Is an Ounce of Prevention Still Worth a Pound of Cure? Community-Based Interagency Collaboration to Enhance Student and Family Well-Being

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I was teaching elementary school in the early 1990s when a paper by Mike Epstein and some of his colleagues (1993) caught my attention. It was titled, "A Comprehensive Community-Based Approach to Serving Students with Emotional and Behavioral Disorders" and was published in the newly created *Journal of Emotional and Behavioral Disorders*. As a teacher of 3rd through 6th grade students who, in those days, had been labeled with "serious emotional disturbances[1]" (SED), I identified with the information provided in the article. For example, the authors discussed many of the same issues that I was confronting, such as the pervasiveness of blaming parents, the lack of organized coordination efforts at the community level (e.g., I never had any contact with my students' case workers, pediatricians, etc.), and the paucity of using data or even contextual information to inform decision-making for these students.

I was also keenly aware, as the authors noted, of "the enormous expense of providing traditional restrictive services to this population" (Epstein et al., 1993, p. 128). Indeed, part of my role as one of the district's only SED-trained teachers was to assist with students who were being released from regional or state psychiatric facilities (read that as "released because funding had expired") back to local SED classrooms. More often than not, these facilities were located in other states, far from the student's home and community. Also, it was typical that the transitional activities mostly involved me working solo, trying to communicate with the facility on behalf of the returning students, their caregivers (including temporary foster case placements or local residential placements),

and their soon-to-be-teachers. These were messy, disorganized situations that required persistence, patience, and creativity. Along with some very dedicated colleagues from the district, child welfare, and children's mental health agencies, I learned how to navigate a lot of different systems and players.

In hindsight, it is little surprise that Epstein et al.'s (1993) article resonated with me. I loved my work and did everything in my power to help my students succeed both in and out of school; however, I became frustrated with the limited or complete lack of processes for coordinating and communicating among and across children's social service systems. My students needed and often noticeably benefited from socioemotional supports, yet few were available. My students did better in school when their families were supported in stable housing, yet often such supports were inconsistent or difficult to get. Although I was able to connect students and families with available psychological supports and, in some cases, find help with housing issues, locate food pantries, and access other social services, I could not understand why there were no formal policies to guide these efforts. If I could see the positive influence these kinds of supports had, I assumed everyone else could, too.

As a teacher, I learned quickly that parents and caregivers were my best allies. They could make important out-of-school things happen (e.g., getting psychological support for my student), and they would advocate for their children more effectively than I ever could (sometimes this required my coaching). I also well understood as a teacher in a self-contained classroom that, although mainstreaming (the precursor to inclusion) was always my goal, not everyone agreed that, in principle, general education was the best place for "my" students. I found that navigating even my own school required developing trusting relationships with like-minded educators. And, even though my classroom was burdened with a significantly onerous and archaic points-and-levels system that almost guaranteed few if any of my students would ever be "allowed" to spend time in general education, our school learned to work around this system—and eventually dismantle it (Flicek, Olsen, Chivers, Kaufman, & Anderson, 1996).

In spite of my best efforts, my students continued to have a habit of "disappearing" (at least this is how it looked to me). On any given day, one or more of my students would not be in class, and when trying to find out what was going on, I often learned that they had been incarcerated, hospitalized, or just removed from their home the previous night or weekend. Typically, but not always, this was due in some degree to safety concerns; sometimes it was a consequence of poor behavior (e.g., fighting, stealing). This was so common that I came to understand, as part of my work as an SED teacher, the need to remediate for the constant disruptions in my students' learning opportunities.

These scenarios tended to follow a similar chain of events. After finding out where my student was being held, I would call the facility. My goal, as any good teacher, was to ensure continuity of the curriculum. I would let the facility know that I was so-and-so's teacher, had talked with her or his parent(s), and had permission to discuss the student's situation with staff at the facility. Almost without exception, I was told that no one was allowed to speak with me because no formal agreements between or among agencies for cross-agency communication were in place. In other words, no matter how much I rationalized or pleaded, I was not allowed to bring over current textbooks or other curricular materials. The person on the other end of the phone would not even confirm that my student was there.

An Introduction to Interagency Collaboration

After reading the Epstein et al. (1993) article, I recall arranging a meeting with my special education director to share the paper and discuss what I needed (and why) to be more successful with my students. I was fortunate to work in a district where the teachers were supported and encouraged by administration to improve, and within a few weeks, I was sitting in my first *community interagency collaborative* planning meeting. I convened the meeting because one of my students was going to be adjudicated by a local judge to a state residential facility for posing an ongoing danger to the community (e.g., fire setting). The student had been arrested several times over the past few years and had recently been locked up again. I had chaired numerous special education IEP (individualized education program) meetings, but this was different. In addition to the parents and my principal, I invited a representative from the district attorney's (DA) office, the family's therapist who was from the local community mental health center, and the school's social worker. The group created a collaborative plan to keep the student in the community and in my classroom. Given the parents' agreement to the plan, the assistant DA took it to the Court, and the team received permission to implement the plan.

The implications of my teaching experiences are obvious. I learned firsthand the critical importance of community and school collaboration. I eventually returned to the university and worked on a PhD focused on interagency collaboration in children's social services. In those days, many of us were working on a model of interagency collaboration called *systems of care* (Stroul & Friedman, 1986). It is noteworthy that the more contemporary definitions of systems of care (SOC) include language about the term "at risk:"

> A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges, and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. (Stroul & Blau, 2010, p. 6; see also Stroul & Friedman, 1986)

Many of us in the field are pleased that SOCs are expanding their focus to a much broader range of children and families by assisting communities to build interagency models of prevention and early intervention (Anderson, Ergulec, Cornell, Ruschman, & Min, 2016).

Blending School and Community Models

In the late 1990s, during my pretenure years, I wrote a lot about how schools, community mental health agencies, and other social services needed to better work together and with families (e.g., Anderson, 2000; Anderson & Matthews, 2001; Anderson & Mohr, 2003). We examined the supports schools needed from the community to successfully educate students with mental illness (Anderson, McIntyre, & Somers, 2004; Anderson & Mohr, 2003). Emphasizing strengths orientations (Rapp, 1998) and authentically partnering with families have become the norm, as contemporary approaches now require services to be family-driven and youth-guided (Stroul & Blau, 2010). During these years, as it became increasingly apparent that many forms of mental illness could be dramatically curtailed and perhaps prevented (e.g., Nicholas & Broadstock, 1999), my professional interests shifted from intervention for children with significant mental health challenges and their families to early interventions and prevention. This work also pushed me to expand my focus from individualized efforts (i.e., working with a child and family) to an exploration of classroom-level and whole-school efforts (Anderson & Cornell, 2015; Anderson, Watkins, Chen, & Howland, 2014).

In the early 2000s, I started working with a group in central Indiana to create a collaborative model between an urban school district (Indianapolis Public Schools) and a local SOC (Dawn Project). Called the Full Purpose Partnership (FPP; Anderson, Crowley, Dare, & Retz, 2006; Crowley, Dare, Retz, & Anderson, 2003), the new school-based model was built around four essential elements: "(a) effective curricula and instruction; (b) inquiry driven, data-based decision making; (c) SOC and wraparound principles (i.e., authentic family involvement, strengths-focused, cultural competence, and interagency collaboration); and (d) positive behavior interventions and supports" (aka

PBIS; Anderson, Houser, & Howland, 2010, p. 34). Each component of the FPP model was conceptualized through a multitiered system (Strein, Hoagwood, & Cohn, 2003; Sugai, Sprague, Horner, & Walker, 2000) that focused foremost on prevention efforts, followed by early and intense interventions and supports, with the ultimate objective always being improved academic achievement (Smith, Anderson, & Abel, 2008). The model was implemented through a *care coordinator,* whose role was to implement the essential elements and provide case management for schools. To ensure fidelity to the model, the care coordinator worked for the SOC, not the school district. The working theory for the FPP was that partnerships among families, schools, and communities could be coordinated to support and sustain improved academic achievement for students in communities and schools experiencing significant needs (e.g., Adelman & Taylor, 1997, 2006a, 2006b; Conwill, 2003; Evans, 2004).

The development of the FPP model in Indianapolis, which initially targeted three urban schools serving disadvantaged neighborhoods, occurred at the same time as the resurgence of another school–community collaborative approach, collectively known as *community schools*. The community schools model can be traced back more than a century to John Dewey and Jane Addams (Dryfoos, 2002). Whereas Addams and the Settlement House movement endorsed deliberate coordination between schools and the communities in which they reside, Dewey promoted the notion that schools should be operated as microcosms of their communities, providing students with authentic lived-experiences that prepare them for adulthood (Houser, 2014). Since 2010, the U.S. Department of Education has been funding a version of community schools called *Full Service Community Schools* (Chen, Anderson, & Watkins, 2016). More recently, interagency approaches that were created in community contexts, such as SOCs, are merging with school-based models, like community schools (Anderson & Cornell, 2015; Eber, Sugai, Smith, & Scott, 2002). For example, *Integrated Student Services* (or supports) approaches confront nonacademic barriers to learning through the coordination of community-based supports aligned with the integration of school-based supports such as afterschool programming or family engagement (Moore et al., 2014). The early vision for this work might have been best summarized by Eber and her colleagues (2002), who stated, "Bringing family members, friends, and other natural support persons together with teachers, behavior specialists, and other professionals involved with the student and family is essential to the planning process" (p. 174). This happens when teams can comfortably work together to identify effective clinical, medical, behavioral, and instructional strategies and to coordinate efforts toward reducing risk factors and improving outcomes.

Policy Supports for Interagency Collaboration in Schools

Although No Child Left Behind (NCLB) passed in 2001, it was years before the extent to which it required schools to monitor and document adequate academic annual performance for all students was fully realized (see McLaughlin, West, & Anderson, 2016). Over time, it became apparent that the long-term patterns of poor academic outcomes observed in many under-resourced urban schools would make compliance with NCLB accountability especially challenging (Blank, Melville, & Shah, 2003; Dryfoos, 2005; Tagle, 2005). Advocates insisted that without the sustained involvement of families and tangible support from community social service agencies, schools would be unable to overcome the negative effects of poverty (Dryfoos, 2000; Harris & Wilkes, 2013).

The recent passage of the Every Student Succeeds Act (ESSA), which replaced NCLB in late 2015, is the current iteration of the 50-year-old Elementary and Secondary Education Act (http://www2.ed.gov/policy/elsec/leg/essa/index.html?src=essa-page). Not surprisingly, ESSA quickly generated a lot of public examination, with some groups expressing excitement for its requirement to improve "non-academic" outcomes (e.g., Blank, 2016). Adelman and Taylor (NCMHS, 2016) analyzed the new legislation, noting that ESSA emphasizes not only how important it is for schools to authentically engage their families, but also that community connections are necessary to support and improve schools. The authors (NCMHS, 2016) highlighted Title IV–21st Century Schools Subpart 2: Community Support for School Success, noting that ESSA is intended to

> (1) significantly improve the academic and developmental outcomes of children living in the most distressed communities of the United States, including ensuring school readiness, high school graduation, and access to a community-based continuum of high-quality services; and (2) provide support for the planning, implementation, and operation of full-service community schools that improve the coordination and integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. (p. 10)

Further, ESSA appears to link the coordination and integration of support services (e.g., connecting schools with available community resources) directly to overcoming barriers to learning and teaching (NCMHS, 2016).

Next Steps for Schools and Communities

Interagency collaborative models have continued to gain attention from practitioners, researchers, and policymakers, particularly in urban areas, because they offer tangible approaches for coordinating and integrating the supports and resources of various community agencies, including schools, child welfare, health and mental health, case management, prevention programming, and afterschool care (Abrams & Gibbs, 2000; Anderson, 2000, 2011; Blank et al., 2003; Dryfoos, 2005; Stroul & Blau, 2010). The entire field of education continues to evolve, and numerous emerging ideas, concepts, and approaches from both the education and social services fields present substantial opportunities to overcome the intractable history of educational failure that has occurred in many underresourced communities (Robertson, Anderson, & Meyer, 2004). In addition to the models and innovations already described in this editorial, some of the more recent innovations include evidence-based practices; multitiered student supports (MTSS); developments in neuroscience; improved risk-resiliency modeling; effective, inexpensive screening and referral protocols; response to intervention; advances in early childhood technologies; and trauma-informed systems and services (see, e.g., Anderson, Cousik, & Dare, in press; NCMHS, 2016; NSCC, 2016).

However, the depth and breadth of so many new opportunities come with risks. Ostensibly, schools were created to teach students academics; thus, making all of these community-based social service opportunities available to educators could be overwhelming and could ultimately have a negative impact on teaching and learning. Adelman and Taylor stated that to "focus only on adding personnel, services, and programs to schools is not sufficient. Further, it often is a recipe for perpetuating the existing marginalization and fragmentation of learning and student supports" (NCMHS, 2016, p. 14). In other words, throwing too much at a school without providing appropriate integration, coordination, and school and community buy-in will not help and often hurts, as taxpayers see the waste of valuable public resources. Indeed, understanding and supporting high needs schools has been compared to solving a puzzle that, when completed, provides a coherent picture of a school and community (Anderson, 2011).

Perhaps for the first time ever, P–12 education has a clear legislative mandate to deliberately align student and school needs with corresponding supports for learning through goal-driven collaborations among educators, families, and communities. Such efforts require all of us to think and act in new ways. Adelman and Taylor have provided not only a strategy but also a beginning framework for the kind of systematic transformation that will be required to implement and sustain such comprehensive changes:

Moving forward involves starting a process that (1) coalesces existing student and learning supports into a cohesive component and (2) over a period of several years, develops the component into a comprehensive intervention system that is fully interwoven into instructional efforts. Such a component is key to enabling *all* students to have an equal opportunity to learn at school and *all* teachers to teach effectively. This type of systematic approach is especially important where large numbers of students are not succeeding. (NCMHS, 2016, p. 15)

Suggestions for Researchers

Early in my research career, I came to understand that examining whether or not a program "worked" was insufficient. Instead, the role of the researcher is to investigate for whom the program worked, under what conditions, and why it worked (Hohmann, 1999). I end this editorial with some advice for those who study the types of school- and community-based models of interagency collaboration that focus on building partnerships with the school and/ or educational outcomes as the goal. Although the field is rapidly evolving, even with clear and growing federal and local support for this, numerous challenges confront the appropriate study of these models (Houser, 2014; Foster, Stephens, Krivelyova, & Gamfi, 2007), including resistance of schools toward outsiders (Carreón, Drake, & Barton, 2005); difficulties of maintaining effective communication both with and among stakeholders (Chen et al., 2016); concerns about attrition rates of study participants, particularly in the most impoverished schools; questions about the choice of outcome variables that can operationally measure program goals (Knapp, 1995); and the broad challenges that confront researchers attempting to make causal inferences when studying interagency collaborations (Hitchcock, Johnson, & Schoonenboom, 2016).

The complex collaborations and professional *boundary spanning* among and across disciplines (e.g., education, child welfare, health, including mental health) that allow these models to operate are pushing scholars to develop more inclusive and expansive theoretical orientations to guide the science of interagency collaboration. Moore and her colleagues (2014) noted that, by its nature, this work is grounded in multiple theoretical perspectives, including (a) ecological, which accounts for both proximal influences and distal influences of school functioning; (b) life-course, which recognizes experiences at earlier stages of childhood affect outcomes at later stages; (c) positive youth development psychology, which emphasizes the importance of healthy relationships, interactions, and self-concepts; (d) whole child perspectives that are simultaneously defined by health, behavior, and socioemotional development; and

(e) bioecological models that emphasize the interactive nature of development over time between individuals and their ecologies.

Hernandez and Hodges (2003) also described three challenges confronting our research that are important to mention. First, the development of interagency models in any community is an evolutionary process that will involve numerous and often changing stakeholders, many of whom are investing substantial amounts of time, influence, and energy. Second, leadership is constantly changing at the program level locally, as well as at state and national levels. A newly hired school superintendent can stop a well-developed community-based school initiative almost overnight, as can a newly elected mayor. This example fits at the state and national level, too. Third, bringing together the various needed systems and agencies under an interagency umbrella can be an unanticipated political process, requiring a tenuous balance of competing responsibilities, funding, goals, and desired outcomes. Moreover, often community-based models of interagency collaboration progress through a nonlinear developmental process that Lourie (1994) referred to as "incremental opportunism," meaning that progress tends to be sporadic and dependent on many difficult-to-understand factors, including regulatory and legislative climates and intermittent funding opportunities (McLaughlin et al., 2016). Moreover, the policymaking and legislation that has created many of the current interagency collaborative structures has been reactive at best, perpetuating piecemeal and fragmented responses to system, school, and student/ family level challenges (NCMHS, 2016). Not unexpectedly, therefore, innovative research models are needed so that we can conduct studies which will allow us to better understand, assess, inform, and ultimately grow the field.

Over the course of my scientific career, my primary goal has been to conduct research that can inform schools, communities, and families, with a particular interest in preventing mental health challenges while simultaneously supporting children with mental illness to be successful in school. Such a goal is lofty, and my success has been limited and somewhat periodic. For example, I evaluate a specific project, usually utilizing a robust participatory framework that involves stakeholders including families, and from the study findings, we collaboratively generate a set of recommendations that helps administration know how to move forward (e.g., Anderson et al., 2016). However, often there is no comparison group included in these studies, and, although such approaches can be very useful locally, they tend to offer limited utility outside of this local context. Further, these designs are highly susceptible to multiple, serious threats to validity (Shadish, Cook, & Campbell, 2002), making any level of substantive generalization imprecise or inappropriate. A recently articulated alternative, called *Networked Improvement Communities* (NIC), is helping us to

think differently about some of our work. Anthony Bryk and his colleagues at the Carnegie Foundation for the Advancement of Teaching developed NICs to facilitate rapid and empirically supported growth. The steps in this approach are similar to some of the methods used in evaluation-driven improvement of interagency models: (a) develop and focus on a clear, common goal; (b) develop a thorough understanding of the problem and the structures that create it; (c) create a working theory about how to improve (or overcome the problem); and (d) use methods of improvement science to develop, test, and improve. The authors also suggest starting small, but then rapidly distilling and disseminating solutions/effective implementation (Bryk, Gomez, Grunow, & LeMahieu, 2015).

The magnitude of challenges confronting our ability to conduct appropriate, useful studies of interagency approaches cannot be overstated. Random controlled studies are cost prohibitive, and, even under the best of conditions, cause and effect will not be unequivocally demonstrated (Schneider, Carnoy, Kilpatrick, Schmidt, & Shavelson, 2007). Moreover, fully understanding the *counterfactual* of complex interagency collaborative models is not realistic, given current technologies. Thus our ability to conduct generalizable research about interagency collaboration will remain elusive for the foreseeable future. Ten years ago, Foster and colleagues (2007) suggested that consensus about the effectiveness of interagency collaboration to improve outcomes for children and their families will likely only emerge as the evidence from numerous site-specific studies is compiled and examined (Foster et al., 2007). However, as with NICs, other recent advancements in research methods may offer potential to our work.

Mixed methodologies offer promise (Hasson-Ohayon, Roe, Yanos, & Lysaker, 2015). For example, when discussing the challenges of conducting random controlled trials, Hitchcock and his colleagues (2016) noted that mixed methods may offer alternatives. The authors described how mixed methodologists will consider causality through the lenses of a variety of different types of designs, including RCTs, single subject, systematic literature reviews, practitioner expertise, and the whole range of qualitative methodologies. A core idea in the mixed methods paradigm, according to Hitchcock et al. (2016), is that multiple sources of evidence are examined and combined. Attention is given to both the strength of specific sources of information, as well as the extent to which logical convergence appears to be occurring across various sources of information.

I conclude this paper with a few final reflections about my own professional journey as a researcher of community-based interagency collaborative projects. This might also be called, "Stuff I wished I had known 20 years ago when I started my research career." First, relationships drive everything. Establishing

and maintaining relationships with, between, and among stakeholders, including families and consumers, is not just critical to the work that we do as educators; relationship building often is one of the many unexpected jobs of the researcher, especially in participatory program evaluation. Moreover, as the external evaluator of a new project, I often find myself directly assisting a community with project visioning, including the development of mission statements, logic models, and theories of change. I do this foremost to ensure these important procedures happen, as they force people to communicate, decide, and agree—more often than I care to admit—because this work requires communities to decide specifically what they want to do (i.e., program design) so our team can evaluate the program. Second, in community-driven interagency collaboration, politics play an almost ubiquitous role. From the current federal and state-level leadership to local history, core stakeholders always come to the process with an agenda which must be acknowledged, understood, and negotiated. Obviously, this process is the core purpose of interagency collaboration (Anderson, 2000), but still, such challenges need to be addressed not only in project development but also in research and evaluation (Blank et al., 2003). For example, I worked on one project, and when it became clear the data did not demonstrate improved scores on state standardized tests (after the interagency model had been in place for a single academic year), city leadership shifted its support to a more recently proposed project.

Third and closely related, scholars such as Michael Fullan (2005) have indicated that it can take up to five years to see tangible academic improvements from comprehensive projects like these interagency collaborative models. However, as with the previous example, the researcher rarely actually gets five years to do the study. In addition to evaluation funding running out long before any sort of causal effects can be considered, even with sufficient time and resources, the work is challenged through the constant barrage of interruptions due to staff turnover (consider in a multisystem project how many core staff members change each year), turnover in elected officials after elections, and a continuous parade of new partners, initiatives, directions, and so on. Fourth, as a participatory researcher, I find myself constantly navigating between advocacy and objectivity. As a scientist, I am expected to be impartial. On the other hand, as a scholar who is relentlessly reading the literature from a variety of different social and educational fields, I have a lot of knowledge about how interagency collaboration works. This duality sometimes puts me into awkward positions, and periodic public disclosures of my potential conflicts of interest are necessary. Finally, one of the most challenging lessons for me has been my slow but clear recognition that we researchers need to be deliberate in ensuring that research findings are used to inform policymaking (McLaughlin et al., 2016).

Although I was disappointed to learn that Congress does not read my research publications, I also accept that part of the reason for the long time span between the publication of important findings and changes to practice are partly the fault of researchers. Instead of just talking with each other, we must find better ways to quickly get concise, *useful* information to policymakers. Still, I remain optimistic in my journey and have confidence that, more often than not, we are heading in appropriate directions. I am also pleased that there does appear to be at least some empirical support for the old adage: *it does indeed take a village to raise children.*

Endnote

[1]In the 1997 reauthorization of the Individuals with Disabilities Education Act, the term serious emotional disturbances (SED) was shortened to Emotional Disturbance, or ED (see, e.g., Anderson & Mohr, 2003, for an in-depth discussion of labels and diagnoses).

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