BUT THEN, MANY INTERNISTS WITH AN ADULT PRACTICE ARE NOT THAT ANXIOUS TO TAKE ON ADOLESCENTS AS PATIENTS.

SO, AGAIN THEY FALL THROUGH THE CRACKS.

SERVICES MUST NOT SIMPLY BE IN THE COMMUNITY --AS IMPORTANT AS THAT IS-- THEY MUST ALSO BE COORDINATED

ONE OF THE MAJOR PROBLEMS IN DEALING WITH ADOLESCENT HEALTH NEEDS IS THE PROBLEM OF FRAGMENTED SERVICES.

SO FAR THE RESPONSE OF CONCERNED CITIZENS AND LEGISLATORS HAS BEEN TO SET UP A NUMBER OF PROGRAMS OR SERVICES, EACH DESIGNED TO DEAL WITH A SPECIFIC PROBLEM: AIDS, CHILD ABUSE, TEENAGE PREGNANCY, DRUGS, AND SO FORTH.

BUT THE LACK OF COLLABORATION BETWEEN THESE PROGRAMS CAN BLUNT THEIR SUCCESS, OR EVEN DOOM THEM TO FAILURE. BUREAUCRATIC MYOPIA, RIGID REPORTING PROCEDURES, OVERLY RESTRICTED FUNDING, AND PLAIN INSENSITIVITY TO THE LARGER PICTURE OF THE ADOLESCENT'S WORLD CAN DOOM THE BEST INTENDED PROGRAM.

FRAGMENTATION OF SERVICES CAN LEAD TO BITTER FRUSTRATION.

FOR EXAMPLE, AN ADOLESCENT WHOSE NEEDED MEDICAL CARE IS PAID FOR BY MEDICAID CAN LOSE ELIGIBILITY FOR MEDICAID IF HIS MOTHER GOES TO WORK OR REMARRIES.

OR A TEEN ALCOHOL ABUSER MAY FINISH AN ALCOHOL ABUSE PROGRAM, BUT IN THE MEANTIME HAS TAKEN TO COCAINE, BECAUSE THE PROGRAM HAS NOT TOUCHED THE BASIC BEHAVIORAL PROBLEM.

A TEENAGE MOTHER MAY BE DENIED ENTRY INTO A PARENTING PROGRAM BECAUSE SHE HAS NOT DROPPED OUT OF SCHOOL AND THEN RE-ENROLLED.

A HOMELESS TEENAGER MAY BE DENIED A VARIETY OF SERVICES BECAUSE HE/SHE HAS NO ADDRESS.

SERVICES MUST BE COORDINATED TO BE RESPONSIVE TO ADOLESCENTS AND FAMILIES TO PREVENT GAPS IN SERVICE, AND TO KEEP SERVICES FROM BEING PROVIDED SEPARATELY FROM EACH OTHER.

STRONG LEADERSHIP AND COMMITMENT ARE NEEDED AS PEOPLE AND GROUPS WORK TOGETHER TO IMPROVE DELIVERY OF SERVICES.

THE FURTHER THE ADMINISTRATION OF THE PROGRAMS GET FROM THE LOCAL LEVEL, THE LESS SUCCESSFUL THEY WILL BE. LOCAL GROUPS SEE THE LOCAL PROBLEMS THE MOST CLEARLY.

THEY NEED TO BE GIVEN THE POWER AND THE FUNDS TO DO WHAT NEEDS TO BE DONE FOR THEIR YOUNG PEOPLE. THEY KNOW HOW TO LINK SELF-HELP GROUPS WITH HEALTH PROGRAMS. THEY ARE THE ONES WHO CAN INSURE COLLABORATION WITHOUT BAFFLING COMPLEXITY.

THE PLACE WE NEED THE GREATEST COORDINATION, THE CLOSEST COLLABORATION, IS BETWEEN THE HEALTHCARE SERVICES AND THE SCHOOLS.

THE CLOSE CONNECTION BETWEEN THE PROBLEMS OF ADOLESCENT HEALTH AND THE PROBLEMS OF ADOLESCENT EDUCATION HOLD THE PERIL OF COMMON DESTRUCTION..... OR THE OPPORTUNITY OF JOINT SOLUTION.

THOSE ADOLESCENTS WHO HAVE GOOD HEALTH, A STRONG SELF-IMAGE, WHO ARE PHYSICALLY FIT, WILL BE LESS INCLINED TO RISK A BRIGHT FUTURE BY ENGAGING IN RISKY BEHAVIOR, IN DRUG OR ALCOHOL ABUSE.

BUT THE ADOLESCENT DOING POORLY IN SCHOOL, FACING A DARK FUTURE, MAY READILY SEEK ESCAPE IN DRUGS, ALCOHOL, GANGS, AND THEN OF COURSE, FALL EVEN FURTHER BEHIND.

A MINNESOTA STATE-WIDE STUDY CONFIRMED THAT ADOLESCENTS WITH LOW GRADES IN SCHOOL WERE TWO TO FIVE TIMES MORE LIKELY TO SMOKE DAILY, USE ALCOHOL EXCESSIVELY, BE SEXUALLY PROMISCUOUS, AND ATTEMPT SUICIDE THAN TEENS WITH ABOVE-AVERAGE GRADES. THIS FINDING WAS ACROSS THE BOARD, FOR ALL RACIAL AND ETHNIC GROUPS.

IT IS FOOLHARDY FOR AMERICANS TO BE CONCERNED ABOUT THE AMERICAN SCHOOLS WITHOUT SIMILAR CONCERN FOR THE HEALTH OF AMERICAN SCHOOL CHILDREN AND ADOLESCENTS. HEALTH AND EDUCATION CAN NO LONGER BE TREATED AS SEPARATE SPHERES.

ALL TOO OFTEN, TODAY, THE SCHOOL NURSE, THE NUTRITION COUNSELOR, THE PHYSICAL EDUCATION PROGRAMS ARE SIMPLY NOT MEETING THE REAL HEALTH NEEDS OF ADOLESCENT STUDENTS.

FOR EXAMPLE SUCCESSFUL "MAINSTREAMING" SPECIAL NEEDS STUDENTS REQUIRES INTENSE COLLABORATION BETWEEN HEALTH AND EDUCATION PERSONNEL.

EDUCATIONAL AND HEALTH SERVICES DEAL WITH MANY OF THE SAME PROBLEMS, SO THEY SHOULD GET THEIR ACTS TOGETHER.

BUT WE NEED SCHOOL-HEALTH COORDINATION NOT ONLY BECAUSE THE PROBLEMS ARE INTERTWINED, BUT ALSO BECAUSE FOR HEALTH SERVICES TO BE REACH ADOLESCENTS THEY MUST BE CONVENIENT TO USE.

AND SINCE SCHOOL IS ONE PLACE THE ADOLESCENT SHOULD BE, IT IS THE BEST PLACE TO LOCATE A PRIMARY HEALTHCARE FACILITY. AND MAYBE HAVING THE SCHOOL AND CLINIC TOGETHER WILL MAKE THE ADOLESCENT MAKE BETTER USE OF EACH.

RIGHT NOW, THINGS DO NOT OPERATE VERY EFFECTIVELY.

AT POLICY AND POLITICAL LEVELS WE HAVE RESPONDED WITH SINGLE ISSUE OR CATEGORICAL PROGRAMS AS EACH HUMAN SERVICE CONCERN IS BROUGHT TO NATIONAL ATTENTION. IN THIS COUNTRY, HEALTH AND EDUCATION SERVICES ARE PROVIDED BY A COMPLEX MIX OF PUBLIC, PRIVATE AND VOLUNTARY AGENCIES AND ORGANIZATIONS.

WE MUST DEVELOP NEW ORGANIZATIONAL RELATIONSHIPS AMONG SCHOOLS, PHYSICIANS, PUBLIC HEALTH AGENCIES AND SOCIAL SERVICE ORGANIZATIONS. IN ADDITION, FEDERAL AND STATE SYSTEMS MUST ALLOCATE NECESSARY RESOURCES AND ESTABLISH CONDITIONS THAT FACILITATE THE DEVELOPMENT OF THESE NEW ORGANIZATIONAL RELATIONSHIPS IN LOCAL JURISDICTIONS.

WE MUST ORGANIZE HEALTH AND EDUCATION SERVICES IN WAYS THAT ACKNOWLEDGE THE COMPLEXITY OF SOCIAL ENVIRONMENTS AND ADDRESS SUCH CONCERNS AS THEY EMERGE.

AS THE NEEDS OF CHILDREN AND FAMILIES EXPAND AND BECOME MORE COMPLEX, IT IS MORE AND MORE APPARENT THAT BOUNDARIES OF PROFESSIONAL RESPONSIBILITY AS REFLECTED IN OUR EXISTING SERVICE DELIVERY SYSTEM ARE OFTEN DYSFUNCTIONAL.

THERE ARE SEVERAL POPULATIONS OF ADOLESCENTS CURRENTLY BEING SERVED INDEPENDENTLY BY HEALTH AND EDUCATION PROVIDERS. INSTEAD, WE MUST MAKE CHANGES IN THE SERVICE SYSTEM THAT ALLOW PROFESSIONALS TO PROVIDE SERVICES TO ADOLESCENTS AND FAMILIES COLLABORATIVELY BECAUSE OF THE CHANGING SOCIAL CONTEXT WHERE ADOLESCENTS COME TO SCHOOL WITH EDUCATIONAL PROBLEMS WHOSE ORIGINS AND SOLUTIONS LIE AS MUCH IN THE AREA OF HEALTH AS IN EDUCATION.

HEALTH AND EDUCATION SERVICE PROVIDERS MUST CREATE CHANGES IN THE EXISTING SERVICE DELIVERY SYSTEM THAT ENABLE EFFECTIVE COLLABORATION.

OUR MANY FRAGMENTED ATTEMPTS TO DEAL WITH THE HEALTH AND EDUCATIONAL PROBLEMS OF ADOLESCENTS HAVE PRODUCED AT LEAST ONE GOOD MODEL OF A COORDINATED PROGRAM. THE SPECIAL EDUCATION EXPERIENCE OF THE LAST TWO DECADES IS ONE EARLY EFFORT TO ENCOURAGE COOPERATION BETWEEN HEALTH AND EDUCATION PROFESSIONALS.

P.L. 94-142 INSURED THE PROVISION OF FREE, APPROPRIATE PUBLIC EDUCATION SERVICES TO CHILDREN WITH SPECIFIC HANDICAPPING CONDITIONS. IT ALSO OUTLINED A PROCESS WHEREBY THESE CHILDREN WOULD, TO THE EXTENT POSSIBLE, BE EDUCATED IN THE LEAST RESTRICTIVE ENVIRONMENT. BECAUSE MANY OF THESE CHILDREN WERE MEDICALLY FRAGILE OR HAD SPECIAL HEALTH NEEDS, HEALTH PROFESSIONALS BECAME INVOLVED IN DESIGNING AND OFTEN IMPLEMENTING INDIVIDUAL EDUCATION PLANS FOR EACH CHILD.

IN EFFECT, THE LEGISLATION MANDATED COOPERATION BETWEEN HEALTH AND EDUCATION PROFESSIONALS,AND SYSTEMS WERE PUT INTO PLACE TO STREAMLINE THIS SERVICE COORDINATION IN WAYS THAT WOULD BEST ADDRESS THE NEEDS OF THIS CATEGORICAL PROGRAM .

P.L. 94-142 DEMONSTRATED THE NEED FOR A BETTER WAY TO COORDINATE A BROAD RANGE OF SERVICES FOR CHILDREN WITH HANDICAPPING CONDITIONS.

WHILE IT DID NOT FORMALLY ENCOURAGE COLLABORATION BETWEEN THOSE WHO PROVIDE HEALTH AND EDUCATION SERVICE, IMPLEMENTORS IDENTIFIED SEVERAL ISSUES RELATED TO SERVICE COORDINATION THAT NEEDED TO BE ADDRESSED IN ORDER TO BETTER SERVE THE TARGETED POPULATION.

FOR THE FIRST TIME IN THE FEDERAL EDUCATION LEGISLATIVE PROCESS, STATES WERE CHALLENGED TO MAKE CHANGES IN EXISTING SERVICE SYSTEMS THROUGH A COORDINATED, MANAGED EARLY INTERVENTION PROCESS.

SOME OF THE MOST CREATIVE EXAMPLES OF COLLABORATION BETWEEN EDUCATION AND HEALTH PROFESSIONALS CAN BE FOUND IN THE EXTENSIVE INTERAGENCY PLANNING PROCESS THAT IS NOW OCCURRING AS STATES CREATE SERVICE DELIVERY SYSTEMS IN LOCAL JURISDICTIONS FOR INFANTS AND TODDLERS WITH HANDICAPS AND THEIR FAMILIES.

IN SUCH A SYSTEM, PUBLIC AND PRIVATE HEALTH, EDUCATION AND SOCIAL SERVICE PROFESSIONALS COORDINATE THEIR SERVICES IN THE INTERESTS OF CHILDREN AND FAMILIES RATHER THAN IN THE INTERESTS OF THE SERVICE SYSTEMS. IN THIS WAY, ADEQUATE RESOURCES ARE GARNERED AND PROVIDERS ARE APPROPRIATELY SUPPORTED AND REIMBURSED.

COORDINATING THE SCHOOLS AND HEALTHCARE SERVICES WILL MEAN SHELVING SOME OLD SUSPICIONS.

ONCE I TRIED TO GET SOME SCHOOL-BASED CLINICS GOING IN MILWAUKEE, BUT IMMEDIATELY RAN INTO OPPOSITION BECAUSE MOST PEOPLE ASSOCIATED SCHOOL-BASED CLINICS EXCLUSIVELY WITH CONTRACEPTION AND PREGNANCY ISSUES. ACTUALLY, GOOD SCHOOL-BASED CLINICS FIND THAT CONTRACEPTION OR PREGNANCY ISSUES AMOUNT TO ONLY 6 PERCENT OF THEIR WORK.

ANOTHER GOOD REASON TO PLACE CLINICS AND SCHOOLS TOGETHER IS THAT IT WILL ENABLE HEALTH CONSULTATIONS TO OCCUR WITH GREATER

CONFIDENTIALITY.

CONFIDENTIALITY IS ESSENTIAL.

THERE IS A PERVASIVE DISTRUST IN THE ADOLESCENT COMMUNITY.

WHEN I WAS FILMING FOR THE TV SPECIAL ON ADOLESCENT HEALTH, I ARRANGED FOR SOME CANDID TALK WITH KIDS IN MINNEAPOLIS. MEETING WITH THEM INVOLVED GOING THROUGH STEPS LIKE THOSE WE SEE IN MOVIES ABOUT THE MAFIA: A RENDEZVOUS IN DINGY RESTAURANTS, ~~LOOKOUTS AT THE DOORS AND WINDOWS~~, AND SUSPICION SO THICK YOU COULD CUT IT WITH A KNIFE.

MY INITIAL GREETING BY ONE OF THESE YOUNGSTERS WAS, "I DON'T TRUST YOU. I DON'T LIKE YOU. YOU WORKED FOR THE GOVERNMENT, SO YOU MUST BE A LIAR."

OBVIOUSLY, DISTRUST OF PUBLIC OFFICIALS MUST BE OVERCOME IF WE EXPECT THE PUBLIC SECTOR TO HAVE A POSITIVE IMPACT UPON ADOLESCENTS AND THEIR HEALTH. ASSURING CONFIDENTIALITY IS ESSENTIAL.