

WAY TO GO School Success for Children with Mental Health Needs



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* The drawings in these Fact Sheets were produced for Way to Go by students in two programs operated by Washington Very Special Arts: the School for Arts in Learning (SAIL), a public charter school serving children K-12, and the ARTiculate employment training program.

FACT SHEET #5

Making Strides at the State Level: Policies for Implementation of School-Wide PBS Integrated with Mental Health

Linking Education and Mental Health Reforms

TWO SIGNIFICANT REFORMS—one in education and one in mental health—hold great promise for helping children. School-wide positive behavior support (PBS) changes school climate, creating the safe, supportive environment required for learning. Mental health systems of care link services across various agencies, focus on child and family strengths and significantly improve child functioning. Both reforms are stronger when implemented in an integrated manner. School-wide PBS requires the provision of additional services and supports for some children, particularly those with serious mental disorders. Mental health systems of care often do not include schools.

Children's Outcomes Improve

Outcomes for children significantly improve across a range of domains when these initiatives are in place. To achieve these outcomes, PBS must fully address the needs of children who need additional services—in PBS parlance, those in Tiers Two and Three (see Fact Sheet # 2). Studies of school-wide PBS show that:

- ☆ PBS prevents incidents of school violence, the use of alcohol and drugs, possession of firearms and general disruptive behaviors.¹
- ☆ On average, schools with PBS programs experience a 20- to 60-percent reductions in discipline problems as well as improved social climate and academic performance.²
- ☆ There is more time for student instruction in PBS schools and a reduction in hours spent by teachers and administrators addressing problem behaviors.³

Mental health systems of care also have strong outcomes. To achieve them, mental health systems need to adhere to the principles of a system of care and to provide the most effective services (see Fact Sheet # 3). Such systems:

- increase children's behavioral and emotional strengths and decrease their behavioral and emotional problems;
- decrease children's functional impairments;
- decrease out-of-home placements;
- decrease law-enforcement contacts;
- improve school attendance;
- reduce disciplinary actions in school;
- improve school performance.

State-Level Action Is Essential

School-wide PBS implemented with mental health should be a statewide initiative. The extensive need for training and technical assistance, and for aligning state education and mental health policies and funding to support such an initiative, make it imperative that the state commit to this approach. Localities will then need

significant state assistance to implement school-wide PBS and to link with effective local mental health services.

When implemented at the local level, these initiatives should, whenever possible, be district-wide so that as children progress through grade levels, they remain in schools with the same philosophy and approach. School-wide PBS should also be implemented only where most of the staff support the initiative.

To facilitate successful integration of school-wide PBS with community mental health, education and mental health policy must be reviewed and, where necessary, revised in order to ensure compatibility.

State Actions

The following are recommendations for action at the state level.

Forming An Interagency Alliance

- ☆ Leaders of the state education and mental health agencies should learn more about models of collaboration around school-wide PBS and systems of care and commit to a joint initiative.
- ☆ An interagency team should agree on the principles for a collaborative initiative. The team should be composed of agency representatives who have a thorough understanding of their agency's policies and funding streams and sufficient authority to facilitate the implementation of school-wide PBS integrated with mental health. It should also include families and youth and, where feasible, representatives from other child-serving agencies and of regional/county or district level education and mental health agencies.
- ☆ States should devise a policy mechanism to give the team some permanence. This can be done through legislation, agency memoranda of understanding, executive order or some other mechanism.

Joint Planning

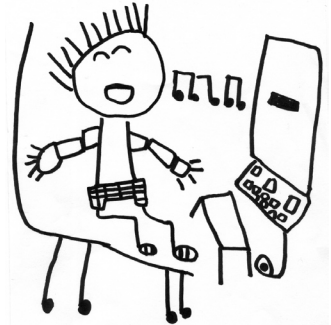
- ☆ Once formed, the leadership team should engage in a joint goalsetting exercise and delineate the objectives and outcomes desired from the school-wide PBS initiative integrated with mental health.
- ☆ Education should adopt a statewide policy for implementing school-wide PBS and plan to assist schools with implementation. Many tools are available through national technical assistance centers to provide specific guidance.
- ☆ The mental health authority must similarly commit to the establishment of systems of care around the state that will serve not only children with serious mental disorders, but also children who show behavior or other social/emotional problems that put them at risk. This will enable mental health agencies to serve children in PBS Tiers Two and Three.
- ☆ The mental health authority should also formulate policy and plan training and technical assistance to improve the quality of services to children, using the most effective services and a strengths-based, family-driven, culturally relevant approach to service delivery.

Explaining the Initiative

- ☆ The leadership team should engage in various activities to explain the goals and objectives of the initiative to school districts and local mental health agencies and encourage them to consider its adoption.
- ☆ A plan should be implemented to educate families about PBS and provide leadership training to families and youth who are to serve on leadership teams.

Building Local Capacity

- ☆ The state education authority should issue a policy statement spelling out requirements for local implementation of school-wide PBS integrated with mental health. Schools/districts should be asked to sign an agreement that lays out the core elements of school-wide PBS, including addressing the needs of children in Tiers Two and Three and committing to collaboration with mental health providers.
- ☆ The leadership team should develop and fund training and technical assistance to schools that sign this agreement. Training must also be provided for family members and youth. Ongoing in-service training and technical assistance will also be needed, including cross-training of local mental health and school personnel.
- ☆ The mental health authority must ensure the existence of a viable family organization that can support families involved in school-wide PBS integrated with mental health services. Family organizations at the state and local level should receive training in school-wide PBS.



Identify Gaps and Needs

- ☆ Education representatives on the leadership team should map the funding sources for school-wide PBS and identify specific funding gaps.
- ☆ Mental health authority representatives should inventory the services of child mental health providers to assess the capacity of local mental health systems to furnish the most effective services, including consultation and education to school personnel and school-based early intervention services. This will identify gaps in the service array.

Funding

- ☆ A planning process should be put in place for finding additional resources. Potential resources must be aligned to the initiative's targeted goals. Funding streams across agencies that have common goals and program objectives should be brought together to create a package of resources that can support the entire initiative.
- ☆ The mental health authority should provide small grants to local mental health agencies that are collaborating with PBS schools to fund consultation and education for teachers and other school personnel (federal mental health or substance abuse block grant funds might be used).
- ☆ The state mental health authority should allocate resources to community mental health agencies working with PBS schools to be used for services to children who are at risk of serious mental disorders.
- ☆ The mental health authority should review state Medicaid rules to determine changes needed (in rules, regulations or the state plan) to fund the most effective community mental health and substance abuse services for children. Working with the Medicaid agency, the mental health authority should seek changes that enable Medicaid reimbursement for a range of community-based mental health services.
- ☆ The leadership team should make best use of resources by working with other child-serving agencies, such as child welfare and juvenile justice. Pooled funding for some activities should be discussed.
- ☆ The state leadership team should review the status of funding for critical elements of the local initiatives and determine whether further changes are

Measuring Outcomes

needed in state rules regarding funding and should explore, if relevant, the option of applying for federal discretionary grants to fill gaps in training, technical assistance, family-organization support or services.

- ☆ The state leadership team should explore with juvenile justice representatives whether school-wide PBS can be implemented in juvenile justice facilities, where experience shows it is particularly effective.
- ☆ The leadership team should design a report card that will include data on school outcomes for children and should also set up the necessary infrastructure to collect such data.
- ☆ The state education authority should enter into a contract with a university for an external evaluation of the initiative.

Changing Existing Policies to Support the Initiative

- ☆ The state education authority should revise teacher-certification requirements to require behavior-management skills and should work with a university to provide PBS training to all education students.
- ☆ The state mental health authority should require agencies receiving federal mental health block grant funds to collaborate with local schools.
- ☆ The state education authority should review and, if necessary, revise, its rules and guidance on the identification of students as “emotionally disturbed” under IDEA to ensure that schools are identifying children with serious mental disorders and providing (in collaboration with local mental health agency) related services for those children.

Promoting the Initiative

- ☆ Leadership teams should develop or contract for tool kits to raise public awareness of the benefits of these initiatives. Tool kits should explain school-wide PBS and its impact on school discipline, the social and emotional issues and their connection to school success, and the effectiveness of collaboration between schools and mental health.
- ☆ Legislative leaders should ask the executive branch for regular periodic reports on children’s progress and well-being in order to present data on school-wide PBS integrated with mental health.

Additional recommendations and more detail regarding those listed here can be found in Chapter 4 of *Way To Go*.



- 1 Sugai, G., Horner, R.H., (2002). Introduction to the special series on positive behavior support in schools. *Journal of Emotional & Behavioral Disorders*, 10:3, 130-136.
- 2 Horner, R., Todd, A., Lewis-Palmer, T., Irvin, L., Sugai, G., & Boland, J. (2004). The school-wide evaluation tool: A research instrument for assessing school-wide positive behavior support, *Journal of Positive Behavior Supports*, 6(1), 3-12
- 3 Eber, L. (2005). *Illinois 2003-2004 PBS Evaluation Report*. La Grange Park: Illinois State Board of Education, PBS/EBD Network.