must come together around a shared goal; be willing to participate in something that will evolve over years; and become comfortable enough with one another to share ideas, disagree, resolve differences, and build commitment to pursue the original vision.

Moving Services into the Schools: Building Community–School Relationships

Inevitably, moving service delivery teams into schools will raise questions about how to work with school staff. When beginning, planning groups must pay close attention to the attitudes and perceptions of all school staff and make deliberate efforts to build positive, yet very different, working relationships with school principals, classroom teachers, and pupil personnel professionals. Although the local school board, superintendent of schools, and central administration must approve projects and support implementation from afar, the success of any school-based collaborative will hinge on the school principal taking a leadership stance that facilitates implementation (Jehl & Kirst, 1992). To succeed, collaboratives must establish positive working relationships with school principals in the best position to negotiate with political factions within the school organization; mediate differences of opinion; forge alliances; and shape a less competitive, more cooperative school climate (Crowson & Boyd, 1993).

Moving services into the schools will also raise questions about how to directly involve classroom teachers as more than just referral agents. As with school principals, the success of any school-based project will depend on the support of classroom teachers who are accustomed to working in relative isolation with a great deal of autonomy (Crowson & Boyd, 1993). Although there has been little discussion about the role that classroom teachers might play in the development of these initiatives, new collaboratives must include teachers in the planning process, define expectations for them, and ensure that they remain involved during all phases of implementation.

Similarly, several authors (e.g., Adelman, 1996; Adelman & Taylor, 1997a, 1998, 1999) have highlighted the need to include pupil personnel

staff who, more so than any other group, may feel threatened by the presence of community collaboratives. As full-service schools have become more common, professionals across disciplines (e.g., Adelman & Taylor, 1998; Reeder et al., 1997; Waxman et al., 1999) have begun to define clear roles for pupil personnel staff and to closely examine the point at which school staff interfaces with community providers. Moreover, Adelman and Taylor (1998, 1999) argued that the analysis of existing resources and the integration of community and pupil personnel resources into a single unit is a necessary, but typically missing, step in the organization of this type of collaborative.

As the concept of full-service schools evolves, meaningful roles for parents also need to be better defined (Bickham, Pizarro, Warner, Rosenthal, & Weist, 1998). Again, parent participation is one of those simple ideas that is easy to embrace but difficult to define and promote. Under some circumstances, it may be very difficult to mobilize parents, particularly in settings where school staff have historically not valued parent participation or in settings where, for other reasons, parents have felt alienated from school institutions. School reform movements (e.g., see Haynes & Comer, 1996) have consistently outlined strategies to promote parent participation in the reorganization of schools, and local planning groups should begin the process aware that creative, persistent efforts to promote parent participation may be needed over an extended period of time (for a discussion, see Bickham et al., 1998). With recognition that parental involvement in schooling is a complex, multidetermined phenomenon (Smith, Connell, Wright, Sizer, & Norman, 1997), it is important to note that parents living in high-risk environments often come to school when goods and services that meet their basic needs are available within the school building (Crowson & Boyd, 1993).

Putting It Together: Parallel Versus Integrated Structures

Moving service delivery teams into school buildings will also raise questions about the ways school environments must change to accommodate collaboration (Crowson & Boyd, 1993). Inevitably, collaborative efforts will provoke innumerable questions about power, authority, mission, boundaries, and protocols for working with educators, students, and parents. Given that the primary goal remains the education of students, full-service schools must balance the educational needs of students against their need for support services. Concretely, this dilemma often gets translated into difficult questions about when and how services are delivered, particularly

if projects follow the advice of Adelman (1996; Adelman & Taylor, 1998, 1999) and work to establish the enabling component as an equal partner in the educational process. Simply put, when students need to learn at the same time they need support services to address issues interfering with learning, how do structures and protocols for working together ensure that students receive both?

The concept of full-services schools embraces not just change in service delivery, but also change in the quality of education children receive (Dryfoos, 1994a, 1998; Holtzman, 1992, 1997). As partnerships think about more effective, innovative approaches to instruction, questions about the role the enabling component should play in the development of the instructional component will undoubtedly emerge. Although everyone involved may believe school staff reserve the right to help shape service delivery, partnerships may find themselves struggling with questions about whether service-delivery staff should be helping to shape the instructional process. In settings where instructional staff neither expect, nor welcome input from support staff, the questions may only be asked within the enabling component. The issue can also become much more pointed if, over time, staff within the enabling component become concerned about the adequacy of the educational experience children are receiving. The issue is that, for whatever reasons, instructional staff may be very comfortable addressing questions about the quality of support services, but support staff may be very reluctant to address questions about the quality of the educational experience. As collaboration unfolds, planning groups must develop mechanisms to ensure communication about the quality of both across components.

Professionals building full-service schools must also acknowledge that this dynamic tends to occur, at least in part, because in most projects, school systems retain a disproportionate share of the power and authority. Services are only located in school buildings with formal approval of the local school board and the administrative hierarchy. Critics (e.g., Gardner, 1992; Chaskin & Richman, 1992) sensitive to the power differential have argued that, regardless of the initial agreement, there is always danger that, once operational, school-based collaboratives may be co-opted by school personnel, and initial goals may be displaced as service delivery begins to be shaped by the needs of the school system rather than the needs of the students.

Consequently, as collaborations evolve and enabling components receive inappropriate requests for assistance or requests to somehow alter parameters that were defined as the project began, they must recognize that complying might help promote good will, but complying might also

be the first step in a process that begins moving the project in a direction people may not want to go. Tactful refusal of requests to help in ways not originally agreed upon may actually help build more appropriate relationships over the long term. As Gardner (1992) cautioned, if some effort is not made to preserve the original vision, school-based collaboratives can quickly become nothing more than another layer of ineffective bureaucracy that becomes focused on fixing problems within children rather than addressing problems, including systemic problems, affecting children.

Within the literature on the development of full-service schools, several authors (e.g., Adelman & Taylor, 1997a, 1999; Crowson & Boyd, 1993; Dryfoos, 1994a; Jehl & Kirst, 1992) have also highlighted the need for new governance structures that redistribute power and authority within school organizations. Partnership agreements for the creation of full-service schools currently do not, for the most part, change the status quo by establishing wholly new structures (Adelman & Taylor, 1997a, 1999; Dryfoos, 1994a, 1995). Instead, they tend to simply specify how services will be integrated into an existing school setting. Usually, two separate administrative structures co-exist, sometimes under the watchful eye of a coordinating committee that includes representation of key stakeholders from both sides of the fence.

Regardless of the initial goals, this type of structure typically leads to the creation of parallel instructional and enabling components without true integration (Adelman & Taylor, 1997a, 1999). As the concept evolves, some observers (e.g., Adelman, 1996) have argued that the real challenge is to develop innovative governance structures that redistribute power and authority within the school so that community providers become more than a guest in a school owned and run by someone else. If fortunate enough to be at that point in the process, local planning groups will want to closely examine evolving structures in the educational reform movement that support decentralization of decision making and shared responsibility for the creation of truly unique school environments (for a review, see Dryfoos, 1998).

Linking Access with School Attendance: What If We Build It and No One Comes?

Although often not stated explicitly, full-service schools link access to services with school attendance. Their success depends on the assumption that, if nothing else, youth living in high-risk environments will come to a school building. From the beginning, it is important to note that this as-

sumption is at odds with overwhelming evidence that students at greatest risk are more likely to be truant and less likely to remain enrolled through high school graduation. Given this, moving services to schools may actually limit, rather than expand, access for the group most in need because that group may simply not be in school. Although proponents of full-service schools have offered a rationale for locating services in school buildings, others (e.g., Chaskin & Richman, 1992; Romualdi & Sandoval, 1997) have argued that decisions to locate services in school buildings may actually hamper service delivery.

Accordingly, when schools do not serve a specific neighborhood, the initiative intends to target teens that are less likely to be in school, or specific circumstances complicate plans to move a program into schools, local planning groups should seriously consider locating the program at another site and inviting the school system to make educational services available there. In her accounting of programs being developed across the country, Dryfoos (1998) described several projects that began as community-based initiatives and then added educational services in an effort to create comprehensive service centers for youth. Again, our intent is not to discourage the development of school-based collaboratives, but rather to highlight the idea that there are equally viable conceptual models grounded in a community, rather than a school, perspective on service delivery that may need to be seriously examined as the process begins (for a discussion, see Romualdi & Sandoval, 1997).

Moreover, if after careful deliberation local planning groups decide to move programming into schools, they must proceed with awareness that practical issues about the relation between school attendance and access to support services will emerge immediately. Must students be enrolled at a specific school to receive services there? What happens to the enabling component in those jurisdictions where school closes during the summer months? How do intervention teams engage those students who are most alienated from the educational process and most wary about turning to anyone in a school building for assistance? Can medically ill, psychiatrically disturbed, truant, or suspended students be in the building to receive support services during school hours? What happens when a student receiving services is expelled? What happens when a student who graduates wants to continue receiving support services, particularly when there have been positive, long-term relationships with service providers? How will the collaborative reach out to truant students and students who have withdrawn from school? Again, the goal here is to simply highlight the fact that *school-based* typically means *attendance-linked* so that local planning groups can plan accordingly.

Legal, Ethical, and Professional Considerations

Moving services to school buildings for delivery by an interagency collaborative tends to also generate a host of legal and ethical questions about informed consent, confidentiality, and professional responsibility. For example, who should provide consent for services, and how should permission be secured, especially when the program will serve teens who may have the psychological capacity to provide informed consent but not the legal authority to do so? Are open consents obtained from parents at the beginning of the school year adequate from a legal and ethical perspective, or should more specific consent be obtained every time a student seeks a new service? How will programs deal with different guidelines concerning age of legal consent for different types of services? Is consent necessary for programming provided to all students attending the school as part of their educational curriculum?

Similarly, do members of interagency teams located in the same school building need written permission to communicate with one another about students who are receiving services? What information should be communicated to school staff, under what circumstances, and with permission from whom? Who retains responsibility for the management of crises involving suicidal, intoxicated, assaultive, or acutely ill students? What liability do licensed professionals incur if they are on grounds and choose not to assist with the management of a crisis or if they are not asked to do so? What happens when licensed mental health professionals are asked to assist in determining whether potentially suicidal or assaultive students should be in school?

Moving services to schools may also create ethical dilemmas for providers involving their role within the school organization. For example, what happens when school-based providers learn school staff are violating student rights, standing policy, or administrative directives? What responsibility do school-based providers have to enforce rules about student behavior on school grounds? Should school-based providers be thinking of themselves as advocates for students within the educational system (for a discussion, see McMahan, 1993)? How do collaboratives accommodate the ethical standards of different professions who come together to provide services in a coordinated manner? Under what circumstances do collaboratives end unproductive relationships with school systems (for a discussion, see McMahan & Pruett, 1998)? The lesson here is the idea that complex legal and ethical issues will always emerge, and projects will need access to legal consultation and formal mechanisms to support examination and resolution of important ethical questions.

When building community-school collaboratives, local planning groups will also be forced to consider important questions about the focus of the services offered. The concept of full-service schools emphasizes the development of a full continuum of services ranging from preventive to remedial (Adelman & Taylor, 1993, 1998, 1999; Chaskin & Richman, 1992). That said, when resources are limited, and a full continuum of services is needed, especially as programs are first being organized, how do local planning teams decide which services get offered sooner rather than later? This question may be further complicated by the service demands of students and parents who tend to be crisis oriented. When the demand for crisis intervention and clinical services for acute problems is greatest, how do flexible resources get distributed so that preventive services and early intervention also get developed? Although conceptual models that outline a full continuum must remain the ideal that serves as the basis for program development, local planning groups must begin the process aware that finances, the demands of the target population, preferences of school staff, and other practical problems may make it difficult to develop and maintain the balanced continuum of services outlined by Adelman and Taylor (1993, 1998, 1999).

Process and Outcome Evaluation: Please Just Prove It Works

Organizations that fund innovative service delivery systems almost always demand some evaluation of implementation, effectiveness, and potential for replication in other settings. However, despite reported interest in documenting implementation and effectiveness, there are a number of persistent issues that tend to complicate the evaluation of full-service schools. Although everyone (e.g., Illback et al., 1997) emphasizes the importance of both process and outcome evaluation, funding sources seem, in the current climate of accountability, to be more and more interested in outcomes. Few funding sources acknowledge that the efficacy of an intervention can only be demonstrated after the prototype has been fully implemented and operational for several years (Adelman & Taylor, 1997b; Crowson & Boyd, 1993; Dryfoos, 1998). Funding agencies typically support demonstration projects with an expectation that, after a brief period of implementation, programs should be able to document immediate change in targeted outcomes. Recipients are often more interested in program development over time and the longer-term impact. Inevitably, evaluation teams seem to repeatedly end up pursuing mandates to prove it works before being able to prove it has been fully and properly implemented. Ironically, as Adelman and Tay-

lor (1997b) pointed out, what is currently needed most in this climate of increased accountability is good data about implementation.

In addition to being pursued prematurely and often to the exclusion of good process evaluation, the evaluative process can be plagued by a host of other problems specific to the nature of outcome evaluations. Historically, there has been a bias that defines qualitative methods as most appropriate for process evaluation and quantitative methods as most appropriate for outcome evaluation. There has been an emphasis on *variable-based* approaches to data analysis pursued in an effort to document global change in outcomes within an entire school rather than an emphasis on the use of *individual-based* approaches (for a description, see Bergman & Magnusson, 1997) that might more readily document the change within subgroups of students that most observers (e.g., Dryfoos, 1998) expect to occur. Similarly, the emphasis on quantitative methods has contributed to ongoing enthusiasm about research paradigms that are not practical for use in schools. Proponents (e.g., Gomby & Larson, 1992) of rigorous evaluation advocate the use of experimental methods that are typically used in controlled clinical trials conducted in medical settings, but this methodology does not generalize well to school settings, where random assignment of individuals is rarely possible; appropriate comparison groups often do not exist; comprehensive measurement of behavioral outcomes is difficult; and longitudinal follow-up can be both difficult and expensive, particularly if a cohort of students being followed moves on to other school programs or leaves the system (Illback et al., 1997).

In addition, just as there are questions about who pays for the development of programming, there are even more difficult questions about who pays for the comprehensive evaluation everyone calls for. Demonstration grants often allow for program evaluation, but they typically limit funding that can be devoted to evaluation, while they simultaneously set forth expectations for a comprehensive evaluation that can rarely be done with the budget allowed. State and local funding for service delivery, coordination, and integration rarely includes provisions for program evaluation. Funding specifically for program evaluation may be available from federal agencies or private foundations, but that income may not be available on the same timetable as funding being used to support implementation of the program. As funding streams present unrealistic expectations about evaluation, local planning groups need, as much as possible, to temper those expectations by arguing for reasonable, creative, cost-efficient approaches to process and outcome evaluation that will provide potentially useful data about implementation and effectiveness.

CONCLUSIONS

As awareness that school systems alone cannot, and should not, be expected to address the social problems affecting the education of millions of children, the concept of full-service schools has been presented as a potential solution to many of the service delivery problems affecting children who are living in high-risk situations. Across the country, hundreds of initiatives are being pursued within a broad conceptual framework defined primarily by a common perspective on child development and commitment to a specific strategy for more effective delivery of human services. As the full-service school movement evolves, critical roles for consultants with different types of expertise will continue to emerge as local planning groups seek assistance with the organization, implementation, and maintenance of new initiatives.

Clearly, as psychological and educational consultants join local planning groups to help build full-service schools, they must do so with awareness of existing projects and factors known to facilitate collaboration. However, as they journey into this particular world of systems reform, they must also be prepared to look beyond simple examination of successful projects and carefully consider factors that have hampered program development, so that they will be in a position to help planning groups deal in an effective, proactive manner with some of the obstacles that will inevitably complicate implementation. Moreover, as consultants work diligently to promote the development of effective collaboratives, they must look to expand their working knowledge of factors undermining implementation so that, as the next millennium begins, they will be in a position to help local working groups develop interagency collaboratives that more effectively integrate school and human service systems, increase service use, and promote positive developmental outcomes for children living in high-risk situations.

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REFERENCES

- Adelman, H. S. (1993). School-linked mental health interventions: Toward mechanism for service coordination and integration. *Journal of Community Psychology, 21*, 309-319.

- Adelman, H. S. (1996). Restructuring education support services and integrating community resources: Beyond the full service school model. *School Psychology Review, 25*, 431–445.
- Adelman, H. S., & Taylor, L. (1993). School-based mental health: Toward a comprehensive approach. *Journal of Mental Health Administration, 20*, 32–45.
- Adelman, H. S., & Taylor, L. (1997a). Addressing barriers to learning: Beyond school-linked services and full-service schools. *American Journal of Orthopsychiatry, 67*, 408–421.
- Adelman, H. S., & Taylor, L. (1997b). Toward a scale-up model for replicating new approaches to schooling. *Journal of Educational and Psychological Consultation, 8*, 197–230.
- Adelman, H. S., & Taylor, L. (1998). Mental health in schools. *School Psychology Review, 27*, 175–190.
- Adelman, H. S., & Taylor, L. (1999). Mental health in schools and system restructuring. *Clinical Psychology Review, 19*, 137–163.
- Adelman, H. S., Barker, L. A., & Nelson, P. (1993). A study of a school-based clinic: Who uses it and who doesn't? *Journal of Clinical Child Psychology, 22*, 52–59.
- Adelman, H. S., Taylor, L., Weist, M. D., Adelsheim, S., Freeman, B., Kapp, L., Lahti, M., & Mawn, D. (1999). Mental health in schools: A federal initiative. *Children's Services: Social Policy, Research, and Practice, 2*, 95–115.
- Allensworth, D. D., Lawson, E. L., Nicholson, L., & Wyche, J. H. (Eds.). (1997). *Schools and health: Our nation's investment*. Washington, DC: National Academy Press.
- Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures, 1995*. Baltimore, MD: Author.
- Armbruster, P., Andrews, E., Couenhoven, J., & Blau, G. (1999). Collusion or collaboration? School-based services meet managed care. *Clinical Psychology Review, 19*, 221–227.
- Bergman, L. R., & Magnusson, D. (1997). A person-oriented approach in research on developmental psychopathology. *Development and Psychopathology, 9*, 291–319.
- Bickman, L. (1996). A continuum of care: More is not always better. *American Psychologist, 51*, 689–701.
- Bickham, N. L., Pizarro, L. J., Warner, B. S., Rosenthal, B., & Weist, M. D. (1998). Family involvement in expanded school mental health. *Journal of School Health, 68*, 425–428.
- Calfee, C., Wittwer, F., & Meredith, M. (1998). *Building a full-service school: A step-by-step guide*. San Francisco: Jossey-Bass.
- Carlson, C. I., Paavola, J. C., & Talley, R. C. (1995). Historical, current, and future models of schools as health care delivery settings. *School Psychology Quarterly, 10*, 184–202.
- Carlson, C. I., Tharinger, D. J., Bricklin, P. M., DeMers, S. T., & Paavola, J. C. (1996). Health care reform and psychological practice in schools. *Professional Psychology: Research and Practice, 27*, 14–23.
- Chaskin, R. J., & Richman, H. A. (1992). Concerns about school-linked services: Institution-based versus community-based models. *The Future of Children, 2*, 107–117.
- Cowen, E. L., Hightower, A. D., Pedro-Caroll, J. L., Work, W. C., Wyman, P. A., & Haffey, W. G. (1996). *School-based prevention for children at risk: The Primary Mental Health Program*. Washington, DC: American Psychological Association.
- Cross, T. P., & Saxe, L. (1997). Many hands make mental health systems of care a reality: Lessons for the Mental Health Services Program for Youth. In C. T. Nixon & D. A. Northrup (Eds.), *Evaluating mental health services: How do programs for children work in the real world* (pp. 45–72). Thousand Oaks, CA: Sage.
- Crowson, R. L., & Boyd, W. L. (1993). Coordinated services for children: Designing arks for storms and seas unknown. *American Journal of Education, 101*, 140–179.
- Davidson, L., Pruet, M. K., McMahon, T. J., Ward, N. L., & Griffith, E. E. (in press). Comprehensive interventions for at-risk urban youth: Applying lessons from the community mental health movement. *Children's Services: Social Policy, Research, and Practice*.

- Dryfoos, J. G. (1994a). *Full-service schools: A revolution in health and social services for children, youth, and families*. San Francisco: Jossey-Bass.
- Dryfoos, J. G. (1994b). Medical clinics in junior high school: Changing the model to meet demands. *Journal of Adolescent Health, 15*, 549–557.
- Dryfoos, J. G. (1995). Full service schools: Revolution or fad? *Journal of Research on Adolescence, 5*, 147–172.
- Dryfoos, J. G. (1997). School-based youth programs: Exemplary models and emerging opportunities. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 23–52). Washington, DC: American Psychological Association.
- Dryfoos, J. G. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.
- Eber, L., & Nelson, C. M. (1997). School-based wraparound planning: Integrating services for students with emotional and behavioral needs. *American Journal of Orthopsychiatry, 67*, 385–395.
- Fagan, T. K. (1985). Sources for the delivery of school psychological services during 1890-1930. *School Psychology Review, 14*, 378–382.
- Fagan, T. K. (1987a). Gesell: The first school psychologist. Part I: The road to Connecticut. *School Psychology Review, 16*, 103–107.
- Fagan, T. K. (1987b). Gesell: The first school psychologist. Part II: Practice and significance. *School Psychology Review, 16*, 399–409.
- Fagan, T. K. (1996). Witmer's contributions to school psychological services. *American Psychologist, 51*, 241–243.
- Farrow, F., & Joe, T. (1992). Financing school-linked, integrated services. *The Future of Children, 2*, 56–67.
- Finn-Stevenson, M. (1992). Paving the way: Questions and criteria for the School of the Future. In W. H. Holtzman (Ed.), *School of the future* (pp. 45–59). Washington, DC: American Psychological Association & Hogg Foundation for Mental Health.
- Flaherty, L. T., Garrison, E. G., Waxman, R., Uris, P. F., Keys, S. G., Glass-Siegal, M., & Weist, M. D. (1998). Optimizing the roles of school mental health professionals. *Journal of School Health, 68*, 420–424.
- Flaherty, L. T., Weist, M. D., & Warner, B. S. (1996). School-based mental health services in the United States: History, current models, and needs. *Community Mental Health Journal, 32*, 341–352.
- Gardner, S. L. (1992). Key issues in developing school-linked, integrated services. *The Future of Children, 2*, 85–94.
- Garrison, E. G., Roy, I. S., & Azar, V. (1999). Responding to the mental health needs of Latino children and families through school-based services. *Clinical Psychology Review, 19*, 199–219.
- Gomby, D. S., & Larson, C. S. (1992). Evaluation of school-linked services. *The Future of Children, 2*, 68–84.
- Hawkins, J. W., Hayes, E. R., & Corliss, C. P. (1994). School nursing in America. *Public Health Nursing, 11*, 416–425.
- Haynes, N. M., & Comer, J. P. (1996). Integrating schools, families, and communities through successful school reform: The School Development Program. *School Psychology Review, 25*, 501–506.
- Holtzman, W. H. (1992). Community renewal, family preservation, and child development through the School of the Future. In W. H. Holtzman (Ed.), *School of the future* (pp. 3–18). Washington, DC: American Psychological Association & Hogg Foundation for Mental Health.

- Holtzman, W. H. (1997). Community psychology and full-service schools in different cultures. *American Psychologist, 52*, 381–389.
- Illback, R. J., Kalafat, J., & Sanders, D. (1997). Evaluating integrated service programs. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 323–346). Washington, DC: American Psychological Association.
- Jehl, J., & Kirst, M. (1992). Getting ready to provide school-linked services: What schools must do. *The Future of Children, 2*, 96–106.
- Kolbe, L. J., Collins, J., & Cortese, P. (1997). Building the capacity of schools to improve the health of the nation: A call for assistance for psychologists. *American Psychologist, 52*, 256–265.
- Larson, C. S., Gomby, D. S., Shiono, P. H., Lewit, E. M., & Behrman, R. E. (1992). School-linked services: Analysis. *The Future of Children, 2*, 6–18.
- Levy, J. E., & Shepardson, W. (1992). A look at current school-linked service efforts. *The Future of Children, 2*, 44–55.
- McMahon, T. J. (1993). On the concept of child advocacy: A review of theory and methodology. *School Psychology Review, 22*, 744–755.
- McMahon, T. J., & Pruett, M. K. (1998). On the proverbial horns of an ethical dilemma: School consultation, child advocacy, and adversarial intervention. *Journal of Educational and Psychological Consultation, 9*, 75–85.
- Melton, G. B. (1997). Why don't the knuckleheads use common sense? In S. W. Henggeler & A. B. Santos (Eds.), *Innovative approaches for difficult-to-treat populations* (pp. 351–370). Washington, DC: American Psychiatric Press.
- Morrill, W. A. (1992). Overview of service delivery to children. *The Future of Children, 2*, 32–43.
- Noblitt, G. W., & Cobb, C. T. (1997). Organizing for effective integrated services. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 191–220). Washington, DC: American Psychological Association.
- Orland, M. E., Danegger, A. E., & Foley, E. (1997). The critical role of finance in creating comprehensive support systems. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 93–118). Washington, DC: American Psychological Association.
- Paavola, J. C., Carey, K., Cobb, C., Illback, R. J., Joseph, H. M., Routh, D. K., & Torruella, A. (1996). Interdisciplinary school practice: Implications of the service integration movement for psychologists. *Professional Psychology: Research and Practice, 27*, 34–40.
- Paavola, J. C., Hannah, F. P., & Nichol, G. T. (1989). The Memphis City Schools Mental Health Center: A program description. *Professional School Psychology, 4*, 61–74.
- Phillips, V., Boysen, T. C., & Schuster, S. A. (1997). Psychology's role in statewide education reform: Kentucky as an example. *American Psychologist, 52*, 250–255.
- Reeder, G. D., Maccow, G. C., Shaw, S. R., Swerdlik, M. E., Horton, C. B., & Foster, P. (1997). School psychologists and full-service schools: Partnerships with medical, mental health, and social services. *School Psychology Review, 26*, 603–621.
- Romualdi, V., & Sandoval, J. (1997). Community-based service integration: Family resource center initiatives. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children and families: Opportunities for psychological practice* (pp. 53–73). Washington, DC: American Psychological Association.
- Sedlak, M. W. (1997). The uneasy alliance of mental health services and the schools: An historical perspective. *American Journal of Orthopsychiatry, 67*, 349–362.
- Short, R. J. (1997). Education and training for integrated practice: Assumptions, components, and issues. In R. J. Illback, C. T. Cobb, & H. M. Joseph (Eds.), *Integrated services for children*

- and families: Opportunities for psychological practice* (pp. 347–357). Washington, DC: American Psychological Association.
- Short, R. J., & Talley, R. C. (1997). Rethinking psychology and the schools: Implications of recent national policy. *American Psychologist, 52*, 234–240.
- Smith, E. P., Connell, C. M., Wright, G., Sizer, M., & Norman, J. M. (1997). An ecological model of home, school, and community partnerships: Implications for research and practice. *Journal of Educational and Psychological Consultation, 8*, 339–360.
- Talley, R. C., & Short, R. J. (1996). Social reforms and the future of school practice: Implications for American psychology. *Professional Psychology: Research and Practice, 27*, 5–13.
- Tyack, D. (1992). Health and social services in public schools: A historical perspective. *The Future of Children, 2*, 19–31.
- Waxman, R. P., Weist, M. D., & Benson, D. M. (1999). Toward collaboration in the growing education-mental health interface. *Clinical Psychology Review, 19*, 239–253.
- Weist, M. D. (1997). Expanded school mental health services: A national movement in progress. In T. H. Ollendick & R. J. Prinz (Eds.), *Advances in clinical child psychology* (pp. 319–352). New York: Plenum Press.
- Zigler, E. F., Finn-Stevenson, M., & Stern, B. M. (1997). Supporting children and families in the schools: The School of the 21st Century. *American Journal of Orthopsychiatry, 67*, 396–407.

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