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ORIGINAL PAPER

Linking Mental Health and After School Systems for Children in Urban Poverty: Preventing Problems, Promoting Possibilities

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Abstract The current mental health system is failing to meet the extensive needs of children living in urban poverty. After school programs, whose mission includes children's socialization, peer relations, and adaptive functioning, are uniquely positioned to support and promote children's healthy development. We propose that public sector mental health resources can be reallocated to support after school settings, and we offer specific examples and recommendations from an ongoing federally funded program of research to illustrate how mental health consultation can support publicly funded after school programs. In light of the increase in resources of urban, poor communities, consultation to publicly funded after school programs can contribute to the mental health goals of keeping children safe and supervised, promoting their healthy development through academically and socially enriching activities, and identifying children in need of more intensive mental health services.

Keywords Children's mental health services · After school programs · Poverty

The current mental health system is failing to meet the extensive needs of children living in urban poverty. In this paper, we suggest a new understanding of publicly funded after school programs as a critical and underutilized setting through which to enhance children's mental health. After school programs are the single fastest growing segment of the childcare service industry (Seligson, Gannett, Cotlin, 1992), utilized by more than 7 million children with working parents in the United States (Capizzano, Tout, & Adams, 2000). There are two reasons why publicly funded after school programs are uniquely positioned to promote children's adaptive functioning. First, mental health promotion is already the central goal of many after school programs, whose natural routines and activities are designed to foster social skills building, facilitate peer relations, and enhance social emotional learning. Second, the empirical literature on after school indicates that participation in after school programs can positively impact on children's psychosocial functioning, especially for children from economically disadvantaged families.

Despite their potential, however, after school programs in urban poor communities, like their school counterparts, face overwhelming obstacles reflecting the poverty in which they are embedded, including a shortage of resources and an abundance of environmental stressors that compromise their ability to provide high quality programming to participating children. Therefore, we suggest that public sector mental health resources can be reallocated to support after school programs toward their mental health goals of keeping children safe and supervised, promoting their healthy development through academically and socially enriching activities, and identifying children in need of more intensive mental health services.

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Children in Urban Poverty: Unmet Needs, Inadequate Services

Children growing up in urban neighborhoods with concentrated poverty face unique, predictable, and profound risks, the impact of which extends to all of the natural settings in which children and families grow (Bell & McKay, 2004). The increased likelihood of poor quality home and school environments, within communities characterized by violence (U.S. Department of Justice, 2003), social disorganization (Brooks-Gunn & Duncan, 1997), and pollution (Evans & Kantrowitz, 2002), can inhibit children's physical, social, and cognitive development, leading to poor academic performance, frequent grade repetition, and early school dropout (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997). Many urban, poor communities are undergoing vast changes associated with gentrification and restructuring of public housing. As families are re-located throughout the city, social networks are dissolved and community resources become scarce, exacerbating the already pernicious effect of poverty by increasing parental burdens to provide for their children's safety and healthy development (Jarrett, 1999).

Despite the extraordinary pressures and alarming needs facing many urban, poor families, few mental health resources are available (Griffin, Cicchetti, & Leaf, 1993) and service use remains alarmingly low (Harrison, McKay, & Bannon, 2004). An analysis of three national surveys revealed that nearly 80% of youth who were in need of mental health services did not receive services within the preceding 12 months, with rates approaching 90% for uninsured families (Kataoka, Zhang, & Wells, 2002). African American families, who disproportionately live in urban poor neighborhoods, are more than one-and-a-half times as likely as whites to be uninsured (Cauce, Stewart, Rodriguez, Cochran, & Ginzler, 2003; Kaiser Commission on Medicaid and the Uninsured, 2000). For those children and families who do receive mental health services, attrition rates are greater than 50%, especially among low-income, African-American children (Kazdin, 1996), and it is not clear that there is sufficient knowledge regarding intervention effectiveness to transport evidence-based strategies from controlled to community settings (Hoagwood, Burns, & Weisz, 2002; Ringeisen, Henderson, & Hoagwood, 2003) or to sustain them (Annie E. Casey Foundation, 2002). What currently exists in many urban, poor communities is a fragmented, uncoordinated network of services for children that neither allocates resources successfully nor attends to the quality of services provided (Knitzer, Yoshikawa, Cauthen, & Aber, 2001).

In response to the inadequacies of the public sector mental health system, new, innovative, and comprehensive models of mental health service delivery are required (Hoagwood & Johnson, 2003; Tashman et al., 2000). Because the risks associated with poverty have a broad impact across multiple contexts and domains of children's functioning, services need to consider children's overall development and to enhance the natural settings that support them. Specifically, new models of service delivery for children living in urban poverty will need to (a) consider the unique risk factors and obstacles to services utilization experienced by urban families, (b) foster and accommodate indigenous resources to support the dissemination and implementation of effective services (Atkins, Frazier, Adil, & Talbott, 2003; Atkins, Graczyk, Frazier, & Abdul-Adil, 2003), (c) broaden the construct of mental health to include multiple domains of outcomes (symptoms, functioning, environmental outcomes, satisfaction) (Hoagwood, Jensen, Petti, & Burns, 1996) and multiple definitions of functioning (e.g., academic, social, emotional, cognitive, behavioral), and (d) strengthen the mechanisms and natural settings through which children can be protected from harm.

Children's Mental Health Promotion: Reducing the Burden on Schools

Since community-based mental health agencies cannot accommodate the many children in need of support in urban, poor communities, schools have become primary providers of mental health services for children and youth (Burns, Schoenwald, Burchard, Faw, & Santos, 1995; Farmer, Burns, Phillips, Angold, & Costello, 2003; Rones & Hoagwood, 2000). Mental health services in schools take many forms including counseling (Armbruster & Lichtman, 1999; Rappaport, 2001), classroom-based consultation to teachers (Atkins et al., 1998, 2003; Weiss, Harris, Catron, & Han, 2003; Weist, Goldstein, Morris, & Bryant, 2003), and more recently, universal prevention programs (Elias, Zins, Graczyk, & Weissberg, 2003), although the extent and quality of services are essentially unknown (Wilson, Lipsey, & Derzon, 2003). In the last decade we have witnessed intensive efforts by researchers and policymakers to prioritize social-emotional learning (SEL) in schools. According to the National Association of State Boards of Education (NASBE), states in every region in the U.S. are mandating the teaching of social and emotional development

alongside academic learning in classrooms (http://www.nasbe.org) to help provide students with life skills related to decision making, problem solving, and relationship building (Elias et al., 1997).

Whereas there is evidence that psychosocial interventions properly applied can positively impact children's learning (Greenberg et al., 2003), it is not clear that the necessary resources are available in urban low-income schools to implement programs adequately. Indeed, mounting data suggests that a significant proportion of school-based prevention programs are not implemented to a satisfactory level in terms of duration, intensity, frequency of activities, content of programming, method of delivery, and participation among staff and students (e.g., Gottfredson & Gottfredson, 2002; Wilson et al., 2003). Given recent political pressures to improve test scores (e.g., No Child Left Behind), teachers in academically struggling schools, in particular, have neither the time nor the resources to replace basic skills instruction with mental health prevention and promotion activities. Despite state policy and research recommendations, topics considered ''peripheral'' get reduced or eliminated from curriculum to ensure ample time for ''primary'' subjects such as reading, math, and writing (Adelman & Taylor, 1999; Dillon, 2006).

We propose that there are clear advantages to bringing social emotional learning skills and curricula to after school program settings, where SEL concepts are already central to the mission and success of programs, and where staff has fewer competing demands on their time and fewer barriers to implementation. Given that social emotional learning is an undisputed, critical component of children's overall health and wellness, it makes sense for publicly-funded after school programs in particular to support school-based SEL initiatives and to assume a more primary and prominent role for children's development.

After School in Urban America

The multiple stressors associated with poverty are particularly daunting during the after school hours when families struggle to keep their children safe and protected in an environment that more often provides enticing, early, and easy access to a variety of harmful activities. Since the advent of welfare reform, the number of two-parent families with both parents employed full-time outside the home has risen from 17 to 29 percent the past two decades (Federal Interagency Forum on Child and Family Statistics, 2005). With increased employment among both single- and two-parent families comes increased need for childcare after school. Recent federal surveys indicate that the percentage of children caring for themselves increases with age, and ranges from 3% among children in kindergarten through third grade to 34% of students in sixth through eighth grade (Federal Interagency Forum on Child and Family Statistics, 2005; http://www.afterschoolalliance.org). The numbers paint a different picture in low-income urban communities where as many as eight million children may be unsupervised after school, in part because after school programs can serve fewer than one-third of families in need (Halpern, 1999).

In high poverty, urban neighborhoods, children who care for themselves are often involved in or exposed to a wide range of dangerous activities, including gang-related violence, illegal substances (i.e., drugs, alcohol, and cigarettes), criminal activities, and opportunities to engage in unsafe sexual behaviors. In center cities, after school hours are the time of day during which both accidents (http://www.safekids.org) and crime among youth are most common (Snyder & Sickmund, 1999). In fact, FBI crime pattern statistics indicate that on school days, serious juvenile crime—robbery, aggravated assault, and sexual assault—peaks between the hours of 3:00 and 7:00 p.m. (Snyder & Sickmund, 1999). Indeed, research has shown that poor supervision and monitoring are related to externalizing problems and juvenile delinquency (Dishion & McMahon, 1998; Flannery, Williams, & Vazsonyi, 1999). In addition to the health-compromising behaviors experienced by these children and families, there are additional costs shouldered by their local communities and society at large related to use of public hospitals, the juvenile justice and child welfare systems, and educational resources.

A lack of available programs and low enrollment in some communities is especially unfortunate in light of promising evidence to suggest that participation in after school activities may serve a protective function, particularly for children in economically disadvantaged communities. For example, Marshall et al. 1997 examined the impact of multiple childcare settings on children in grades one through four. They found that for lower-income children, unsupervised care (i.e., self-care or care by a sibling) predicted more externalizing problems, whereas after school program participation was associated with fewer internalizing problems. Similar associations were *not* found for middle-income children. In a related study, Posner and Vandell (1994) examined the benefits of organized after school programs for third grade children in urban communities. After controlling for maternal education, race, and family income, participation in a formal program was positively and significantly related to academic

achievement and social adjustment compared to maternal care, informal adult supervision or self-care (Posner & Vandell, 1994). Finally, findings in a longitudinal study suggest that low-income, minority children in grades 1 to 3 who attend formal after school programs demonstrate higher reading achievement and expectations for academic success, after controlling for baseline academic functioning, compared to children in other patterns of after school care (Mahoney, Lord, & Carryl, 2005). Thus, there is considerable evidence that for urban, low-income children, participation in organized after school activities can positively impact their psychosocial functioning.

Such findings have led to increasing concern and questions among researchers, practitioners and policymakers regarding program quality. Organized programs have been shown to vary extensively in their mission, available activities, staff qualifications and training, enrollment, and stated goals (Bouffard & Little, 2003). Publicly-funded programs in low-income communities—such as those operated by parks departments, community centers, and libraries—often include some combination of academic assistance, physical education, and games and recreation (Bouffard & Little, 2003). Increasingly, schools are providing after school opportunities to children across a range of backgrounds with an emphasis on academic growth, and governance provided by the school alone, a community-based organization, or a partnership between them (Riggs & Greenberg, 2004). Finally, although research is limited, private organizations in higher income communities additionally provide activities targeting the development of specific competencies, such as computer or language proficiency, athletic abilities, or art and music skills.

In response to the range of programs that exist, a growing literature is focused on identifying empirically-based quality indicators and relating them to children's experiences, satisfaction, and outcomes in after school programs. For instance, in their examination of 30 school-aged childcare programs, Rosenthal and Vandell (1996) assessed three types of program quality features: structural variables, staff characteristics, and curricula. Program directors reported on regulatable features, observers coded the warmth of staff-child relationships, and 180 third to fifth grade children rated the after school environment. Results indicated that negative staff–child interactions predicted children's reports of less emotionally supportive staff and overall poorer program climate whereas positive staff-child interactions predicted children's reports of more positive program experiences. Descriptive research on after school programs serving low-income, urban children in particular also highlights the importance of staff-child relationships for both young children (Vandell, Shumow, & Posner, 1997), as well as junior high and high school students (Roffman, Pagano, & Hirsch, 2001). Among first grade samples, both staff-child and peer relationships after school contribute not only to children's satisfaction with programs but to their academic performance, behavioral functioning, and social skills (Pierce, Hamm, & Vandell, 1999; Vandell, Pierce, & Lee, 2005), all appropriate mental health goals. Finally, programs with an emphasis on social skills and character development have been shown to have a stronger negative impact on delinquent behavior among middle school students than programs without social development goals (Gottfredson, Gerstenblith, Soule, Womer, & Liu, 2004).

Concurrent with the increases in research on after school time, program participation, and program quality has been an increase in federal, state, and local funding of after school programs, particularly in impoverished communities (http://www.gse.harvard.edu/hfrp). The most prominent program has been the 21st Century Community Learning Centers, a federal initiative enabling high need public schools to stay open longer to provide activities such as mentoring, counseling, and academic enrichment to students living in urban and rural areas. Early results indicate few differences in academic achievement, feeling of safety after school, or developmental outcomes among elementary school samples participating in such federally funded programs (Dynarski et al., 2003). Nevertheless, a vast majority of surveyed voters express concern with the lack of structure and supervision during after school time, and support increases in funding for more comprehensive programs and services (http://www.afterschoolalliance.org). In fact, 78% of polled voters reported a willingness to increase their own state taxes by 100 dollars each year to support comprehensive programming. These numbers indicate considerable public support for prioritizing access to high-quality after school programs and, combined with the promising findings stated above, suggest that a redistribution of resources to support and strengthen these programs is warranted.

Linking Mental Health and After School Systems

Based on these encouraging findings regarding the potential benefits to children of after school program participation, it appears that organized after school programs can have significant mental health benefits for children living in urban poverty (National

Commission on Children, 1991). Despite their potential, however, after school programs in urban poor communities, like their school counterparts, face overwhelming obstacles that reflect the poverty in which they are embedded, including a shortage of resources and an abundance of environmental stressors that compromise their ability to provide high quality programming to participating children. Moreover, despite evidence for the importance of after school staff to program quality and child functioning, frontline staff in publicly-funded urban after school settings receive low pay with few benefits, rarely have more than a high school diploma, and tend to depart for other opportunities after a brief period of employment, with turnover averaging over 40% annually (Halpern, 1992). Therefore, we propose allocating community mental health system resources to support publicly-funded after school programs toward the goals of keeping children safe and supervised, promoting their healthy development through academically and socially enriching activities, and identifying children in need of more intensive mental health services.

There is general consensus that a high quality after school program includes the following critical components (National Research Council and Institute of Medicine, 2003), each of which represents a reasonable and appropriate target for mental health support: physical and psychological safety; appropriate structure; supportive relationships; opportunities to belong; positive social norms; support for efficacy and mattering; opportunities for skills building; and integration of family, school and community efforts. Toward these goals, we are presently engaged in the development and pilot testing of an after school program intervention (Project NAFASI, Ki-Swahili for opportunity) that draws on strategies from the efficacy-based ADHD Summer Treatment Program (STP; Pelham, Greiner, & Gnagy, 1997) to enhance the academic, social, and behavioral benefits for children living in urban poverty (NIMH grant R34-MH070637). Although we only recently have begun this work, we next will describe the intervention and the study in some detail as a model for how public sector mental health resources may be reallocated within a fee-for service model to support the after school setting as a critical contributor to children's development.

Project NAFASI: Nurturing All Families through After School Improvement

We are collaborating with the Chicago Park District, one of the largest publicly-funded providers of after school programming for children in Chicago. The park district runs 85 Park Kids after school programs around the city. Park Kids is designed to provide educationally and socially enriching activities from 3:00 to 6:00 and operates around three one-hour rotations that include academic assistance, physical education, and recreation (e.g., dance, music, art, drama, computers). Children rotate through their activities according to three grade-level groupings (kindergarten-2nd grades; 3rd–5th grades, 6th–8th grades). Although the program is funded primarily by city dollars, families also pay a modest fee of $ 20 for each 10-week session. Our research team, comprised of the principal investigator (first author), clinical psychology interns, and bachelor's level research assistants, has spent one year collaborating with the four staff (park supervisor, homework assistance instructor, physical education instructor, and drama instructor) at one Park Kids program serving 30 children in a high-poverty community on the south side of Chicago around the adaptation of the Summer Treatment Program intervention.

We initially selected the STP because it is designed to integrate social emotional learning into the natural course of recreational activities, thereby providing a helpful framework through which to support the natural goals of publicly funded after school programs and respond to the needs of participating children, families, and staff. It is an efficacy-based, manualized intervention designed to facilitate positive peer socialization, reduce disruptive behaviors, increase prosocial behaviors, and improve academic performance. The STP is highly structured and highly standardized, based on a systematic reward and response cost system in which children receive points for appropriate behavior and lose points for inappropriate behavior which are exchanged each day for privileges and rewards. And, although initially designed for children diagnosed with ADHD, it has been effective at improving adaptive functioning across multiple domains for younger and older children with and without a mental health diagnosis (W. E. Pelham, Unpublished; Pelham et al., 1996; Pelham & Hoza, 1996). For these reasons, the STP seemed an ideal model for adaptation to after school programs.

Though supported by extensive empirical data derived from efficacy studies, the STP has not been empirically evaluated in the context of an effectiveness trial, under less precisely controlled conditions with more heterogeneous populations, providers, or settings. In accordance with Step 1 of the Clinic/Community Intervention Development Model (Hoagwood et al., 2002), the goal for Year 1 of the study, therefore, was to collaborate with after school program staff at

one park in order to adapt the principles and strategies of the STP to make them feasible, effective, and sustainable. More broadly, Year 1 provided an opportunity to develop an intervention that supported the natural mission and stated goals of the Chicago Park District, addressed the needs of participating children, and applied well-known and widely used evidence-based interventions in this after school program setting where, unlike schools, the focus on social emotional learning is a central goal that is neither peripheral to nor competing with academic goals.

Collaboration proceeded in three stages: (1) relationship building, needs assessment, and resource mapping, (2) intervention adaptation and implementation, and (3) implementation support, problem-solving, and sustainability. Stage one involved a series of weekly lunch meetings among the research team and Park Kids staff, informal discussions with staff and supervisors, and an extensive period of participant observation, through which we arrived at consensus around the perceived strengths, needs, and resources of the Park Kids program. Stage two launched the intervention adaptation and implementation, an iterative process that included a combination of modeling, coaching, and shadowing, with the research team serving in a consultation role. As individual instructors gained comfort with interventions, consultation shifted to a support role (stage three) focused around problem-solving obstacles to implementation and utilizing indigenous park resources to ensure sustainability over time.

The strengths and needs assessment during stage one of our collaboration revealed a general staff consensus that despite their program structure, rules and expectations for children were unclear and inconsistent leading to significant levels of disruptive behavior common to all three rotations. There was unanimous agreement among park staff and the research team that our first goal should be to identify and operationalize a set of rules that could apply to all three rotations. Extensive discussions during collaborative meetings culminated in the following five program rules that were posted around the park: Follow directions, Stay in your assigned area, Walk, Participate, and Respect people, place, and things. Introduction of the new rules was followed by three interventions (described below) that generalized to all three rotations. Once we had arrived at stage three of our collaboration (implementation support and problem-solving) with these initial strategies, we began to introduce some additional interventions that also supported the stated mission of Park Kids and addressed new, specific concerns raised by program staff. By the end of Year 1, we had compiled a set of interventions that included evidence-based strategies originating both from the STP as well as from other programs initially designed for and examined within school settings. Table 1 organizes those interventions to illustrate their use within the three rotations to support identified program goals and respond to individual staff concerns about children's functioning.

Program-Wide Interventions

Group Discussion

A daily Group Discussion (Pelham et al., 1997) was initiated at the beginning of each afternoon during which staff facilitated a discussion with children about program rules, routines, and expectations as well as rewards and consequences for compliance and rule violations. Renamed ''rap session'' by Park Kids staff, this was the first intervention we recommended and implemented to help both staff and children become familiar with the new set of rules and their definitions. Toward that end, we encouraged staff through modeling and support to praise rule following and label rule violations for a couple of weeks before implementing a group-wide contingency.

Good Behavior Game

We instructed staff on the use of the Good Behavior Game, a group-wide, contingency-based behavior management system that has been employed effectively in schools for over three decades (Barrish, Saunders, & Wolf, 1969; Embry, 2002; Tingstrom, Sterling-Turner, & Wilczynski, 2006), but to date, never reported to be used in the after school setting. Children earn group rewards based on rule following behavior. When one child breaks a rule, the entire group loses a point. If at least one point remains at the end of the afternoon, the children earn 15 minutes of free time to end the day. We replaced the individualized point system procedure from the STP with the group-wide Good Behavior Game in response to staff input that it would be less cumbersome and thus more likely to sustain beyond consultation with our research team.

Peer Leader Program

In response to concerns about high staff-to-child ratio, we trained children in grades five and higher to be peer leaders (renamed ''Dream Team'' by the children) to supplement adult support for younger

Table 1 Project NAFASI: Intervention goals and strategies

Rotation	Program goals	Staff concerns	Interventions
Academic assistance	Homework completion Academic enrichment	Homework too hard Disruptive behavior No communication with teachers	Curriculum based measurement Peer assisted learning Group discussion Good behavior game Links with community resources
Physical education	Athletic Skills Social skills Teamwork Sportsmanship Persistence	Disruptive behavior Child apathy	Peer leaders Group discussion Good behavior game Good News Notes
Recreation: Drama	Theatre skills Social skills: Patience Participation Supporting Peers	Disruptive behavior Child apathy	Peer leaders Group discussion Good Behavior Game Good News Notes

children in each rotation. In a five-hour peer leader curriculum, leaders learned peer-assisted learning strategies for reading (Wright, 2002), how to facilitate games and activities for younger kids (Pelham, Greiner, & Gnagy, 1997), and how to encourage prosocial behaviors among younger children through praise and social reinforcement (Skinner, Neddenriep, Robinson, Ervin, & Jones, 2002). Children and their parents signed contracts accepting their responsibility as a peer leader, and children assumed their leadership role one afternoon per week. Booster sessions included curriculum on peer-assisted learning for math (Fantuzzo & Ginsburg-Block, 1998) and conflict resolution (e.g., Aber, Jones, Brown, Chaudry, & Samples, 1998; Farrell, Meyer, & White, 2001). In addition, peer leaders participated in creating a buddy system through which a neglected or rejected younger child is paired with an older well-accepted or popular peer (Fantuzzo, Manz, Atkins, & Meyers, 2005).

Additional Interventions

Academic Support

Staff reported significant concerns regarding the academic assistance rotation, particularly related to their perception that many children either were unable or unwilling to complete their homework. We used Curriculum-Based Measurement (see Shinn, 1998) to identify children for whom assigned homework contained material beyond their instructional levels. These then were used to ensure that when they completed homework, children were selecting reading, writing, and math enrichment activities at their appropriate instructional level and also to facilitate discussions between after school staff and parents about expectations for homework completion at the Park Kids program and ways to support their children's learning at school.

Good News Notes

Good News Notes (Rubenstein, Patrikakou, Weissberg, & Armstrong, 2000) are certificates offered to children to share with their parents at the end of each week, celebrating an accomplishment ranging from mastering a particular athletic skill to remaining seated during homework time. Good News Notes helped staff to identify and prioritize individual activity and social skills for children, provided structured opportunities for staff to praise and reinforce children for displaying those targeted skills, and facilitated proactive and positive communication with parents.

Links with Community Resources

Recognizing that this set of interventions may be necessary but not sufficient for children with more extensive mental health difficulties to have a successful after school program experience and improved psychosocial outcomes, we facilitated a linkage between the Park Kids program and a local community mental health agency that can accept referrals for children in need of more individualized and intensive mental health services. In this way, the after school program, like schools themselves, can serve as a gateway for mental health services. In addition, to facilitate the academic enrichment and peer-assisted learning opportunities during the academic assistance rotation, we facilitated a linkage between the Park Kids program and their local community public library, through which the after school staff can obtain a new set of books each month, categorized by instructional level.

For Year 2 of the grant, the Chicago Park District has identified three new Park Kids after school program sites serving demographically similar high poverty communities in Chicago. We will adhere to a similar process of collaboration and intervention implementation with staff at each site to identify program goals, strengths, needs, and resources, and to implement a set of strategies from those described above that support program goals and respond to staff concerns. We will pilot test the impact of the selected strategies on children's psychosocial functioning, at post-test and 6-months follow-up, compared to three demographically comparable no-intervention (after school-as-usual) sites, thereby evaluating for the first time the effectiveness of this mental health consultation model for publicly funded after school programs. First and second year social work students will be trained as the mental health consultants, supervised by clinical psychology interns, thereby resembling as closely as possible the workforce of a community mental health agency and allowing an initial evaluation of this program as a public sector mental health model. If in fact the forthcoming data support this service model, then the next step will be to consider the training, supervision, and role of community mental health providers in setting-level consultation, the allocation of community mental health dollars to prevention and intervention activities, and specifically, the fiscal reimbursement strategies for services provided along that continuum.

Summary and Conclusions

After school programs represent a critical and largely untapped setting through which mental health resources can be used in urban, poor communities to meet the mental health needs of children along the continuum from prevention to intervention. Enhancing the quality and capacities of after school programs to effectively meet the needs of children in poverty presents an alternative use of mental health resources that would enable community mental health providers to identify children with the most intensive mental health needs, to serve more children overall, and to support school-based social emotional learning goals and initiatives. Moreover, consultation and support to after school programs could be integrated into a broader set of services in a system-of-care framework, allowing mental health providers to utilize their breadth of skills and target multiple individuals, groups, and settings for intervention. Thus, this model is consistent with recent calls for a contextually relevant understanding of children's mental health needs and capacities, and responds to the need for accessible, effective, and sustainable mental health services in impoverished and under served communities. (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, 2001; U.S. Public Health Service, 2000).

From a public health perspective, mental health consultation to publicly funded after school programs could serve both as a universal intervention designed to benefit all children attending these programs and as a targeted intervention for children already exhibiting problems in one or more domains of functioning. As prevention, the allocation of mental health resources may contribute to improvements in overall program quality and thereby benefit all participating children, preventing the emergence of mental health problems and promoting the likelihood of healthy outcomes across academic, physical, behavioral, and social-emotional domains (Weisz, Sandler, Durlak, & Anton, 2005). As intervention, those children most at risk for academic and social problems during unsupervised, out-of-school time are likely the ones breaking rules, starting fights, and losing privileges in after school programs. These same children may be reducing the benefits of program participation for other children as well, via their negative impact on staff satisfaction, peer relations, and overall program functioning. Intervention and support may also help to limit disruption caused by their participation, and reduce the strain on staff and setting characteristics. This is especially important in light of a growing literature that indicates organizational level characteristics contribute to the delivery of high quality services and good service outcomes for children in various settings (Glisson & James, 2002; Glisson & Schoenwald, 2005; Hemmelgarn, Glisson, & James, 2006). Finally, high quality after school programs could represent an extremely important yet under-utilized gateway to facilitate children's access to more intensive services.

In summary, in light of the increasing needs and depleting resources of urban, poor communities, we propose that community mental health models and resources can be allocated to help strengthen and support after school programs. Research will need to examine how mental health support for after school programs impacts on children's functioning, including possible mediators, such as staff-child relationships, and moderators, such as child, staff, and setting characteristics. Mental health promotion is already the central goal of many after school programs, whose natural routines and activities are designed to foster social skills building, facilitate peer relations, and

enhance social emotional learning. Broadly speaking, after school *is* mental health, as both promote enriching opportunities for growth and healthy development, thus preventing problems and promoting possibilities for children living in urban poverty.

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