WAY TO GO

School Success for Children with Mental Health Care Needs

A REPORT BY THE BAZELON CENTER FOR MENTAL HEALTH LAW

WASHINGTON DC MARCH 2006

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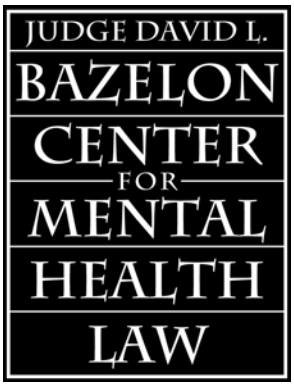

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WAY TO GO consists of this book and a folder with six fact sheets for state and local action on behalf of school success for children with mental health care needs. Both are available for purchase online at www.bazelon.org/publications. The cost is $30 for the set (or separately, $25 for the report and $10 for the folder of fact sheets) plus shipping; add $4.50 administrative charge if billing is requested. Bulk discounts are shown on the website or email pubs@bazelon.org for ordering information.

Contents

ACKNOWLEDGMENTS

WAY TO GO—this report and the associated fact sheets—was prepared by Chris Koyanagi, policy director of the Bazelon Center for Mental Health Law, policy analyst Elaine Alfano and policy associate Elizabeth Lind, with assistance by policy intern Katy Blasingame. Publications director Lee Carty edited and designed *Way to Go*.

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Picture Credits

The cover photograph is by Bonnie Jacobs, from istock.com. The drawings throughout the report are by students at two programs operated by Washington Very Special Arts: the School for Arts in Learning (SAIL), a public charter school in downtown Washington DC that serves children K-12, including those with learning differences, and the ARTiculate employment training program, where students work at least six hours weekly in a fully functioning art studio.

We asked WVSA to invite students in both programs to create illustrations for *Way to Go*. Their drawings appear throughout the publication:

- Aslan, SAIL grade 3: "I know the answer!"
- Robert Blackiston, ARTiculate
- Jacqueline Coleman, ARTiculate
- Christine Herring, ARTiculate
- Isis Hudgins, SAIL grade 3: "I love to read!"
- Mark Stanton, SAIL grade 1: "I am singing with the computer."
- Jamal Williams, ARTiculate

The Bazelon Center

The Judge David L. Bazelon Center for Mental Health Law is the nation's leading legal advocacy organization representing people with mental disabilities. Since its founding in 1972, we have successfully challenged the barriers facing adults and children who have mental illnesses, emotional or behavioral disorders or developmental disabilities, opening the doors to public schools, workplaces, housing and other opportunities for life in the community.

In addition to pursuing precedent-setting litigation and national policy reform, the Bazelon Center's attorneys and policy staff provide technical assistance and training to local advocates and conduct research and report on innovative programs addressing needs of people with disabilities, such as the positive behavior-support initiatives described in *Way to Go*. We also publish a wide variety of materials explaining and interpreting federal laws and regulations that protect the rights of and make resources available to children and adults with mental disabilities. Many of our publications are available on www.bazelon.org and all may be ordered through our online bookstore.

WAY TO GO

School Success for Children with Mental Health Care Needs

INTRODUCTION

Way to Go — praise for a child and a roadmap for policymakers. A combination of school-wide positive behavior support and the provision of mental health services that have strong evidence of effectiveness (and are based on mental health system of care values) can have a dramatic effect on children's lives.

This is a policy report, laying out a new direction for child mental health systems linked to a new movement in education. School-wide positive behavior support (PBS), when coupled with effective mental health services, can reduce discipline problems, improve academic performance and enhance the school experience for all children. It can help children who have mental health care needs function better in school and can help schools meet the needs of children who have serious mental disorders, including those in special education.

While the results can be impressive, implementation of such policies is not simple. It requires both the education system and the mental health system to use approaches that are different from usual practice. Some costs are involved, and considerable training and technical assistance. These approaches are best implemented through a state-level commitment, even as they may be phased in around the state in stages.

The intent of this report is to encourage the merging of these two extremely positive approaches for improving children's lives. It is designed to enable those concerned with education policy to understand some of the critical elements of mental health policy that will make school-wide PBS more effective, especially for children with higher needs. It can also help those focused on mental health policy to understand and appreciate the value of school-wide PBS.

The recommendations in this report are based on a six-state study of implementation of school-wide PBS integrated with mental health system support and on the recommendations of a meeting of experts on PBS and mental health (including families). It provides:

- a rationale for using school-wide positive behavioral support integrated with mental health services (explaining why schools, mental health agencies and families find PBS with integrated mental health services so helpful and effective);
- a description of the methodology for this study;
- a summary of the research on school-wide PBS and effective community mental health services;
- details on the lessons learned about implementing this approach from the six case-study states; and
- specific policy steps for state, local and federal governments, including information on funding sources.

Also available is a packet of six four-page fact sheets for state and local action, briefly summarizing:

- why states and communities should implement school-wide PBS integrated with mental health;
- what PBS is and why it works;
- effective mental health services integrated with schools—what works;
- the critical role of families in PBS integrated with mental health;
- policies for implementation at the state level; and
- policies for implementation at the local level.

The intent of this report is to encourage the merging of two extremely positive approaches for improving children's lives.

Chapter 1

RATIONALE & METHODOLOGY

Rationale

School-wide positive behavior support (PBS) integrated with mental health services will be adopted only if it benefits all key actors: families and their children, schools and education systems, mental health authorities and providers. Current research, experience and the results of this study suggest that such initiatives can indeed be relevant and helpful to all players. The integration of school-wide PBS with mental health is an approach that, when done in a family-supportive manner, can help both families and systems achieve their goals.

Schools

Schools must provide an environment that is safe and conducive to learning. That is the foundation on which other programming and support can be built so that students thrive.

Schools today face two significant needs: 1) to improve students' academic achievement, which includes meeting the requirements of the No Child Left Behind Act, and 2) to foster a school environment that is conducive to learning by supporting positive connections between and among students and adults and by addressing students' emotional and behavioral needs. The two challenges are linked. Addressing one will immediately address the other and the result will, over time, significantly improve the school environment and the job satisfaction of all who work in the school.

Both teachers and the general public cite lack of discipline in school as the number-one problem (including a perceived increase in drugs, violence, gangs and weapons).[1] Teachers say they feel unprepared and need technical assistance to help them manage problem behavior.[2]

In many schools, officials react to fears of violence and frustration with the general school climate by attempting to remove persistent troublemakers. Often these are students with serious mental disorders who require, but do not receive, mental health services and supports. The recent surge in zero tolerance for behavioral problems in schools[3] leads many such students to lose access to quality education through expulsions and suspensions.[4] Moreover, while traditional forms of discipline may effectively moderate some students' behavior, others respond to punishment by increasing the very behavior that was targeted by the get-tough policies.[5] This makes punitive discipline approaches counterproductive. In fact, a coercive and punitive environment and inconsistent rule-setting and applying of consequences are major factors *contributing* to the persistence of problem behaviors.[6] Reliance on punishment as a management tool can promote, for example, vandalism and disruption.[7]

Rigid and inflexible approaches to discipline, accordingly, do not work. Moreover, they tend to impose disproportionate harm on students of color and students with disabilities. In contrast, positive and relational approaches to discipline tend to motivate students to comply with behavioral norms.[8]

An emphasis on functional assessments and positive, preventive behavioral interventions, such as school-wide PBS, reduces discipline problems. PBS is both an alternative to traditional disciplinary measures for students who have aggressive or self-harming behaviors, and a proactive approach to promote positive behavior in an entire school population. School-wide PBS has now emerged as a successful strategy to prevent school violence, the use of alcohol and drugs, possession of firearms and general disruptive behavior.[9] The literature summarizing studies of school-wide PBS suggests that, on average, schools with PBS programs experience a 20- to 60-percent reduction in disciplinary problems as well as improved social climate and academic performance.[10] There is more time for student instruction and a reduction in hours spent by teachers and administrators addressing problem behavior.[11]

As schools seek to meet the standards of the No Child Left Behind Act, it is important to remember that academic, social and behavioral problems are so connected that interventions targeting one frequently affect the others.[12] Eight of the top influences on learning relate to social issues, including student-teacher social interactions, social-behavioral attributes, peer groups, school culture and classroom climate.

Four essential elements that have been identified for a successful school are: 1) a caring school community, 2) instruction in appropriate behavior and social problem-solving skills, 3) positive behavior support

An emphasis on functional assessments and positive, preventive behavioral interventions reduces discipline problems.

and 4) academic instruction.[13] Effective schools foster and support high academic and behavioral standards, making achievement in these schools both a collective and individual phenomenon.[14] Youngsters also need to become more skilled in self-management. They need to learn how to monitor their behavior, recognize its purpose and understand how a chain of events can lead to escalation of negative behavior.[15] PBS creates an environment where students can learn to manage their behavior and develop socially as well as academically. Interventions should start early. Antisocial behavior becomes more durable and resistant to intervention after the age of about eight.[16]

PBS creates an environment where students can learn to manage their behavior and develop socially as well as academically.

From the education perspective, school-wide PBS integrated with mental health services can meet many of the objectives of policymakers, school administrators and teachers, and make life a great deal better for everyone in school. School-wide PBS, when backed up by effective mental health services for children who need them:

- improves the school's learning environment;
- addresses the social-emotional needs of all children;
- has demonstrated that it will significantly reduce disciplines problems;
- can lead to improved academic outcomes and improved test scores, helping schools meet the standards of No Child Left Behind;
- helps children who cause frequent problems in school and for whom no one has found an effective approach;
- reduces bullying and assists its victims; and
- often leads to greater family participation in school and in the child's education.

Mental Health

Children are an underserved group in the mental health system, with perhaps two thirds of those in need not getting necessary treatment.[17] In 1999, the U.S. Surgeon General found that schools are the largest provider of mental health services to children and adolescents and that, for many of those children, school is the only source of mental health care.[18] Working with schools is the best way for mental health systems to reach children in need. Yet collaboration between mental health systems and schools has not been easy to forge.

For mental health systems, collaborating with education around the implementation of school-wide PBS can:

- reach children who need care;
- readjust the mental health system's focus to include children at risk of serious mental disorders as well as those already exhibiting significant problems;

- further the goals of state and local mental health systems for interagency collaboration through systems of care;
- reduce the number of children with less severe problems who come in for care (because prevention and early intervention practices have worked) and allow mental health to focus attention on children with or at risk of having significant mental health service needs;
- provide an incentive for governors and legislators to fund evidence-based practice, and training and technical assistance to support it; and
- provide a vehicle for supporting children served by mental health systems whose behavior in school is disruptive to learning or otherwise a problem.

Families

For families, school-wide PBS with integrated mental health services can:

- produce a change in attitude among school personnel with respect to families, leading to better partnerships;
- have a positive effect on their child;
- reduce the number of times schools will discipline the child and decrease referrals from school to juvenile justice;
- give families guidance in addressing their child's behavioral problems in other settings;
- strengthen interagency collaboration, ensuring that all systems with which a child with serious mental health problems is engaged are working in a coordinated way, with a single plan of care; and
- bring in community resources, in addition to mental health, when needed to support their child.


Isis Hudgins

School-wide PBS with integrated mental health services can *give families guidance in addressing their child's behavioral problems in other settings.*

Methodology

This report is based on information obtained from a literature review, individual conversations and a meeting with experts in the field, as well as site visits to examine initiatives selected for six case studies.

As a first step, the Bazelon Center conducted a literature review about school-wide PBS, with a particular focus on what had been written about collaborations between schools and mental health systems and the integration of mental health in PBS at the state and local levels. We also spoke with experts in the field to learn about PBS initiatives across the country and to determine which ones fit our criteria for the study. In addition, we e-mailed state mental health program directors to ask if their agency had been involved in PBS and whether they had recommendations about site visits and people to approach in their state.

Our objectives were to determine what services were offered to children in and out of school, and to ascertain the underlying dynamics of the system change represented by PBS.

In selecting the initiatives for this project, we used three criteria. Each must be: 1) implementing PBS on a school-wide basis, 2) have mental health system involvement in the initiative, and 3) be strongly committed to fully implementing PBS for all children (that is, at all three PBS levels, see Chapter 2). We looked for geographic diversity, a mix of urban and rural schools, and some variation in the scale of initiatives.

In two of the six states we visited, Montana and Texas, we focused on regional initiatives (with some discussion about how these fit with the state initiative). In the other four states—New Hampshire, Illinois, Maryland and New York—we examined large-scale statewide initiatives, talking to both state-level officials and those at the regional/district and school levels.

In addition, our project team spoke with officials in a number of other states, including Oregon, Washington, Delaware, Kansas, Kentucky, Iowa, Arkansas, New Mexico, Florida and Vermont. Project staff attended a State Leadership Forum that included national PBS experts and leaders from nine states, a state training for new schools starting school-wide PBS and a training focused on PBS implementation for students with the most severe problems (Tier Three). These additional activities helped us write the overview about school-wide PBS initiatives nationwide and set the context for our analysis of our case-study sites.

Our objectives for the site visits were to understand better school-wide PBS collaborations involving education and mental health, to determine what services were offered to children in and out of school, and to ascertain the underlying dynamics of the system change represented by PBS. The case studies were based on individual interviews and group meetings. Our selection criteria for informants to interview were tailored to the sites, taking into account such factors as the scope of the PBS initiative and the collaborative relationships encompassed. Generally, informants included leadership at various levels, including state-level mental health and education officials, local mental health agencies, school-district administrators, special education and administrative leadership in individual schools, parents, youth and leaders of family groups such as state and local chapters of the Federation of Families for Children's Mental Health and parent/teacher organizations. In our interviews, we sought to learn:

- the origin and impetus for the initiative;
- the roles and responsibilities of mental health;
- the roles and process for engaging families and advocates;
- financing arrangements;
- the role for government at state, regional/district and school levels;

- infrastructure and resource needs to make PBS a durable, sustainable initiative;
- the perspectives of various stakeholders in how school-wide PBS brought significant change to schools; and
- outcomes that have been measured and how they have affected stakeholder attitudes about discipline and disability.

From the interviews we compiled a profile of each site, and we used the extensive information from our site visits as the basis for much of the material in this report. In addition, we convened a two-day meeting of:

- individuals from the case-study sites, representing various stakeholder groups, to provide the perspective from the field;
- academic experts in school-based mental health, community mental health, special education and general education;
- national experts on PBS;
- representatives from state and local government; and
- families and advocates, including some from the study sites and some representing national associations.

We discussed findings from the site visits, but were primarily focused on:

- recommendations for state, local and federal policies to strengthen and support adoption and implementation of school-wide PBS integrated with mental health;
- specific roles for the mental health system to strengthen school-based mental health prevention and intervention;
- recommendations and strategies for strengthening and supporting family involvement in PBS planning, implementation, monitoring and evaluation; and
- strategies that can be used to finance school-wide PBS and mental health-school collaboration.

Way to Go represents the culmination of our study and presents our perspective as an advocacy organization interested in promoting effective practices to ensure that schools successfully educate all students, including those with significant behavioral and emotional disorders.

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Notes

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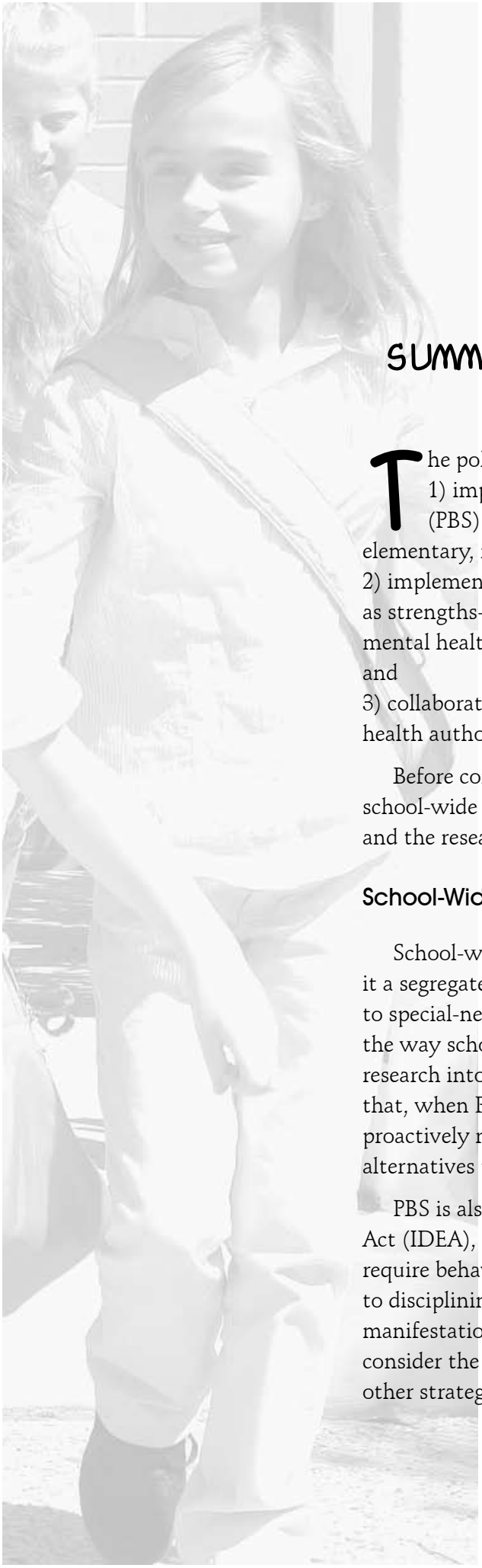


SUMMARY OF PRACTICES & RESEARCH BASE

The policies presented in this report have three elements:
1) implementation of school-wide positive behavior support (PBS) in schools (preferably including all schools in the district—elementary, middle and secondary);
2) implementation of a system of care approach and philosophy (such as strengths-based, culturally competent, family-driven services) using mental health interventions that have strong evidence of effectiveness; and
3) collaborations between state special and general education and mental health authorities and between local mental health systems and schools.

Before considering these elements, it is important to understand school-wide positive behavior support and mental health systems of care and the research that underpins them.

School-Wide Positive Behavior Support

School-wide PBS is not a specific practice, curriculum or model, nor is it a segregated problem-solving program or intervention applicable only to special-needs students. It is a systematic approach that transforms the way schools operate. PBS is based on behavioral and biomedical research into human behavior over many decades.[1] The research suggests that, when PBS is applied in the school setting, teachers and schools can proactively reduce the incidence of problem behavior and successfully use alternatives to punishment.

PBS is also embedded in the Individuals with Disabilities Education Act (IDEA), the federal special education law. Federal regulations require behavioral assessments and appropriate interventions prior to disciplining children with disabilities whose behaviors are a manifestation of their disability. The law also requires the school to consider the use of positive behavioral interventions and support and other strategies to address that behavior.

What is Positive Behavioral Support?

In general terms, PBS improves student behavior by reinforcing desired behavior and eliminating inadvertent reinforcements for problem behavior. For students with significant behavior problems, this requires understanding the reason for the behavior and addressing the underlying cause. Once problem behaviors no longer achieve their intended purposes, schools find that individual students and groups of students typically abandon them.

PBS acknowledges that student functioning in school, home and community requires an array of behavioral skills and competencies that can be effectively taught. Even if ample clinical office time is available, however, these skills are not readily learned in a clinical setting. It may be more effective to teach them in the school, home and community, where there are opportunities for ongoing reinforcement and practice—two crucial ingredients for success.

PBS involves a broad range of systemic and individualized strategies for achieving important social and learning outcomes.[2] It provides a general approach to preventing problem behavior and an organizing framework that is deliberative and reliant on a data-driven decision-making process. It assumes that the majority of students will behave well if we take the trouble to teach them and supervise them in a consistent manner.[3]

PBS can be seen as the platform on which other important and related programming is built. For example, programs that promote social-emotional learning and youth development can be more effective in a school with a climate of respect.

Key features of effective programs include:[4]

- a prevention-focused continuum of support;
- proactive instructional approaches to teaching and improving social behaviors;
- conceptually sound and empirically validated practices;
- systems change to support effective practices; and
- data-based decision-making.

Applied school-wide, PBS creates sustainable team-based systems that rely on collaboration. Assessment, decision-making and strategy implementation involve all adults in the school. PBS thus promotes the view that the school is an inclusive community of instructors.

All school personnel become aware of the school's behavioral expectations and all students know these expectations and possess the requisite skills to meet them. Expected behaviors are defined, taught

AVOID DUELING MODELS

Mental health advocates and policymakers are excited about school-wide PBS because it holds the potential for schools to address children's social-emotional development and mental health needs.

PBS is a promising approach that can facilitate integration of several school initiatives (or programs) that provide social-emotional learning or specific, individualized services for children who have difficulties.

But PBS, if implemented narrowly, can leave significant gaps in terms of children's social-emotional development and skills.

Instead of viewing the various programs in these areas as competing, schools should look to design a holistic approach that meets the needs of all school children.

and supported and students who display these expected behaviors receive recognition.[5] The emphasis on respect is particularly useful in ensuring that students with challenges are not targeted for bullying. Teachers recognize and reinforce expected behavior or correct violations immediately, using positive reinforcement. They must also enforce rules consistently and keep students engaged.[6] All staff provide consistent feedback, something that is particularly important for students with emotional and behavioral problems. Some students receive individualized interventions as needed.

Critical to implementation at the school level is the school-wide leadership team, also known as the behavior-support team. This group includes special and general education teachers, educational assistants, support staff, administrators, parents, youth, guidance counselors and school psychologists. In an integrated model, the team will have representatives from community mental health to help guide the process. The team is responsible for planning, policies and procedures for action (see sidebar), and problem-solving. The team meets regularly, identifies problem areas and designs universal interventions to prevent undesirable behavior.

This group is also responsible for organizing a team to address the needs of students who require more support (students in Tier Two, described below) and for creating a process to convene an individualized team for the small number of students who require individual behavior-support plans (students in Tier Three, described below).

PBS initiatives require provision of significant training and technical assistance. School districts or states can tap into a network of national resources for this support. Schools also need specially trained personnel (in-school coaches) to help them translate their training experience into practice. These individuals are generally drawn from existing school staff, and each district or region typically has group-training and peer-learning opportunities for the in-school coaches. The in-school coach (sometimes called the school PBS coordinator) helps to guide PBS implementation, ensuring that it is implemented with integrity and that the school is engaged in self-assessment and is using data to guide decisions. The coach is also alert to emerging needs for outside consultation and training and helps to facilitate that process.

External coaches are also utilized. A key concept in school-wide PBS is the need for ongoing training and technical assistance for school personnel. External coaches are generally assigned to a number of schools in a district or a region. They have had special training and are connected to either a statewide or a district coaching network, established by state or district leaders in PBS implementation. With a multi-school

PREPARING FOR SCHOOL-WIDE PBS

In preparing to implement PBS, the behavior support team develops:

- a statement of purpose;
- school-wide expectations;
- procedures for teaching school-wide expectations;
- a continuum of procedures for encouraging school-wide expectations;
- a continuum of procedures for discouraging problem behaviors; and
- procedures for monitoring the impact of school-wide PBS implementation.

perspective, they collaborate with the in-school coaches and provide feedback to state, regional and district teams and guidance for individual schools.

Desired outcomes for students include improved academic success, fewer discipline problems, increased participation in community life, improved social relationships and increased personal competency. These objectives are accomplished through strategies such as person-centered planning and mobilizing natural supports through effective teamwork.[7] Achievement of good outcomes depends on the school's organizational working structures, policies and guiding principles, operating routines, resource supports, staff/professional development and administrative leadership.[8]

PBS can reach beyond the school domain, affecting how families interact at home. Families who are involved in and educated about PBS and the expectations about student behavior may change ineffective disciplinary approaches when they see how well a positive approach has worked in school. Although having consistent messages and expectations in both school and home environments is important to all students, consistency can be particularly important for students with behavioral problems and/or learning disabilities.

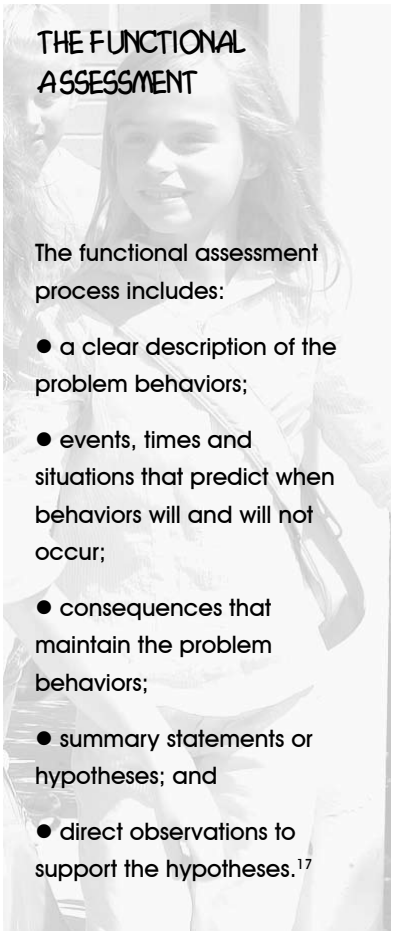
PBS can—and should—reach beyond the school domain, affecting how families interact at home.

The Three-Tiered Approach

PBS uses an approach adapted from the public health field: a three-tiered system of prevention and support, each tier more focused and intensive than the previous level.[9] PBS can therefore address the behavioral needs of all students, including those who are at risk and those already exhibiting challenging behaviors.

For the general student body (Tier One)—roughly 80 percent of students—school-wide PBS, if implemented effectively, will be sufficient. However, the children who do not respond to universal methods need more specialized attention. Five to 15 percent of students (Tier Two) respond to additional group strategies. Another 3 to 7 percent of students who present the most challenging behavior (Tier Three) should be involved in a home, school and community plan for individualized services and techniques.[10] Often these are children with serious mental disorders and extreme functional impairment.[11]

Tier One, the universal level, assumes that every child will benefit from behavioral support.[12] PBS teaches appropriate behavior and creates a social environment that reinforces positive behaviors and discourages unacceptable behaviors. All adults in the school are involved in monitoring and support, and all children are targeted.



THE FUNCTIONAL ASSESSMENT

The functional assessment process includes:

- a clear description of the problem behaviors;
- events, times and situations that predict when behaviors will and will not occur;
- consequences that maintain the problem behaviors;
- summary statements or hypotheses; and
- direct observations to support the hypotheses.[17]

With PBS in place school-wide, it becomes easier to identify students who require early interventions to keep problem behaviors from becoming habitual. Tier Two, the targeted intervention level, serves students who have behavioral problems, including those in special education classrooms,[13] but who do not need the most intensive, individual interventions. These students may have social histories that place them at risk (such as poor academic performance, limited support from family and community, poverty and disability) and are less likely to have garnered protective supports that may help them better weather the risks.[14] Without effective secondary prevention interventions, they may progress to needing intensive interventions. Assessment, decision-making and strategy implementation are undertaken, generally for small groups but sometimes for individuals. The team responsible for targeted group interventions meets regularly within the school and with students and parents to make sure that the intervention is appropriate and consistent.[15]

Tier Three targets students with the most intensive behavioral support needs and for whom the primary and secondary strategies have proved insufficient. To meet these students' needs effectively, schools must partner with mental health and other child-serving agencies and with the child's family. For students in Tier Three, PBS must be coupled with intensive wraparound services and functional behavioral assessments.

Through these multiple levels all students can receive appropriate attention, improve their behavior and benefit from their education.

Functional Behavioral Assessments

Functional behavioral assessments (FBAs) are a critical part of PBS for students with significant problems. Behavioral research suggests that individuals engage in a behavior because it is functional—i.e., the behavior is expected to avert an undesirable consequence or result in something that is desired. Past experiences inform, selectively reinforce and guide these behaviors. Traditionally, schools respond to problem behavior with punishments that are neither systematic nor effective. A first step in changing this paradigm is to understand the events that trigger and maintain problem behavior.[16] An FBA considers who, what, when, where and why problems exist.

To conduct an FBA, a team is assembled to understand the student's motivation and develop a plan that addresses the student's unique strengths and needs.[18] The plan typically consists of identification of the triggers for positive and negative behaviors, strategies for increasing the positive-behavior triggers and reducing those that result in negative behavior, learning of new skills to avoid problem behavior, positive

reinforcers, and elimination of inadvertent support for problem behavior. The student and family are integrally involved on the team, which also includes professionals with expertise in areas of need identified collaboratively by the family and school.

While FBAs were designed for individual students with significant behavior problems, the rigorous methodological approach can be applied to problems that arise at the universal level (such as excessive noise in hallways).

Monitoring and Evaluation

PBS is data-driven. At the school level, PBS teams first collect baseline data and then regularly collect and analyze data to determine whether progress is being made and what further modifications may be needed. Proprietary software packages, like the web-based School-Wide Information System (SWIS), are used to manage the data. They can track the behavior of the group as a whole as well as that of individual students.[19]

The information collected through SWIS tracks the nature of the behavior problem, where it took place and the consequences. These data are then used both to guide individual behavior-support plans and to improve PBS implementation school-wide. Attendance records, office-discipline referrals, suspensions, alternate placements, expulsions and direct-observation reports are some of the main sources of information.

Many research-validated tools have been developed to measure schools' progress in implementing critical elements of PBS. Process measures, such as implementation checklists, allow school teams to gauge whether they are implementing all the essential components of PBS. A more formal process-measurement tool is the School-Wide Evaluation Tool (SET). SET consists of 28 items, organized into seven subscales, to measure whether the following key features of PBS are in place:

- School-wide behavioral expectations are defined.
- The expectations are taught to all children.
- Rewards are provided for following expectations.
- A consistently implemented continuum of consequences for problem behavior is put in place.
- Problem behavior patterns are monitored and the information is used for ongoing decision-making.
- An administrator actively supports and is involved in the effort.
- The school district provides support to the school in the form of functional policies, staff-training opportunities and data-collection options.

Among key features of PBS, school-wide behavioral expectations are defined and the expectations are taught to all children.

Outside trained observers (often an external coach or a district PBS coordinator) gather SET data, and teachers and students are also questioned about their opinions. At least an 80% on SET subscales is recommended for schools implementing PBS systems.[20]

SET has been tested for validity and is shown to be a reliable tool for determining the effectiveness of PBS.[21] However, it is important to keep in mind that SET primarily evaluates the universal tier (Tier One) of the three-tiered system; it is not designed to evaluate implementation levels of Tiers Two and Three.

In addition to SET, many PBS initiatives use the Effective Behavior Support (EBS) survey, which provides initial baseline data for schools and then is updated annually to assess the effectiveness of behavior-support systems. The survey examines school-wide discipline systems, non-classroom management systems, classroom management systems and systems for individual students with chronic problem behaviors.

Factors that Ensure PBS Success

Successful PBS programs require administrative leadership, effective planning, a team approach and participation by all faculty and staff.

Successful PBS programs require administrative leadership, effective planning, a team approach and participation by all faculty and staff. Key characteristics include the following:[22]

- Decisions about the behavior-support system are made by a team composed of representatives of the entire school building and including families).
- Desired outcomes are clearly defined and include both broad school goals and goals for individual students.
- Community standards (social, cultural and ethnic) are taken into consideration.
- Providing effective behavioral support is one of the school's top priorities, and both school and community members take ownership of the behavior-support system.
- The school places more emphasis on teaching pro-social behavior through a continuum of behavioral supports than on trying to reduce problem behavior.
- There is continual monitoring and changes are made by the team based on analysis of the data.

A strong role for families is also critical to success at all three levels of PBS. In addition, programs must be sensitive to cultural ideas, integrating multi-cultural educational approaches and principles by focusing on developing positive relationships among students of diverse backgrounds and by changing stereotyped perceptions of individual differences and similarities.[23]

Unfortunately, even as PBS continues to be adopted by more schools, the secondary-level (Tier Two) and tertiary-level (Tier Three) approaches are not always fully implemented. As a result, students with higher needs are not fully benefiting. Many of them are entitled to additional assistance through the IDEA, including a functional behavioral assessment. However, often these students are not identified for special education programs; as a result, appropriate measures to support them are not in place.

Although the PBS process includes significant training and technical assistance for teachers and other school staff, teacher-training programs for the most part do not focus on social and emotional learning or on working with families as partners, working as part of a multi-agency team, managing behavior in the classroom or using data-driven systems to guide instructional practices. Improved training for teachers in behavioral issues would strengthen PBS implementation.

Mental Health Systems of Care, Wraparound Services and School Support

Mental health services are provided to children both in school and through community programs run by local mental health systems. Today, mental health systems are increasingly focused on developing interagency collaborations and systems of care for children with serious mental disorders. These initiatives have been encouraged through federal programs and by states and are supported by national organizations and foundations.

What Are Systems of Care?

Systems of care furnish a comprehensive spectrum of mental health and other necessary services, organized into a coordinated network, to meet the changing needs of children and adolescents. However, a mental health system of care is more than a network of service components. Rather, it is an approach for how services should be delivered to children and their families.[24]

In accordance with its core values, a system of care is:

- child-centered and family-focused, with the needs of the child and family dictating the types and mix of services provided; and
- community-based, with both the locus of services and the responsibility for management and decision-making at the community level.

Systems of care operate by a set of principles that govern how services are delivered (see sidebar)

SYSTEM OF CARE PRINCIPLES

Access to a comprehensive array of services that address the child's physical, emotional, social and educational needs

Individualized services guided by an individualized plan of care

Clinically appropriate services in the least restrictive, most normative setting

Family involvement in all aspects of planning and delivery of services

Service integration, with linkages between child-care agencies and programs and mechanisms for planning, developing and coordinating services

Case management to ensure that multiple services are delivered in a coordinated and therapeutic manner

Early identification and intervention

Smooth transitions to the adult service system

Protection of children's rights and effective advocacy

Culturally competent services provided without regard to race, religion, national origin, sex, physical disability or other characteristics

This approach was first developed in the 1980s with a specific population in mind: children with the most serious mental disorders who often received uncoordinated services from multiple agencies, used a significant amount of high-level services and resources, and still had poor outcomes. More recently, a number of states and communities have expanded the philosophy to the population of youngsters with mild or moderate mental health disorders for whom interagency collaboration (e.g., between mental health agencies and schools) is advisable.

In a system of care, mental health, child welfare, juvenile justice, education and other agencies strive to work together to ensure that children with mental disorders and their families have access to needed community services and supports. A system of care is a partnership between agencies, service providers, families and youth. Individualized services are the key, building on the unique strengths of each child and family. Typically, the various stakeholders function as a multi-agency case team.[25]

Systems of care have been found to reduce the cost of services in other systems, particularly juvenile justice, child welfare and special education.

The array of services and supports offered to children through systems of care is often termed "wraparound." Wraparound includes a defined planning process involving the child and family, resulting in a unique set of individualized supports, services and interventions to achieve a positive set of outcomes.[26] A full array of community-based care is offered. Commonalities with person-centered planning and group-action planning processes mean that wraparound works well within a PBS model.[27]

Systems of Care: Effective Response for Children and Families

A strong research base supports the efficiency of systems of care. They eliminate duplicative services (such as multiple case managers), provide a range of treatment, rehabilitation and family support, and ensure that children engaged with more than one public agency have a single plan of care. Systems of care also have been found to reduce the cost of services in other systems, particularly juvenile justice, child welfare and special education.[28]

The federal government has funded and evaluated local systems of care for more than 10 years. It has found that systems of care increase the number of children served and that:

- Children's emotional strengths increase and their emotional problems diminish.
- Children's behavioral problems decrease.
- Children improve in their overall functioning and interaction with others
- Out-of-home placements decrease.
- Law-enforcement contacts decrease.

- School-related measures improve (see sidebar).
- Fewer youths use alcohol, cigarettes or marijuana.

Other evaluations of systems of care have found similar reductions in out-of-home placements, improved clinical status and improved functioning.[29]

Unfortunately, in many of the communities where mental health-sponsored systems of care exist, participation by education has been marginal and cautious.[30] Schools and other education agencies generally have been less involved than child welfare or juvenile justice agencies.[31]

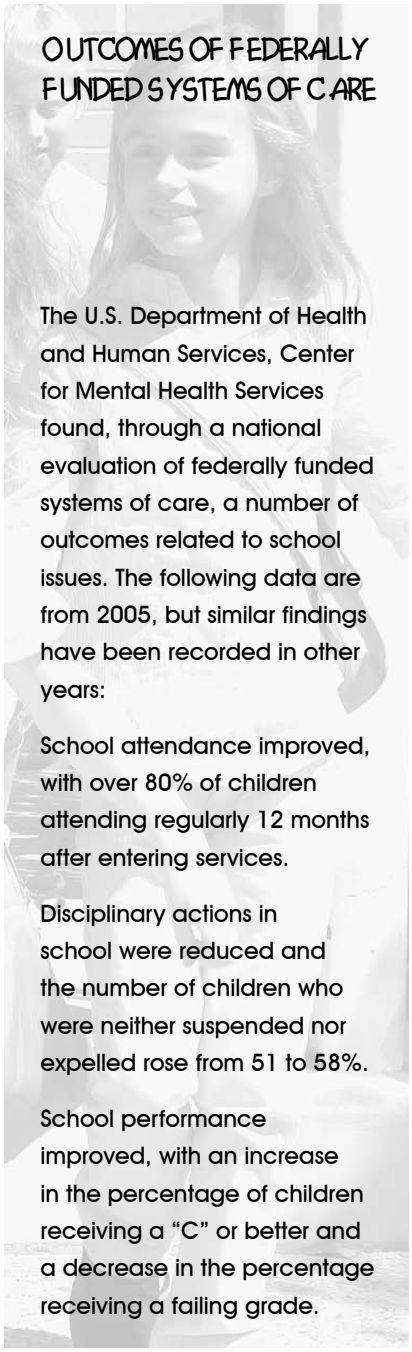
Factors that Ensure the Success of Mental Health Intervention

Mental health systems of care strive to furnish access to appropriate services. Early studies of systems of care found that without the implementation of evidence-based and best-practice services, children's clinical status did not improve when compared with controls (although other factors, such as family satisfaction, did improve).[32] As the evidence base for the treatment of childhood mental disorders continues to grow, systems of care are adapting to ensure the adoption of such practices. Even in areas that do not have systems of care, there are similar expectations that all mental health providers will adopt services with proven effectiveness.

In 1999, the U.S. Surgeon General issued a report on mental health that highlighted the scientific research base for mental health services. More recently, the President's New Freedom Commission on Mental Health reported on additional evidence-based and best practice services, as did leading child mental health researchers.[33] With respect to specific conditions, there are many well-established or probably efficacious interventions for disruptive behavior, anxiety, ADHD and depression.[34]

According to these sources, the following child mental health services have a strong research base:

- intensive home-based services;
- intensive case management;
- specific therapies (family-based cognitive behavioral therapy, functional family therapy, parent-child interaction therapy);
- family education and support (providing information and education on the child's disorder and specific information on how to manage crises and day-to-day problems);
- multi-systemic therapy;
- assertive community treatment;
- therapeutic foster care;
- multi-modal treatment for attention deficit/hyperactivity disorder;
- integrated treatment for mental disorders and substance abuse;



OUTCOMES OF FEDERALLY FUNDED SYSTEMS OF CARE

The U.S. Department of Health and Human Services, Center for Mental Health Services found, through a national evaluation of federally funded systems of care, a number of outcomes related to school issues. The following data are from 2005, but similar findings have been recorded in other years:

School attendance improved, with over 80% of children attending regularly 12 months after entering services.

Disciplinary actions in school were reduced and the number of children who were neither suspended nor expelled rose from 51 to 58%.

School performance improved, with an increase in the percentage of children receiving a "C" or better and a decrease in the percentage receiving a failing grade.

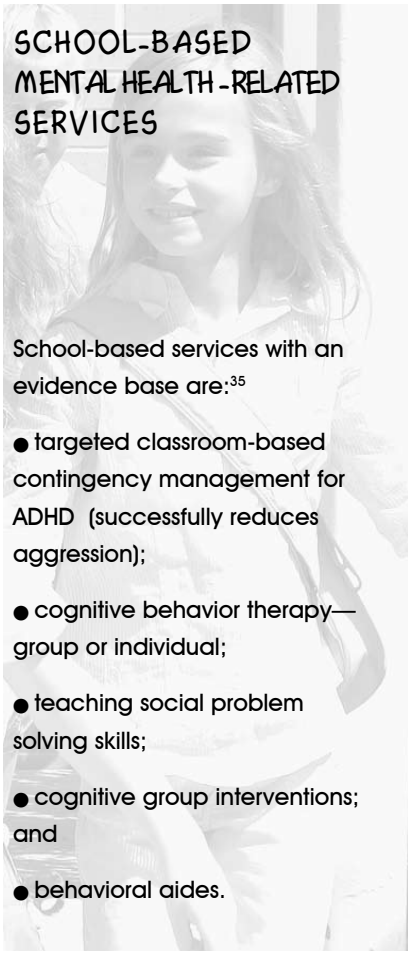
- medications and medication management; and
- supported employment (relevant for adolescents).

Also promising but as yet insufficiently supported by published controlled research studies:

- crisis services;
- respite; and
- mentoring and behavioral aides.

Unfortunately, in many parts of the country, these effective mental health interventions are neither available nor accessible due to a shortage of trained professionals and programs. Too often community mental health programming is traditional (medications and limited psychotherapy, not always in the most effective form) and is not guided by system of care principles, which prescribe strengths-based, culturally relevant and child- and family-driven services. As a result, schools typically find that children referred for treatment show little improvement in their school functioning.

As with teacher training, training of mental health professionals often fails to prepare them for working as part of a multi-agency team or for using family-centered approaches, school-based mental health and evidence-based practices. Improved training programs would enhance the delivery of effective services for youngsters in school.



SCHOOL-BASED MENTAL HEALTH-RELATED SERVICES

School-based services with an evidence base are:[35]

- targeted classroom-based contingency management for ADHD (successfully reduces aggression);
- cognitive behavior therapy—group or individual;
- teaching social problem solving skills;
- cognitive group interventions; and
- behavioral aides.

Schools and Mental Health

According to the Centers for Disease Control and Prevention (CDC), while schools cannot and should not be expected to address children's mental health issues by themselves, a coordinated school-health model effectively addresses the physical, emotional, intellectual and social well-being of both students and staff.[36] CDC recommends counseling and psychological services to improve students' mental, emotional and social health, access to primary health care and a school environment that promotes health and well-being, and family/community involvement. While schools are not responsible for meeting all of students' mental health needs, education systems should address social-emotional competence, character education and civic engagement.[37] School-wide PBS integrated with mental health can help schools achieve these aims.

There are advantages to school-based or school-linked mental health services:[38]

- Access is improved and students and families are more likely to avail themselves of services.
- Students who internalize problems are more likely to be identified.

- Mental health professionals can see students in multiple settings over longer periods of time.
- Educational needs are more effectively addressed by reducing inappropriate special education referrals.
- Students' social/emotional and academic success is positively affected.

Schools have been reluctant to engage in interagency systems of care in part for fear that the individualized, wraparound approach to mental health and behavioral issues might force them to include in school a population of students they are not currently prepared to accept in integrated settings.[39] Schools are also concerned about financing and liability issues, fearing that any increased identification of disorders and needs will overtax available resources.[40] At the same time, families are dissatisfied with school responses to children with significant mental disorders, finding both a failure to identify students who qualify for special education and inadequate teaching and services to meet the needs of those who are identified.[41]

Linkages between schools and mental health offer the potential to improve the accuracy of diagnoses and the effectiveness of treatment.

However, there are many advantages for schools, and for children and their families, in the interagency system of care approach. School-based mental health services ease access to services and help overcome the stigma and intimidation of seeking mental health care. Linkages between schools and mental health offer the potential to improve the accuracy of diagnoses and the effectiveness of treatment, and make mental health professionals available to consult with teachers and administrators. School personnel can also provide important information to the mental health provider about a student's behavior and functioning in various school settings.

In addition to the CDC, the World Health Organization, the American Academy of Pediatrics and other national organizations endorse such approaches. For example, the American Academy of Pediatrics Policy Statement on School-Based Mental Health Services calls for pediatric health care professionals, educators and mental health specialists to work in collaboration to develop and implement effective school-based mental health services.[42] The Academy's policy statement includes 19 recommendations to support the goal that primary health care providers, mental health providers and educators work together more closely. More than 50 national organizations have endorsed the School Mental Health Alliance statement supporting school-based mental health services. (This statement is available at www.kidsmentalhealth.org.)

Research shows that youngsters who receive services from mental health agencies and those receiving mental health services in schools are different children, although the two groups have similar levels of

functioning and experience with life stress, violence, inadequate family support, poor self-concept and emotional/behavioral problems, indicating comparable needs. Few receive services in both locations.[43] Collaboration between these systems is needed to deliver appropriate services to all of these children.

One issue that must be addressed from the beginning of the initiative is privacy. This is not an insurmountable barrier to collaboration, but mental health professionals must adhere to state and federal privacy rules, while schools follow the less strict Family Education Rights Privacy Act. Collaborating agencies can generally develop appropriate processes and arrangements that address information-sharing needs, while assuring family/child input and consent.

Integrating Mental Health Systems in PBS Schools

An integrated PBS initiative enables mental health to develop a more environmentally focused perspective that is oriented to child and family strengths. Mental health agencies are able to share their expertise and assist educators in understanding youth with serious and multiple needs and in developing effective interventions for them. The cross-disciplinary learning that occurs as a result of collaboration among professionals is important to the professional development of both educators and mental health professionals.

PBS is especially effective for students who display emotional and behavioral disorders.

The American Academy of Pediatrics acknowledges the value of an integrated approach and recommends that mental health agencies be involved in all three tiers of PBS.[44] Where mental health agencies have been involved, research has shown that these collaborations have proven effective.[45]

Families also appreciate this linkage. Children with intensive needs may have one behavioral plan developed through special education and another developed with a mental health provider, but if the plans are not connected and consonant with each other, the family may reasonably doubt that the outcomes of these interventions will be effective. When mental health, education and other relevant agencies are brought together with the student and family, and when they collaborate on a common plan and strategies, families are more satisfied that the plan is a thoughtful, evidence-based approach.

PBS is especially effective for students who display emotional and behavioral disorders[46] —the very children and youth who are targeted for services by public mental health systems using a wraparound approach.[47]

While PBS and certain mental health approaches—particularly FBA and wraparound—have evolved separately through different systems, there are many similarities. Wraparound and PBS share a set of common

assumptions, features and outcomes[48] that support the process of building strong and positive social behavior across life domains, while preventing disruptions and discipline problems in schools.[49] In the context of PBS, FBA and wraparound might be thought of as a screening and treatment system that creates a triage model for distribution of support services and personnel, providing consistent collaboration and analysis across settings, times and individuals.[50]

Wraparound has also been used successfully to improve social, behavioral and school functioning and to prevent more restrictive placements for students identified by schools as emotionally disturbed.[51] As a result, there is a natural interface between PBS and mental health wraparound.[52]

One area where mental health wraparound approaches need to be tailored for schools is support for school staff.[53] Consultation for teachers on behavior management and in understanding of mental disorders is an essential component of an effective integrated approach. Such services were funded in the past through the federal community mental health center grants and were described as "consultation and education" (C&E). C&E improves educators' ability to work with all children, but especially those with serious emotional and behavioral problems.

Consultation for teachers on behavior management and in understanding of mental disorders is an essential component of an effective integrated approach.

Unfortunately, over the past two decades, mental health resources have been more narrowly focused and restricted only to direct treatment of children with the most severe disorders. While the resource issue is more critical than ever, there is renewed interest in C&E as mental health providers realize that their services are less effective—or ineffective—when not delivered as part of a holistic approach. As caseloads increase, policymakers and providers see that their ability to provide adequate levels of service will only diminish and that high-end intensive services need to be supplemented with lower-cost and earlier interventions that can, in time, lower demand for high-cost services.

Conclusion

In summary, there is a strong rationale for coupling school-wide PBS and mental health systems of care and promoting services and practices that are supported by research. Children spend a considerable part of their life in school, and school is where social, sociological, psychological and academic factors come together. But while school is an ideal setting for addressing children's development, it will typically lack the resources to address mental health concerns appropriately. For this reason, implementation of Tiers Two and Three of PBS is often weak. If schools are to meet higher academic standards for all students, they need the

support of mental health systems. Melding these two initiatives—PBS and systems of care—holds great promise.

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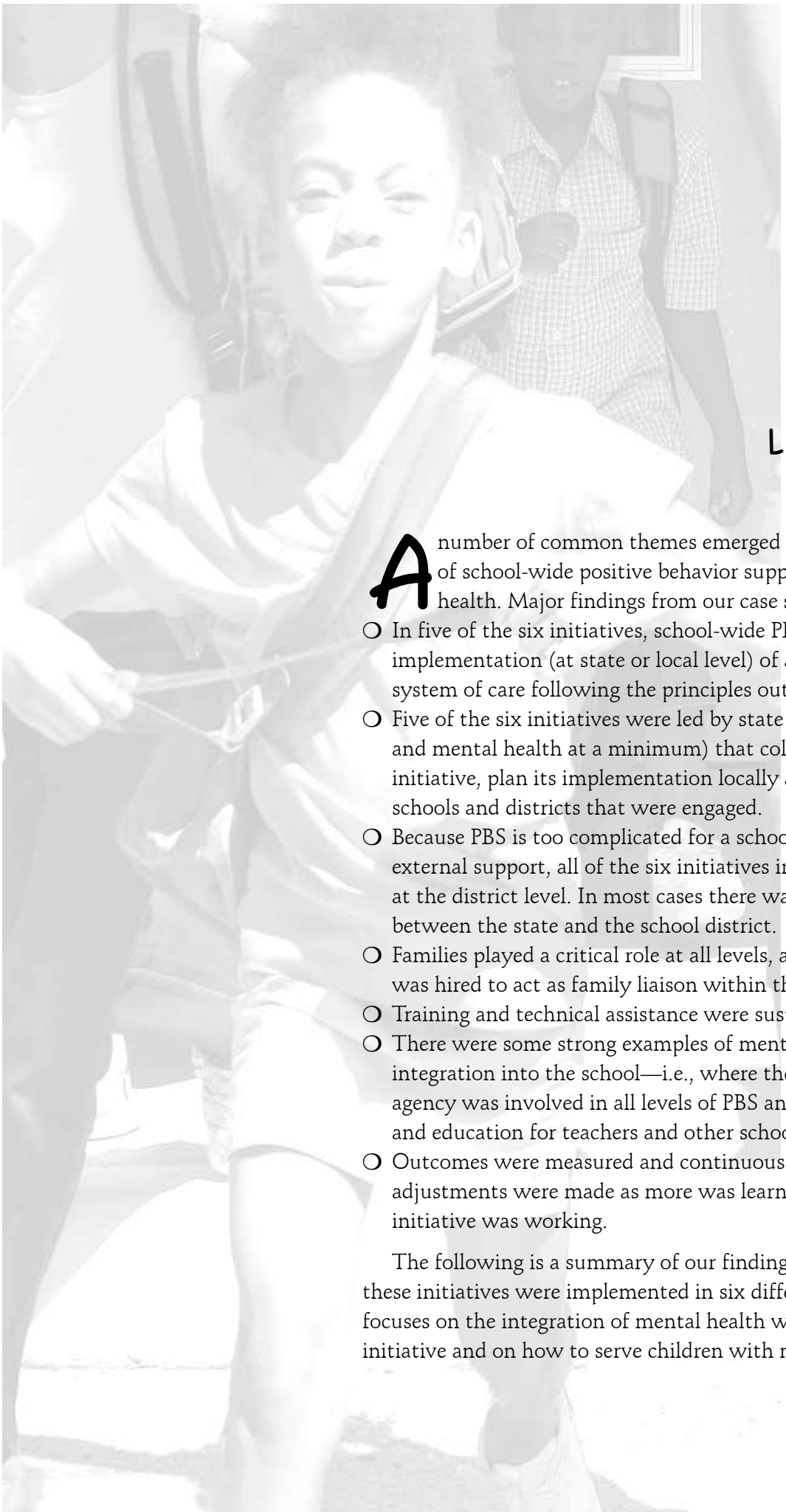


LESSONS LEARNED

A number of common themes emerged from our six-state review of school-wide positive behavior support integrated with mental health. Major findings from our case studies were:

- In five of the six initiatives, school-wide PBS was tied to implementation (at state or local level) of a mental health interagency system of care following the principles outlined in Chapter 2.
- Five of the six initiatives were led by state agencies (education and mental health at a minimum) that collaborated to design the initiative, plan its implementation locally and support the local schools and districts that were engaged.
- Because PBS is too complicated for a school to implement without external support, all of the six initiatives involved a collective effort at the district level. In most cases there was also close collaboration between the state and the school district.
- Families played a critical role at all levels, and in some sites a person was hired to act as family liaison within the school.
- Training and technical assistance were sustained and ongoing.
- There were some strong examples of mental health system integration into the school—i.e., where the local mental health agency was involved in all levels of PBS and provided consultation and education for teachers and other school staff.
- Outcomes were measured and continuous improvements and adjustments were made as more was learned about how well the initiative was working.

The following is a summary of our findings, with examples of how these initiatives were implemented in six different places. This summary focuses on the integration of mental health with a school-wide PBS initiative and on how to serve children with mental health needs.

Building Education-Mental Health Collaborations

The first step to building a school-wide PBS initiative integrated with mental health is to forge a collaboration between the education and mental health systems at the state level that will, in time, also occur at local levels. Collaborations succeed, we were told, when there is a commitment on the part of agency leaders to:

- sustain regular communications;
- recognize, discuss and respect cultural differences between the mental health and education systems in terms of mission, priorities and professional practice;
- identify shared goals and desired outcomes; and
- identify risks and benefits for each system.

All the initiatives stressed the importance of committed leaders at high levels in both the education and mental health authorities and the involvement of agency officials with the ability to affect agency programs, budget, organizational structure, funding streams and policy priorities.

In addition to agency heads, line staff in these two agencies (and other child-serving agencies involved) are needed for day-to-day planning and oversight of the initiative. These interagency partners should identify areas of overlapping interests and mutual needs. Both systems have similar goals and benefit significantly from working together, even though they have different objectives, pressures and requirements in day-to-day operations.

In a statewide initiative, the state leaders' major responsibilities with respect to PBS include:

- the provision of technical assistance, training and support for PBS at all levels;
- strategies to addresses barriers to effective implementation;
- tools to track outcomes and establish a system of accountability; and
- ongoing planning to assure that funding and other essential features of PBS can be sustained.

It is common for both mental health and education agency staff to feel overburdened by demands and expectations. However, those we talked to reported that instead of adding to the workload burden, a good collaboration can lead to working "smarter, not harder" and bring more rewarding results. While there is no doubt that a collaborative PBS-mental health initiative requires significant effort, experienced state and local staff explained that the initial investment pays off in the long run. Time and resource limitations are, in fact, a strong inducement for collaboration.

Instead of adding to the workload burden, a good collaboration can lead to working "smarter, not harder."

Time pressures can make it difficult for agency staff to keep focused on a collaborative initiative like PBS integrated with mental health. One way to ensure that momentum is not lost between meetings is to appoint or hire an individual to act as a liaison between agencies. This person needs to have a strong working relationship with each agency and then can build programmatic links between them.

➤ Using mental health system of care funds, New Hampshire hired a part-time consultant to facilitate the education and mental health collaboration. This individual had worked in education for over 20 years as both a special education teacher and state administrator, and had experience collaborating with the mental health agency. Her knowledge of state government and her understanding of the cultures of both education and mental health positioned her well in the state's efforts to foster successful interagency collaboration.

The state agency leadership teams, we found, all include family representatives. Following the PBS model, leadership teams approach family involvement in a systematic way and are committed to the vision of families as equal partners at all levels. State (and local) interagency teams develop plans for family involvement, coordinate training for family representatives and contract with family organizations so they can play an informed role in implementation. States also establish accountability standards and monitor local family engagement.

Leadership teams approach family involvement in a systematic way and are committed to the vision of families as equal partners at all levels.

➤ The New York state affiliate of the Federation of Families for Children's Mental Health has been at the forefront, guiding the design and implementation of PBS at the school, district/county and state levels. It is part of the statewide PBS leadership team and receives a grant from the state (through an agreement between the state mental health and education agencies).

In addition, representation from district or regional levels may aid the state-level leadership team.

➤ A New York team recommends adding district and regional representation (education, mental health and families) to the state team to get the ground-level perspective and to ensure a regular forum for dialogue between state and regional leadership. Local strengths and challenges need to be in the foreground when the PBS team is making decisions about policy, planning and implementation.

The infrastructure for interagency collaboration and family engagement must also be established and sustained at the regional/county/district (whichever applies) and school levels. Leadership is critical at these levels as well. Leaders must commit time to the implementation of the initiative, seek out resources and continually support school staff. They must, most importantly, be fully committed to the underlying principles of school-wide PBS and the value of integrating mental health into the initiative.

It is not always easy to launch these local initiatives. We learned that building acceptance of the concept, recognition of the benefits and ultimately enthusiasm for school-wide PBS integrated with mental health can take time, creativity and incentives. Past experiences or assumptions, we were told, can lead to snap judgments. For example, educators who have no experience with PBS may believe mental health professionals will "enable" unwelcome student behavior by allowing some students to avoid responsibility for their behavior. Others may believe that mental health professionals are exclusively focused on long-term therapeutic goals, ignoring the immediate need for improvement in school functioning and behavior, and/or are too wedded to outmoded and unproven therapies.

Educators develop a different view once they fully understand that through PBS students will be accountable for their behavior and receive a consistent response—a vast improvement over the unsystematic approach that often exacerbates behavior problems.

➤ A New Hampshire school principal described how some teachers were initially uncomfortable with the idea that children should expect rewards for good behavior. After experience with PBS, however, these teachers came to understand that it was positive recognition that reinforced good behavior, not simply the promise of a reward. As the school year wore on, the school found that behaviors that become more firmly ingrained did not have to be reinforced as often as newly acquired ones.

Mental health agency staff may be wary of collaborations with education because of past experiences, when schools have seemed unwilling to work with them or have appeared too ready to consign challenging students to alternative settings or to hand them off to mental health or juvenile justice.

Local agencies, however, may find mutually beneficial objectives for collaboration, in addition to the ultimate goal of helping children.

➤ For example, a special education director frankly admitted that the reason mental health had been brought into the schools was so that Medicaid dollars, instead of school monies, could be used for services. The mental health agency had its own rationale and the partnership was sustained because it aided both agencies in their mission to serve children and families.

Educators develop a different view once they fully understand that through PBS students will be accountable for their behavior and receive a consistent response.

Planning

Any collaboration takes time. In the early stages, collaborating across agencies is more time-consuming than if the education system were to implement PBS on its own. Building on prior investments in infrastructure and knowledge is strategic, demonstrating thoughtful

As schools develop mastery of the process, many realize that PBS is the cornerstone of all of their school-improvement programs.

planning and a commitment to the wise use of resources. Our sites urged thoughtfulness and the need to move deliberately to do it right.

We found that a statement of purpose was generally in place, along with procedural guidelines and expectations, ensuring a common understanding between schools and local mental health agencies. School staff were committed to and trained in PBS; mental health agency consultation, services and engagement with PBS teams were arranged.

The planning for a school-wide PBS initiative integrated with mental health can be made easier by tapping into a considerable body of research and technical assistance. The U.S. Department of Education, Office of Special Education Programs funds a national network of technical assistance centers devoted to helping states and school districts. There are web sites with action plans, blueprints, worksheets, assessment tools and surveys to help plan and implement PBS. Definitions and guidelines are available for every stage, including the planning process. (A list of technical assistance resources is in the appendix).

➤ The School-Wide Implementation Blue Print, developed by the National Technical Assistance Center on Positive Behavioral Interventions and Supports (www.pbis.org), includes a sample planning template that gives the state-wide team six months' lead time before the first cohort of schools is trained. It also includes sample timelines for schools and districts. These are just estimates, however, and practitioners and experts advise that it is critical to phase in PBS in stages and avoid the failures and dissatisfaction that come from a hurried and poorly implemented initiative.

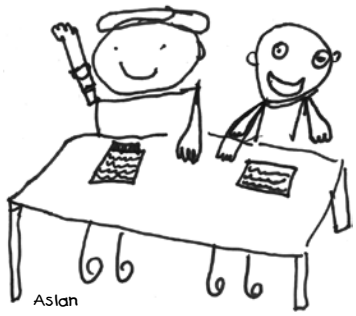
Because schools have seen many initiatives come and go, state leaders understand the importance of distinguishing PBS from educational fads. Schools that accept the challenge of PBS describe it as being a framework instead of a program. They see that there is a clear long-term commitment to PBS and that it comes with a full plan for execution and ongoing support for schools.

At the outset, a school may have a more limited vision of the system change that PBS represents, but as schools develop mastery of the process and reflect on their experience, many realize that PBS is the cornerstone of all of their school-improvement programs.

➤ The administration at an elementary school in Chicago viewed PBS as the fabric of the school and a foundation from which to grow, instead of a program that may come and go. This school, like others, has a number of programs for academic and behavior support underway. PBS is their vehicle for integrating these programs and the framework for school transformation.

PBS Implementation in Schools

School administrators and teachers we spoke with underscored that PBS implementation requires a level of training and support that no individual school could provide on its own. Whether undertaken as an initiative at the state, regional or district level (or a coordinated effort of two or three levels), a school was able to adopt PBS only because of the efficiency that an external PBS infrastructure brought to the process. Schools, already facing limits on resources and time, appreciated having "packaged" system components so they could focus on the roles and responsibilities that could only rest with the schools. They were gratified that PBS, unlike many other initiatives, came with adequate support structures and fully developed guidelines and tools for implementation.



While PBS comes with a lot of pre-built features and best-practice guidelines, it is far from a cookie-cutter approach.

One of the benefits of school-wide PBS is that it has demonstrated the ability to reduce discipline problems among children with mental health disorders that often contribute to high dropout rates and escalating involvement in juvenile justice. Common factors that led to safer and more effective learning environments and reduced discipline problems were:

- established standards for behavior, known to all children, and positive support to enable them to achieve those standards;
- commitment to behavior standards by everyone in school—teachers, students, administrators and other staff;
- an approach to discipline applicable to both regular and special education students that includes positive behavioral support (not just for students in special education, for whom it is mandated under the IDEA);
- school-wide interventions combined with early intervention for those at risk and individualized interventions for those with serious problems; and
- the school working with and seeing itself as part of the larger community.

While PBS comes with a lot of pre-built features and best-practice guidelines, it is far from a cookie-cutter approach. Practitioners describe building the initiative as both art and science, requiring creativity, flexibility, translational ability (understanding an underlying principle and applying it to a new situation) and leadership. One state PBS team member described it as "building the ship as you sail." This is particularly true when adapting PBS in a collaborative effort with another agency, such as mental health.

We also saw interesting results from cross-disciplinary teaming as concepts and strategies migrated from one discipline to the other. For

example, a process like FBA—which is a systematic process for behavior analysis that is used as the foundation for a behavior-support plan for a child with the most challenging behavior—has been adapted as an approach to analyze problem behavior before any intervention is designed, whether universal, targeted or intensive.

Leadership at the school level is important, but existing demands on staff time may make it hard to find the right person to coordinate the effort. During our site visits, we heard about more than one instance of a school's persuading a retired staff member to return to lead the implementation. Bringing in retired staff is advantageous in that they know and understand the school and have established relationships with teachers and administrators. If possible, they should understand mental health issues and resources in the community.

➤ The PBS coordinator at a Chicago elementary school worked in the school for 35 years before retiring. An experienced school psychologist, she understood the school and the way it operated. The principal persuaded her to come back to lead the PBS initiative. The fit was perfect. She had a mental health background, was a respected figure in the school community and was thoroughly familiar with school culture and operations.

Instead of looking at new initiatives individually, PBS schools take a holistic approach.

PBS initiatives have been successful in a number of school settings, including residential schools, juvenile justice schools, alternative schools and pre-schools

➤ In New Hampshire, there was consensus that the school climate had noticeably changed in all the schools we visited. This was true for a pre-school Head Start program and an Easter Seals School serving youth with special needs who were placed outside of the public school.

PBS is cited as a major system reform because it changes the way schools operate. Instead of looking at new initiatives individually, PBS schools take a holistic approach.

➤ In New York, PBS school staff said they did not look at a character-education program in isolation, but examined how it would fit under their PBS structure and be consistent with PBS goals and priorities. Viewed in this light, it was seen as a program to enhance what the school was trying to achieve with PBS, promoting the values of civility, strength-based approaches, youth development and civic engagement.

PBS can also be reinforced at home. This is especially important for students who need greater consistency and support, such as those with mental health problems. A school may offer assistance directly, either through a parenting program or through individual conferences.

➤ A tip sheet from New York urges parents to model the kind of behavior they would like to see the child display. In the case of respect, it suggests that the "best way to teach respect is by example," and that "if you treat your child lovingly and fairly, he'll learn that this is the way to behave."

PBS can alter parents' behavior. An assistant school superintendent and former principal at a PBS school in New York told us that she had "talked to numerous parents who have changed the way they parent" after learning how well a positive approach had worked in school.

➤ A family resource specialist in an elementary school described a family that was headed by single parent who had very limited parenting skills, a mental illness and difficulty in maintaining household functioning. The household's chaotic environment made life more difficult for the child, who had some serious emotional problems. The resource specialist and a mental health professional involved with the family understood that accomplishing some environmental changes in the home could make a big difference in this child's life. These efforts have paid off. The child is functioning better in the school and home and the parent has a place to turn, other than the emergency room, if he feels things are escalating to a crisis situation.

Students also carry PBS principles home with them.

➤ A fourth-grade student interviewed in New Hampshire described how he used PBS at home with his four brothers, who were older and had not attended PBS schools. He felt the household was too chaotic and PBS has given him a strategy for improving relationships at home.

PBS can alter parents' behavior as a result of what they learn about how well a positive approach had worked in school.

Integrating Mental Health with School-Wide PBS

Schools have varying levels of in-house mental health expertise, provided by school psychologists, guidance counselors, social workers, behaviorists and other specialists. While guidance counselors and, in some cases, social workers or school psychologists serve only a single school, most of these individuals are consultants to more than one school and are spread thin. In many areas, school mental health professionals find they must do so much testing that they have little time for providing services to children.

Some schools have dealt with this by making specific efforts to bring treatment providers into the school to provide individualized child and family counseling services. In other areas, school health centers have found that unmet mental health needs are so great that they have devoted significant resources to in-school mental health services.

In some cases schools may contract for services, simply providing space to their local community mental health provider. Under these arrangements, individual services are provided, but there is little interaction between the school and the mental health providers.

Most of the PBS sites we visited have a more integrated approach. Mental health professionals are not only co-located in the school, but are fully incorporated into the school and are indistinguishable from other

staff. They serve on PBS teams and participate like other faculty and staff in the operations of the school.

Students, families and staff all appreciate the experience of working as a team.

➤ In Montana, PBS schools in the Bitterroot Valley area have a licensed mental health therapist as well as a behavior consultant. The therapist writes the treatment plan for a child, works with the family, and provides individual, group and family therapy. The therapist and behaviorist serve on PBS teams (universal, targeted and intensive), are a resource for school personnel, and are fully integrated into the school community.

Proximity and integration lead to increased communication, increased understanding and far better collaboration. When working as a team in the same school building, there are formal and informal opportunities for information sharing. Educators learn more about emotional and behavioral disorders and effective interventions, and mental health practitioners develop a better understanding of school practices, culture and operational requirements. This results in both groups' acquiring new skills and expertise. Students, families and staff all appreciate the experience of working as a team.

➤ Three years ago, the system of care in Chicago allocated funds to support a comprehensive care coordinator (CCC), a mental health professional who provides direct services to children and families, and a family resource developer (FRD), who assists families in seven PBS schools. The CCC is responsible for: 1) initial assessments to determine eligibility for system of care services; 2) child and family teams; 3) case management, group and individual counseling; and 4) consultation and training for school personnel on mental health and behavior-management strategies. The FRD and CCC, located at the schools but under the aegis of the mental health agency, work in partnership with the school to help families access needed services and supports, facilitate parent leadership in PBS, participate in universal, targeted and intensive team activities, and assist with linkages and referrals to other agencies.

Practitioners who are genuinely integrated in the school have a different perspective from those who just use a school office to furnish mental health services. In integrated settings, such as Chicago's, they feel better able to understand behavioral motivations and psychosocial needs because they can observe a student in school (compared to reading a written account). They have the flexibility to check in with students frequently, are able to interact informally with the student and family in ways that would not occur in an office setting, and find, compared to an office-based practice, that it is easier to establish effective alliances.

PBS provides a framework for this integration, allowing mental health professionals not only to use their expertise to assist the school in all phases of PBS implementation, but also to meet the students' behavioral health needs.

However, while an integrated model has numerous advantages, PBS schools must contend with the community resources that exist. In addition, some schools do not favor the integrated approach, preferring a referral model. In these situations, mental health providers can still be invited to join the PBS teams and to provide consultation and support to teachers and administrators.

A shortage of community mental health resources may also require creativity. Two sites took different approaches to this problem.

➤ One New York school PBS team tried to get services for a child and family but found the local community mental health agency had a six-month waiting list. The school then approached a private therapist and enlisted her to fill some of the gaps in access. Increasingly, private mental health providers restrict their practices to private-pay clients or those with insurance. They are often unwilling to accept Medicaid or treat people who are uninsured. The school was able to engage this therapist because it agreed to refrain from overwhelming her with referrals.

➤ In the mid-1990s, teachers in the Bitterroot Valley (Montana) asked for support to deal with challenging student behaviors. The local special education cooperative, the Bitterroot Valley Cooperative (BVC), hired a behavior consultant to partner with the schools and the community mental health agency. Due to overwhelming demand for the services, the BVC applied for status as a community mental health center, which would allow the co-op to bill Medicaid for services. In 1997, the BVC became a licensed community mental health center with funds from the IDEA, a grant from the Office of Public Instruction to serve students with intensive-level needs, and reimbursement for services billable to Medicaid, S-CHIP and private health insurance.

Whether fully integrated on site or not, one of the most important roles community mental health providers can play in a school-wide PBS initiative is to provide mental health support to teachers and other school personnel, whether consulting about individual children or about behavior-management issues.

Our sites reported that consultation and education services from mental health can be of great benefit to school-wide PBS. PBS provides training and practical experience in effective approaches so non-clinical staff can help maintain, educate and support children with significant behavioral and emotional difficulties in school. When supplemented with ongoing consultation about individual challenging students and consultation targeted to specific issues and teacher needs in a particular school, the entire PBS initiative is significantly enhanced.

➤ All of the initiatives we studied had access to consultation and education, whether it was provided by a mental health professional located in the school or by behavioralists and psychologists available through the school district or a regional school support center.


Isis Hudgins

PBS provides training and practical experience in effective approaches so non-clinical staff can help maintain, educate and support children with significant behavioral and emotional difficulties in school.

Systems of Care and Wraparound Services

In communities where mental health systems have adopted the system of care model, schools will have a stronger foundation on which to build their PBS effort. But if the system of care effort has been weak and ineffective, PBS also has the potential to jump-start an interagency collaboration based on system of care principles. Four case studies—New Hampshire, New York, Travis County (TX) and Illinois—involved mental health systems of care that had received funding from the federal government (see Chapter 2). Federal (SAMHSA) system of care grants are available to any agency, not just mental health agencies. School districts and state education authorities are eligible applicants.

These sites found that PBS and systems of care are complementary and that they share core values — i.e., services should be community-based, child-centered, family-focused, strengths-based and culturally competent. More than an enhancement to one or the other, these partnerships have a synergistic effect on a community's ability to promote success for every child in the domains of family, school and community.

A mental health system of care can provide many advantages for the PBS initiative.

A mental health system of care can provide many advantages for the PBS initiative: a network of agencies for school support, possible funding for school-based mental health and family-support services, and expertise in wraparound and multi-agency teaming. Federal system of care grants can be used by states and localities for training and technical assistance for both mental health staff and educators, and can also fund a range of services, including consultation and education to schools, family-support services not covered by third-party payers (such as Medicaid) and services for children who do not qualify for Medicaid.

We found that system of care-funded support of PBS has produced some exciting and innovative collaborations.

➤ In Travis County, Texas, the Children's Partnership is a system of care established within the county health and human services agency. It has built strong support for a local school-wide PBS initiative. Each school has an IMPACT Team, a multi-disciplinary group that develops strategies to address the needs of students at risk of dropping out, expulsion, residential placement or school failure. When the team—composed of school personnel such as the vice principal, general and special education teachers, and the school counselor—identifies a child who needs intensive services, it mobilizes the Partnership. The child and family participate in individualized care planning that may lead to mental health evaluation, treatment, care coordination, education and training support, community-based out-of-home care and flexible funding for various supports. The Partnership also started the trend of placing care-coordination staff in the Travis County schools.

Students with High Needs

The importance of universal school-wide PBS should not be underestimated. While students in Tiers Two and Three may need additional services, they nonetheless benefit significantly from the change in school climate affected by PBS tier-one strategies. With PBS, lower-level interventions can be tried first, even for students assumed to be in Tier Three. Indeed, these interventions may, in the end, supplement or even obviate the need for higher levels of specialized service.

➤ An elementary school in Maryland uses the Check & Connect intervention for students who need more than the universal level of behavioral support. Each student has an adult in the school to check-in and connect with each morning. This regular focus on the student's social, emotional and academic needs serves as a kind of early warning system that helps the school, the student and the family focus on problem solving before the student gets in trouble. The extra contact each morning builds a positive relationship with an adult and reduces the student's need to resort to problem behavior in order to attract attention. While the PBS team was advised that this intervention was not likely to help a student in Tier Three, the team decided that it would try the intervention anyway. They found that Check & Connect had a positive result even with a child thought to have the most intensive service needs.

Nonetheless, students with the most serious mental disorders generally will need more support. Schools have found that even with school-wide PBS, they must have assistance with this group of students. In this study, we found several targeted approaches to meeting these students' mental health needs. For example, Illinois has adapted the mental health wraparound approach into school-based planning for students with identified needs. Illinois foregoes the usual requirement that the student be enrolled in special education or served by multiple agencies.

The importance of universal school-wide PBS should not be underestimated.

➤ Illinois recognized that wraparound has the potential to help students who are at risk of developing more serious emotional/behavioral problems. The strength-based wraparound approach, along with positive behavior-support plans and effective academic interventions, are integrated through early intervention teams. By using this approach at the targeted (Tier Two) level, teams ensure that the family, student and school are engaged as partners in the design and early implementation of a plan. The team identifies areas of strength, needs and concerns and links these to behavioral, social and instructional interventions that may include planning for community-based mental health services and other supports.

Family Role

Family engagement—the partnering of families with professionals to help children develop to their potential—and family-driven service plans are core practices in mental health systems of care. Families,

PBS treats families as equal partners in policy, planning, implementation, monitoring and evaluation activities.

however, often report that schools do not view these practices in such a positive light. PBS initiatives have made a concerted effort to change that outmoded outlook. PBS considers as best practice the inclusion of family members on statewide, district and school-level teams and treats families as equal partners in policy, planning, implementation, monitoring and evaluation activities.

The PBS initiatives we studied were very focused on improving family involvement. They seek to ensure:

- a family-friendly school that actively solicits family input and participation;
- regular communications with parents about PBS expectations, systems and practices;
- regular feedback and opportunities for school personnel and parents to discuss a student's behavior and school functioning, using a strength-based approach that recognizes assets as well as areas targeted for improvement; and
- effective efforts to solicit parent and youth views that help inform the decisions of PBS teams.

To facilitate this level of involvement, school-wide PBS initiatives:

- provide information and training for parents so that they can teach, advocate and support their child;
- provide or facilitate leadership training so parents of children with behavior problems can participate in PBS and other community and school initiatives and can support and mentor other parents; and
- provide youth-leadership training so youth can develop the knowledge and skills to support other youth and participate meaningfully in PBS and other school and community efforts.

Specific school-level roles include:

- meaningful family and youth involvement on the leadership team that designs, implements and evaluates PBS;
- full family involvement on PBS teams that develop, implement and monitor an individualized behavioral plan for targeted and intensive interventions and support;
- family-liaison positions in the school; and
- input from and support for family organizations so they can help shape all aspects of school-wide PBS integrated with mental health and provide specific services, training and technical assistance.

Improving School-Family Relationships

The sites we visited reported that PBS had helped them achieve better relationships between families and schools. As a result, they had improved parent attendance at teacher conferences and school open

houses, increased the number of volunteers for school activities, created vibrant parent organizations and built more effective alliances between families, schools and community agencies when students required intensive level services.

Schools that are alert to the transformative powers of PBS communicate regularly with parents about PBS. They discuss PBS in newsletters and at orientation, open houses and other events. Parents are exposed to PBS regularly, often in creative ways—e.g., through games, songs or skits—that are enjoyable to students and family members.

Having a parent on staff helps to facilitate strong connections between parents and schools.

➤ Two inner-city schools we visited in Chicago had proactive strategies to create a family-friendly environment. Both schools had a large population of economically disadvantaged families, including some who were homeless and others who were non-English speakers or uncomfortable with class and cultural differences that contributed to their feelings of isolation from school and community. Family resource developers, who come from the school community and have personal experience with the children's mental health system, help to overcome negative expectations, showing how community and school can be a source of support and assistance, rather than friction.

Parents who connect with the school through volunteer activities, attend family fun nights or participate in other school-community activities typically feel part of a problem-solving team when difficult issues arise. The schools we visited recognize the value of volunteer activities that link families more closely with their child's school. They found many parents who cannot or do not wish to attend meetings, but who respond to requests for help with concrete tasks.

➤ In New York, an elementary school gives "green" tickets for good behavior that are redeemable for prizes. Parents solicit donated prizes from the community and volunteer to staff the store for a few hours per week. (One of the coveted prizes is a rubber bracelet, patterned after the Lance Armstrong bracelet, inscribed "I am a problem-solver.")

Family Liaisons

Having a parent on staff helps to facilitate strong connections between parents and schools. Many of the sites visited have hired parents to work in the PBS initiative. Family liaisons serve on PBS teams, collaborate with school and community organization's staff, help families navigate service systems and connect with community resources, help families develop self-sufficiency and leadership skills, and strengthen school/family/community relations. Parents feel they have someone to advocate for them, while the schools find it valuable to have the added support of the liaison when trying to assist the child and the family.

PBS initiatives have different terms to describe these individuals but, for the purposes of this discussion, we will use "family liaison" as the generic term.

➤ Each Travis County (TX) PBS school has a paid family member who works in the school. These individuals assume leadership roles easily because of their regular presence in the school and their focus on PBS. They serve as in-school coaches and are part of PBS teams at all levels.

➤ In New York, family representatives on PBS school teams link family-support services within their region. Family representatives are expected to be part of school planning and implementation teams and typically receive a stipend to cover their expenses. The family organization continues to look at ways to segue family representatives into leadership roles traditionally held by professionals in schools (e.g., PBS coach), but is finding this a challenge with volunteers who do not have a regular presence on campus.

Family liaisons not only provide links to an array of community-based services, they provide a variety of services and support themselves.

Family organizations are a particularly important resource for school-wide PBS integrated with mental health.

➤ In the Chicago schools, the family resource developers (FRDs), who are parents with personal experience navigating the mental health system, work with families to develop self-sufficiency skills and obtain services like housing and employment assistance. They often offer programs to adults—like parenting classes or English classes for non-English-speaking families—and facilitate community-promoting social events, such as community dinners. Families value the extra help and the inclusionary approaches of the FRDs and, as a result, are able to more constructively engage with the school in helping their children succeed socially and academically.

Recognizing the value of the family-liaison role, some sites have managed to find a way even when unable to fund the position.

➤ Some PBS schools in Montana use AmeriCorps volunteers as family resource officers who do family outreach and receive training in working with people in poverty. The schools have been successful in obtaining volunteers with skills and community knowledge that enable them to be effective. While the schools would prefer to have the permanence and advantages of a regular employee, they are appreciative of this option.

Family Organizations' Role

Family organizations are a particularly important resource for school-wide PBS integrated with mental health. These groups can bring the experience and skills of family members to the table to assist both professionals and other families alike.

Family organizational capacity will vary from state to state, district to district and school to school. Our sites needed to assess accurately what infrastructure and capacity existed, recognizing strengths as well as gaps. Then they determined how to promote capacity and infrastructure development to expand family involvement. This is a developmental

process, and the family component strengthens over time with careful nurturing.

➤ The Illinois Federation of Families (IFF) provides Parent Partners, who participate on universal PBS teams and on individual child and family teams when needed. IFF has developed partnerships at community levels with schools, local area networks for children and adolescents (LANs), mental health and other social service agencies. It also maintains collaborative relationships on a statewide level with, among others, the Departments of Children and Family Services and Mental Health, the state Board of Education and the Community Residential Services Authority.

➤ In New York, the family organization has a grant from the state to support regional family coordinators, who partner with school mental health specialists in regional student support centers. The regional family coordinators act as resources for school teams, assisting them with recruitment and training of PBS family representatives on school teams and linking family-support services within their region.

One of the roles for PBS teams is to nurture strong family organizations.

Family organizations that became involved in the PBS sites we visited typically had some partnership with the state already.

➤ Family organizations in New York, New Hampshire, Maryland and Illinois, for example, had significant experience prior to PBS in partnering with the state and local agencies to plan, design and implement family-engagement strategies. They may offer wraparound facilitation training and consultation, run mentoring programs and family-to-family support programs, monitor and administer the flexible funds associated with the mental health system of care, partner with the community mental health centers and provide family- and youth-leadership training.

Family organizations that have not had this experience will take more time to build capacity. One of the roles for PBS teams is to nurture strong family organizations. Some leadership teams establish work groups to develop strategies for engaging family and youth. These groups typically identify the family-involvement efforts of other state and local children's services to join, rather than duplicate efforts.

➤ New Hampshire coordinates family involvement through the Family and Youth Engagement Workgroup of its System of Care and Education initiative, developing common strategies among projects (including PBS).

Measuring Family Engagement

PBS leaders emphasized the importance of schools' assessing their success in fostering meaningful family engagement. School and family perceptions can be markedly different. Schools should identify desired outcomes and goals for family partnerships at all levels of their PBS initiative (universal, targeted and intensive). Asking what family partnerships will look like, how the team will know if it is successful and how it will monitor family partnerships are important questions that keep initiatives accountable with respect to family focus. Several tools

have been developed to measure family involvement (see the appendix) and some initiatives have also developed their own tools.

➤ New Hampshire and New York have checklists to measure family engagement and to help PBS teams assess whether their schools are following the process designed to ensure family involvement. Families Together NYS developed a manual for training family members and to help PBS teams incorporate family members in all aspects of PBS.

Funding Family Involvement

Funding for family involvement is necessary and comes, we found, from a variety of sources. These include SAMHSA system of care grants, IDEA Part B discretionary money, federal discretionary grants from the Department of Education, funding from state mental health, education or other state agencies, school district and school budgets, and funds raised by family organizations.

➤ Maryland has a School Mental Health Integration grant from the U.S. Department of Education for developing models and strategies for strengthening family involvement and the targeted- and intensive-level service components of its PBS initiative. A family member chairs the advisory board for the project and a family liaison, appointed by the Maryland Coalition of Families for Children's Mental Health, serves on the management team of the school mental health alliance. The family liaison is responsible for developing a training curriculum and materials for family engagement. In each of the counties participating in the grant project, a family member will be hired to serve as a family partner, trained and supported by the coalition.

Student involvement is part of a change in cultural expectations for schools.

Student Role

Student involvement is part of a change in cultural expectations for schools. While consumer and family involvement has become a core expectation in the mental health system, this is a newer expectation for schools.

Like other stakeholders, youth need access to information, training and cross-training opportunities that will allow them to effectively participate and be a partner in directing PBS initiatives. We found that PBS schools promote various youth-development activities, such as leadership training, community service, civic participation, peer support and peer tutoring. Typically, organizations that have developed family involvement and leadership training will also create youth-leadership training.

➤ In New Hampshire, the Alliance for Community Supports (ACS) and the Granite State Federation of Families for Children's Mental Health jointly provide annual mental health leadership training for young people from all over the state. Each year, about 15 youth are selected to participate in a seven-month series of trainings that include team building, cultural competency, public

speaking, conflict resolution and state systems. The series culminates in a graduation ceremony and celebration, well-attended by leaders of state and nonprofit entities, who offer opportunities for graduates to become involved with their agencies' planning and management activities. Until this year, the CARE NH system of care grant from SAMHSA provided part of the funding for the series, but financial support now comes entirely through a contract with the state Bureau of Behavioral Health.

High schools and middle schools may emphasize peer support and mentoring more than elementary schools, but even at the elementary school level, PBS schools look for opportunities to encourage the development of leadership skills. They may give students, at one time or another, responsibility for teaching an aspect of PBS to their schoolmates; the opportunity to serve on a student council, a classroom decision making group or student safety patrol; and the authority to issue tickets recognizing good behavior in other students.

Elementary schools have also found ways to engage students in decisions about PBS implementation.

➤ A New York elementary school, looking for opportunities to involve students in PBS, allowed the children to choose the prizes students could obtain by redeeming their good-behavior certificates. Students conducted a survey to determine preferences, underscoring the message that students have a voice and can engage in a logical, meaningful process to affect life in their community. At this school, the universal team also includes a student member.

School-wide PBS involves all staff, including bus drivers, cafeteria workers and custodians. Helping students recognize the contributions of these staff members leads to improved mutual respect.

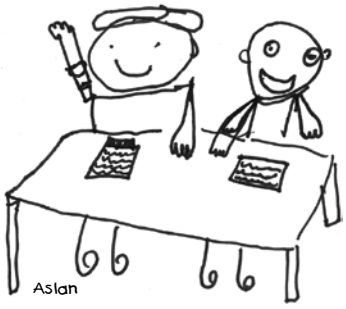
School-wide PBS involves all staff, including bus drivers, cafeteria workers and custodians.

➤ Fifth-grade students in a rural New Hampshire school spend one morning each month serving donuts and bagels to the bus drivers who stop at the school. The students enjoy serving and interacting with the drivers. The drivers appreciate the gesture and are especially pleased with the significant reduction in discipline problems on their routes with the advent of PBS.

Elementary-school teachers also find creative ways to bring PBS into the classroom and to underscore its principles in a concrete way while strengthening academic skills.

➤ At an elementary school in New Hampshire, kindergartners were asked to illustrate one of the behaviors on the PBS behavior matrix. Each was then paired with a fourth-grader who demonstrated how to use drawing software to create the illustration on the computer. The kindergartner then described the illustration and the pair worked to create the text that the fourth-grader then entered on the computer. Each pair then had an opportunity to present its work to the class. This assignment involved computer and language skills and valuable social interactions.

Working With The Community



Raising awareness in the community about what happens behind school walls can be very beneficial.

Schools are a hub of community activity. Sites have found that raising awareness in the community about what happens behind school walls can be very beneficial. The community can also be a valuable resource to schools by providing volunteers or supplying prizes and incentives for school initiatives.

➤ An elementary school in New York makes a special effort to bring the community into the school and to take the school to the community. Teachers and students go to businesses around town to put up signs made by students that reflect a particular PBS focus. Another New York elementary school inspired a local ecumenical council to spearhead Community Respect Week. These are examples of ways the community chose to reinforce behavioral learning in PBS schools.

PBS schools understand that children who have behavioral problems may exhibit them in the community. But when helped through PBS, their behavior can improve in both school and community.

➤ When a New York student was caught shoplifting, the PBS team did not ignore the situation, even though it did not occur in school. Instead, the school looked to how it could constructively engage the student and family. Staff worked with the student to identify his motivation for stealing and learned that he wanted spending money that he did not have because of the family's poverty. He and his family took part in some brainstorming/problem-solving sessions that ultimately yielded a decision to pursue a part-time family business in which the child could be involved and which would provide extra money to both student and family. In this case the team was able to turn a mistake into a lesson about problem-solving.

Training and Technical Assistance

Since PBS is a developmental process, ongoing technical assistance, training and support are fundamental to implementation. On the mental health side, there is a very significant need for parallel training in system of care principles and philosophy, in evidence-based and best-practice approaches and on how mental health systems can work with and support school-wide PBS initiatives.

One of the challenges we found for statewide initiatives is ensuring the capacity for training and technical assistance (in both education and mental health) once the number of schools implementing PBS expands significantly. This can be done within resource limitations by training the trainers.

➤ In Illinois a state system of trainers and coaches supports more than 444 schools implementing school-wide PBS. In Maryland, trainers and coaches support more than 300 schools.

Since PBS is a cross-systems approach, cross-systems training is needed at every level. At the state level, team members must understand the culture, systems and programs, and the eligibility and funding of education, mental health and other child-serving agencies, as well as family organizations. Cross-training at the local level is also needed so that all involved in the collaboration can understand how to most effectively achieve the jointly identified goals in serving children and their families.

Since PBS is a cross-systems approach, cross-systems training is needed at every level.

➤ In Travis County, Texas, the Education Service Center (ECS), a regional school-support center that existed before the PBS initiative started, provides training and support on PBS to school personnel and families. The local system of care is a partner in the PBS training, and school personnel learn about mental health and social service systems and system of care principles. Conversely, social service and mental health agency personnel learn about working in the schools and PBS.

➤ In New York, the family organization is a co-trainer at all PBS training sessions, ensuring that the goal of families as partners is more than just rhetoric and is actually reflected in all aspects of PBS practice. The family group has developed a training manual and curriculum for family coordinators and currently collaborates with SUNY Albany, child-serving agencies and other family partners to create unified statewide training initiatives that will assist all stakeholders in their work to support children and their families in an individualized, family-driven environment.

It is both effective and efficient to build on existing infrastructure, and PBS leadership teams typically look to existing regional school-support networks to develop and integrate PBS training and technical assistance.

➤ In Illinois, the EBD Network was established in 1990 to develop a regional network of technical assistance providers to support regional and local system of care development and to promote integration of school-based wraparound care for students with emotional and behavioral disabilities. The network, renamed the Illinois PBIS Network, currently provides expertise, training and support to several Illinois initiatives, including PBS. Having developed expertise in the eight years prior to PBS, the network was able to incorporate its experience with wraparound and individual behavioral support plans with PBS and is now recognized as a national leader in targeted and intensive level PBS implementation.

➤ New York contracts with seven regional technical-assistance sites to provide training and technical assistance to interested schools. Each region has a PBS specialist responsible for the planning, development and provision of coordinated training and technical assistance for the region. These sites are also aligned with the NYS Regional School Support Centers in order to promote collaboration with existing regional support networks. A statewide PBS technical assistance center, which will support the regional sites, is expected to open in 2006-2007. New York, like Illinois, used regional technical assistance centers or networks that were experienced in providing assistance to schools participating

in interagency initiatives to support students with emotional and behavioral disorders.

Practice, coaching and on-site technical assistance are necessary to supplement formal training, since behavior change requires more than just an intellectual understanding of PBS. Just as practice and reinforcement are key elements in students' behavioral learning, experienced PBS practitioners note that these are also essential for adults learning PBS. Coaching and technical assistance help ensure that the substance of what is presented in training is appropriately translated into practice.

➤ A number of interviewees acknowledged that adults, like students, have a learning curve as they try to develop new behaviors and skills, and that the same thoroughness that goes into building the school-wide PBS plan needs to be incorporated into a staff-development plan. A training and technical assistance plan will accommodate differences in learning styles, and while a majority may be trained with a standard curriculum and practice opportunities, some will require more support. Like younger learners, adults also respond to strength-based approaches, recognition, clear expectations, and respectful interactions. Those responsible for shepherding PBS must make sure that their plans reflect that understanding.

Institutions of higher education can make important contributions to the design and delivery of training, program evaluation and data management.

➤ Maryland has trained more than 130 behavior-support coaches, who collaborate with PBS teams to strengthen existing programs and provide leadership and guidance to schools that are considering PBS. Most coaches are school psychologists who work with three to five PBS schools. They attend PBS school team meetings and provide ongoing support to help schools implement and sustain PBS. The coaches also meet at the state level five times a year.

Several of the states we visited highlighted the importance of establishing partnerships with institutions of higher education. These institutions can make important contributions to the design and delivery of training, program evaluation and data management. When professors and administrators are included as partners on the statewide leadership teams, they develop a better understanding of priorities in the field and the need to connect what is taught in professional-training programs to PBS and systems of care practice.

➤ The commitment to PBS training is reinforced in New Hampshire's institutions of higher education, where PBS is part of the curriculum in both new-teacher training and continuing education. The University of New Hampshire's Institute on Disability, which provides family- and youth-leadership training, as well as training to professionals and paraprofessionals in family-centered systems, is represented on the PBS leadership team. Plymouth State College, one of four institutions of higher education that serve on the statewide PBS team, offers graduate credits for teachers in wraparound and systems of care and education. Plymouth also offers a PBS certificate program in behavioral management, and PBS is part of undergraduate education for teachers. The

state also has a four-year mentoring program that gives new teachers entering the field experience with PBS.

Many of the people we interviewed mentioned how experience with PBS changed their thinking and that prospective PBS schools and communities would benefit from hearing from experienced peers.

➤ In New Hampshire, teachers no longer think of behavior management as "policing," and are now receptive to the responsibility for teaching behavioral expectations when explained in an instructional context.

For those with no direct experience yet, it was emphasized that the process should be described in terms that are as concrete as possible, using illustrative examples to clarify theoretical constructs.

Outcome Measurement and Reporting

Outcome measurement is a fundamental aspect of school-wide PBS. Reporting on outcomes and achievements, we were told, has several purposes, including to help initiatives maintain the support of their school boards, communities and elected officials.

Reporting on outcomes and achievements helps initiatives maintain the support of their school boards, communities and elected officials.

➤ All the states we visited post information about their initiative on a website. Illinois, New Hampshire and Maryland use their PBS websites quite extensively. To highlight research findings and celebrate successes, they post such items as progress reports, outcome data, and online newsletters, in addition to training and technical assistance information, resource literature, PBS tools and forms.

Many of the schools visited use the School-Wide Information System (SWIS–see Chapter 2). Schools appreciate its simplicity and the summary reports that allow schools to compare discipline referrals from one year (or one quarter) to the next. This aggregated information can be used in various ways.

➤ Maryland encourages its schools to use a cost-benefit analysis worksheet that calculates how much instructional and administrative time is gained from a reduction in office-discipline referrals. This not only provides a measurable outcome that is useful for the school in maintaining staff buy-in, it is also a way to show policymakers, parents and other constituencies the value of supporting PBS.

➤ New Hampshire also examines school hours regained due to reductions in problem behaviors. The number of hours regained is quantified for students (for learning), teachers (for teaching) and administrators (for leadership). In examining reports for one cohort of 22 schools, it found that, as a result of reduction on problem behaviors in 2004-05 compared to 2003-04, the average school gained 447 hours for student learning, 134 hours for teaching and 100 hours for administration.

Data from the School-Wide Evaluation Tool (SET, see Chapter 2) are also used:

➤ Illinois use discipline referrals and SET data to show how rigorous application of PBS produces the best outcomes and how less consistent application reduces effectiveness. In schools that had a SET score indicating full implementation at the universal level, 84-89% of students had either zero or one discipline referral. Schools not meeting the baseline score for full implementation had only 58-69% of students with either zero or one referral.

All of the initiatives focused on academic outcomes as well as discipline issues.

In addition to SET, many PBS initiatives use the Effective Behavior Support (EBS) survey. SET scores, EBS findings and other assessment-tool scores help individual schools plan and modify their strategies, in addition to guiding state and regional technical assistance, training and support.

➤ In Maryland and New York, for example, district and regional leadership teams review data from each school in their district or region, identifying strengths and areas targeted for improvement. An external coach or regional coordinator may help determine whether there are school-specific needs and whether needs are common among schools in their area. This information is also communicated to the statewide team so that at all levels, PBS leaders are aware of what is working well and what needs to be strengthened or improved.

All of the initiatives studied focused on academic outcomes as well as discipline issues. They discussed the connection between academics, behavioral issues and school success and charted a range of different outcomes relevant to implementation of PBS.

➤ Illinois correlated reading scores and PBS SET scores among elementary schools that were participating in a reading initiative. On average, 62.19% of third graders in fully implementing schools met or exceeded the state reading standard, while only an average of 46.6% of third graders in the other schools met the same standard.[1] Illinois plans to make it easier for schools to manipulate and correlate various outcome measures, not just those related to discipline. It is redesigning its statewide database to integrate PBS assessment and evaluation scores, as well as ISAT (IL Standards Achievement Test) scores and LRE (least restrictive environment) data.

A number of leaders in the statewide initiatives acknowledged the need for additional planning and assessment tools for Tiers Two and Three. While many resources are available for Tier One, they recognized that schools particularly needed added support and resources for targeted and intensive levels. This is an area in which mental health support is especially useful.

➤ To that end, New Hampshire has developed:

• Targeted Team Implementation checklists, which lay out benchmarks for full implementation of Tier Two, taking a team through the essential steps from readiness to startup, full implementation and assessment;

• the Functional Assessment Checklist for Teachers and Staff, a tool to guide school personnel through an initial functional behavioral assessment; and

• a Targeted Team Intervention Summary Report Form, a survey asking

for information about aggregated data and process and quality measures. This tool is designed to help teams understand whether they are using FBAs and behavior-support plans effectively and to enable tracking of progress from baseline through successive years.

➤ Illinois uses a simple process-measures rating system for each tier and schools are scored for each level of implementation. At the end of the year, PBS teams complete a school profile to examine the impact of their interventions. The profile includes information on the number, level and perceived effect of interventions. (See the appendix for tools used in Illinois.)

Data can also be used to measure the effectiveness of wraparound for students with serious behavioral problems.

➤ Illinois has piloted an online system to track changes and progress for individual students with wraparound. Follow-up data on these at-risk students (at risk for out-of-school, home or community placement) showed that the risk of removal was reduced after three months and that there was a decrease in the incidence of verbal aggression, oppositional behavior and lying. In addition, as these students' behavioral disruptions declined, their need for academic assistance became more apparent in the classroom and their academic achievement improved. Families also reported improvements in emotional and behavioral functioning at home.

Grants and university partners are ways that state initiatives have found to obtain support for rigorous evaluation of their PBS efforts.

➤ The Sheppard Pratt Health System and the John Hopkins University Center for the Prevention of Youth Violence and its graduate division of education, the Maryland Department of Education and four school districts are collaborating in a five-year evaluation project that receives grant funding from the National Institute of Mental Health and the Center for Disease Control and Prevention.

External evaluations and assessments are also critical to ensuring accountability and to assess the need for further training and technical assistance. While internal data allow a school to chart its individual progress, larger-scale evaluations allow progress to be measured against other schools and against target goals. Without feedback mechanisms and accountability checks, we were told that, over time, schools risk becoming complacent, leading to flagging efforts and inconsistent behavior management.

Many resources have been developed to aid PBS initiatives. A list of planning, implementation and evaluation guidelines, forms and measurement tools is in the appendix.

Many of the leaders we interviewed stressed the importance of public acknowledgment of accomplishments and outcomes reached in PBS schools, not only to keep the interest of community stakeholders but also because success itself is a positive reinforcer for those who are engaged in PBS initiatives.

External evaluations and assessments are also critical to ensuring accountability and to assess the need for further training and technical assistance.

Outcomes and data are not only valuable for decision-making, team planning and evaluation, they are also effective when discussing behavior with parents and children. There are fewer disputes when documentation backs up statements made by the school.

➤ A New York State elementary school shares behavioral data with parents when they come to conferences about their children. Children may behave very differently at home and at school. As an example, the principal recounted how a parent didn't believe that her child was continually tardy, but accurate records were helpful in showing exactly how many times the student arrived late.

School personnel in successful PBS schools have a positive view of data collection and analysis because they understand how these components are connected to instructional objectives. Any initial resistance usually disappears when it becomes apparent that the social and academic outcomes are achieved.

Isis Hudgins

Outcomes and data are valuable for decision-making, team planning, evaluation and when discussing behavior with parents and children.

Teachers with PBS experience told us that they are now more aware of the pitfalls that come with reaching for solutions before understanding problems or questioning the validity of preconceived ideas. They have been impressed with PBS because it follows a disciplined approach in which decisions are reached about interventions only after careful analysis of data. Regular monitoring of data also provides ongoing feedback to show them when their interventions are not working or are in need of adjustment.

Funding

The initiatives we studied patched together various state, federal and local funds. Federal education monies that most frequently underwrote the PBS initiative came through the IDEA, Part B discretionary funds and Title I of the No Child Left Behind Act. Other discretionary federal education grants are used to develop the infrastructure and capacity that supports PBS and other initiatives. These include grants aimed at:

- dropout prevention;
- literacy promotion;
- safe and drug-free schools;
- mental health integration in schools; and
- character education.

For mental health services, federal system of care funding from SAMHSA was used not only to fund individual services for children but also to support mental health professional consultation to PBS schools, early intervention services, family support and family liaisons.

Mental health services for individual students were billed to Medicaid, S-CHIP or private insurance, or through Part B, special

education. Significant contributors, particularly for services and activities that are not easily billable, are state education and mental health general revenue funds. Other funding sources include private foundations and hospital and health care systems, insurers and community organizations.

In states where Medicaid managed care organizations and/or managed care entities had contracts for covering public mental health services, the state team worked with the state Medicaid and mental health agencies to negotiate funding for relevant services.

➤ A number of the PBS leaders interviewed suggested that state teams investigate grant sources and develop strategic plans that systematically examine various funding streams and how to integrate them. They underscored the importance of a long-range financial plan to support all aspects of the initiative. When applying for new grant monies, they recommended that states consider how new dollars could be used to strengthen the state's system of care and PBS, since these are integrative systems that support various youth-serving and school-improvement initiatives. It is important to be strategic and to do these two initiatives well in order to avoid diverting attention and resources from important transformation efforts.

At the school level, some expenses are associated with PBS. The one most often mentioned during our site visits was the need to hire substitute teachers when staff attend trainings or PBS meetings. Or, if training occurs in the summer, then funds are needed to pay staff for the extra days of work. Funding generally came from the school district or the individual school budget and this resource need was small enough that it did not prove a barrier to participation.

The other area for which funds are often needed at the school level is for small items used as positive reinforcers. Usually money for these items is obtained through a parent organization or parent volunteers who fundraise or seek community donations. Not only do the contributions cover some of the expense of PBS, but schools have found that it is an easy step in building relations between the school and community. As these relationships become stronger, community members begin to think of other ways they can support the school.

As relationships become stronger, community members begin to think of ways they can support the school.

Sustainability

Because school-wide PBS integrated with mental health represents major system reform, the states, counties and school districts we visited have plans for how they will sustain these efforts. Despite the research demonstrating impressive outcomes with PBS, there is enough history with educational fads and failed reform efforts to warn stakeholders that concerted and planned efforts must be made to ensure the initiative will continue.

There is also a danger in moving forward too ambitiously if the effort cannot be sustained. Many educators remember previous initiatives that were introduced and allowed to languish. Failed efforts are demoralizing and lead schools to stick with business as usual even when research-based practices indicate a better way.

In conversations with national experts, we heard about PBS initiatives that had withered because of insufficient long-term commitment. Typically, a county or district effort had funded the initial training, but had not understood the need to maintain external training, technical assistance and support once schools were beyond the initial PBS roll-out.

On the mental health side, sustainability will often involve being able to maintain a system of care that was started with federal funds, as were several of the initiatives that we studied. Any community, school or district that relies on this money must be prepared to obtain alternative funding for its school-mental health collaboration activities when the grant expires.

Funds may be forthcoming from the education or mental health system, once value is demonstrated.

➤ Westchester County relied on some federal system of care grant funds to initiate its support of PBS development in schools. It has been successful in maintaining PBS efforts after the grant ended. The regional education consortium, which supports 18 school districts in New York State, now provides funding for training and coaching for more than 35 PBS schools in the county.

To sustain any initiative, initial implementation results must be able to demonstrate worth. School-wide PBS integrated with mental health should be valuable to the school, the mental health system, families and the community. In some cases, demonstrating success was sufficient to encourage a local funder to support some part of the initiative.

➤ In New York, a satellite mental health center of a large hospital and health care system received state funds to provide mental health services at an elementary school. The state no longer funds the project, but the hospital still maintains the center and its services and underwrites expenses that are not reimbursed by Medicaid and other payers. Despite the loss of state funds, the school/mental health collaboration has continued and the mental health center participates in PBS.

Alternatively, funds may be forthcoming from the education or mental health system, once value is demonstrated.

➤ In the first year, the system of care initiative in Travis County, Texas, provided all the funding for family liaison positions. In the second year, the Partnership paid half and the school funded the other half. From the third year on, the schools have paid for the positions. All the positions have been sustained, even after the federal grant for the Partnership ended. These positions have been crucial in supporting children in the school setting and linking them to outside services and resources necessary to sustain success.

Social Marketing

While success may lead some funder(s) to underwrite some components of PBS, to put school-wide PBS integrated with mental health on a firm, long-term footing will require a much greater level of planning and proactive work on the part of initiative leaders in the state and community. Social marketing—explaining and selling a human-services approach to policymakers and the wider public—will be necessary to ensure long-term support. Success in social marketing is both a question of finding the right words and communicating the substance of the initiative.

Many issues currently seek public attention and support. Developing a compelling rationale for PBS is central to getting sustained support from policymakers and the resources to continue. PBS proponents understand the perspective of those they are trying to influence when they talk about PBS and its ability to address current public-policy priorities.

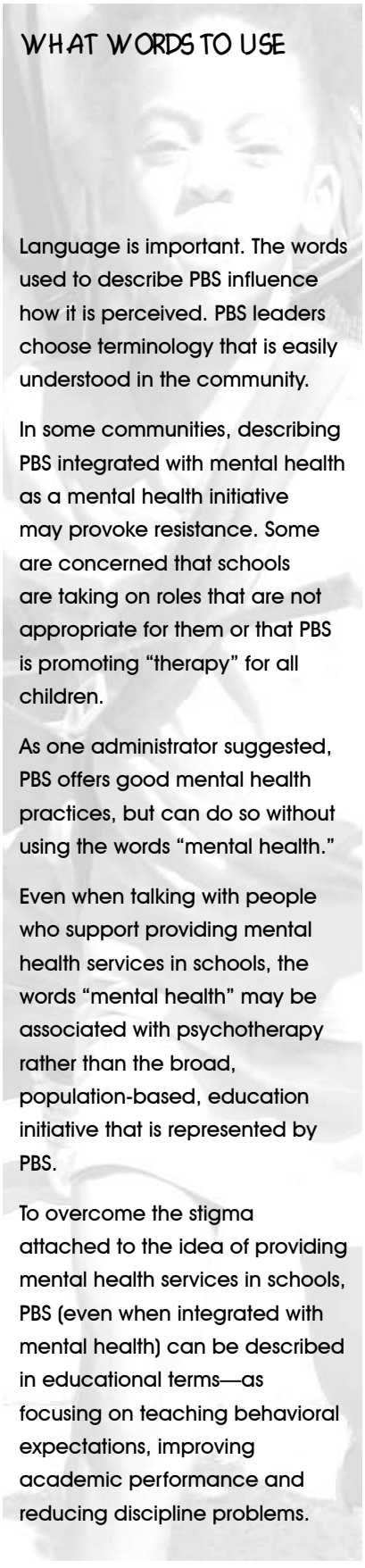
Developing a compelling rationale for PBS is central to getting sustained support from policymakers and the resources to continue.

In all the initiatives we studied, PBS leaders explained the importance of "buy-in" by key stakeholders and described what they did to elicit this support. An overriding theme was that, since it is a school-based initiative, PBS must be described in terms that are consistent with the mission of schools and reflect today's concerns about school climate, discipline and academic achievement.

➤ In New Hampshire, those who present PBS to schools emphasize the outcomes on which educators are mostly likely to be focused—e.g., improved school climate and academic performance. To this audience, PBS is described in ways that show how it fits in with school-improvement initiatives like No Child Left Behind, dropout prevention, literacy and violence prevention. Talking about lost instructional time and how a collaborative team effort can support educators struggling with behavior problems is a winning message.

Many of the PBS practitioners we interviewed repeatedly stressed that the connection between social and emotional development and academic achievement is powerful when it is properly explained. They saw PBS as the single most important factor in their school's effort to lift academic performance and meet the standards of No Child Left Behind. Education audiences can appreciate that PBS is predicated on the understanding that social and emotional learning are integral to education and essential in preparing children for adulthood. Several educators mentioned that PBS promotes the understanding that instruction about behavioral norms is part of the core mission of teaching.

In addition, social marketing needs to reflect the different messages that resonate with different audiences. PBS teams have learned to adapt



WHAT WORDS TO USE

Language is important. The words used to describe PBS influence how it is perceived. PBS leaders choose terminology that is easily understood in the community.

In some communities, describing PBS integrated with mental health as a mental health initiative may provoke resistance. Some are concerned that schools are taking on roles that are not appropriate for them or that PBS is promoting "therapy" for all children.

As one administrator suggested, PBS offers good mental health practices, but can do so without using the words "mental health."

Even when talking with people who support providing mental health services in schools, the words "mental health" may be associated with psychotherapy rather than the broad, population-based, education initiative that is represented by PBS.

To overcome the stigma attached to the idea of providing mental health services in schools, PBS (even when integrated with mental health) can be described in educational terms—as focusing on teaching behavioral expectations, improving academic performance and reducing discipline problems.

their presentations accordingly, using the terms that are most familiar to the group being addressed.

To mental health audiences, the emphasis is on prevention, early identification, reaching individual children in need of services, and appropriate educational support so that children with behavioral and emotional disturbances achieve academically. Another message that can resonate in mental health policy circles is about making better use of public funds by replacing less effective services with services that are both beneficial and cost-efficient.

➤ Travis County, Texas, planners discovered that the county was spending $12 million a year on 400 children in residential treatment centers. They used the research literature to demonstrate that a school-wide PBS initiative combined with the system of care could reduce the need for residential treatment.

Conclusion

To conclude, it is instructive to review the advantages highlighted to us by families, educators and mental health practitioners regarding school-wide PBS integrated with mental health.

Families

Families appreciate the PBS commitment to involving parents as partners in their child's education and behavior plan.

The emphasis on a team approach that is inclusive of family lessens the likelihood that adversarial relationships will develop between schools and the parents of children with behavior problems.

With PBS, parents do not feel blamed. A punitive discipline policy emphasizes failure, demoralizing children and their parents. Parents report they become defensive in such a system as they sense an implicit assumption that they are bad parents.

In PBS schools there are fewer misunderstandings between families and school because communication is a focus of PBS.

Building on student and family strengths and on strategies that foster greater behavioral competency, instead of listing problems and failures, makes families feel validated and enhances cooperation.

➤ A New Hampshire middle-school parent explained that she had not had good experiences with schools until her child came to a PBS school. The teachers and administrators in other schools had the attitude that they were the experts and that what she had to say about her child's behavior was not important. As a result, resentment grew on both sides. In the PBS school, however, her voice is heard and respected. She now feels comfortable at the school, has noticed significant improvements in her child's behavior and has

become an informal ambassador for the initiative, talking to other mothers who frequent the beauty salon where she works. The shift in focus from what is wrong and who is to blame to constructive discussion about what can be done, she feels, has made a world of difference.

➤ A parent liaison in Texas emphasized that "for the parents, presence is power. Having a parent liaison at a school meeting to aid parents helps hold schools accountable."

Schools

PBS has reduced the time that teachers spend dealing with behavior problems, leaving more time for classroom teaching.

Improved academic and behavioral outcomes (for individuals and the student body as a whole), greater family and student satisfaction, and improved school climate are among the major reasons school personnel like PBS.

The collaborative team approach brings about other benefits, including increased job satisfaction and a synergy that makes it exciting to work in PBS schools.

PBS has reduced the time that teachers spend dealing with behavior problems, leaving more time for classroom teaching.

Educators appreciate having the resources of a PBS team. Not only do they have a place to turn for consultation, they find that their own skills and understanding in the behavioral realm develop over time. They are better able to help individual students and are more mindful of student motivation generally.

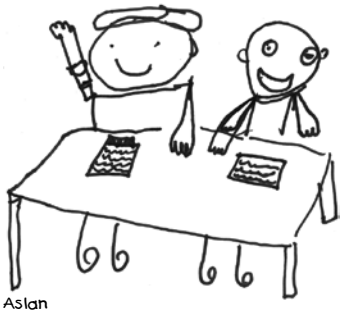
When thinking in a more holistic manner, teachers are more aware of ways to adapt their teaching style to increase student motivation.

School officials were particularly enthusiastic about the model for co-locating and integrating mental health professionals and a family liaison in the school.

PBS contributes to attitudinal change where the culture is a shared sense of responsibility. As adults become more conscious of the behaviors they are trying to teach, they also find that they are more consistent and constructive in their professional interactions with students, families and colleagues. In PBS schools, the teachers and other staff check in with each other frequently, providing positive reinforcement, as well as constructive feedback when they see their peers interacting with students in ways that are not consistent with PBS behavior.

School boards, superintendents and principals appreciate how PBS contributes to community support for schools.

PBS is seen as different from other school-reform efforts because it is a way to organize knowledge and put it into practice in a conscious and integrated fashion. PBS serves as an effective framework for other



Aslan

Mental health agencies appreciate the prevention and early intervention focus of PBS.

school-improvement initiatives (e.g., character education, Reading First, No Child Left Behind and Safe and Drug Free Schools) and can become a common thread that is woven into fabric of the school and into the daily curriculum.

According to a school principle, PBS "made us more sensitive to looking for kids who are below the radar—and more sensitive to what is causing the problem."

Mental Health Agencies

Mental health agencies appreciate the prevention and early intervention focus of PBS. When schools are able to create a school climate that reduces the incidence of problem behavior and are able to intervene effectively with the majority of students, then the mental health system can more effectively triage high-needs students. Resources are better utilized when there is a system to address the spectrum of needs.

Mental health professionals can use their expertise to shape all phases of PBS implementation. Often, state policies on funding limit practitioners to individualized services for the most seriously disturbed youngsters and they are unable to focus on prevention and early intervention.

Community mental health providers recognize that PBS creates a more supportive school environment, increasing the likelihood that students with emotional and behavioral problems can stay in school and succeed.

PBS is a good fit with trends in mental health for person-centered, strengths-based models of service.

When problem behavior is reduced, teachers are better able to focus on the academic strengths and needs of students with serious mental disorders, leading to greater school success and improved social and emotional functioning.

PBS improves communications among stakeholders—schools, families, mental health and other community service providers—resulting in increased support to children and families. A unified plan, understood by all stakeholders, is more likely to be effective.

Mental health and social service staff feel they develop a better understanding of a student's behavioral motivations and psychosocial needs when they are co-located in the school and can observe the student in school.

Greater and more varied contacts with students and their families increase the likelihood that students and families will be able to establish

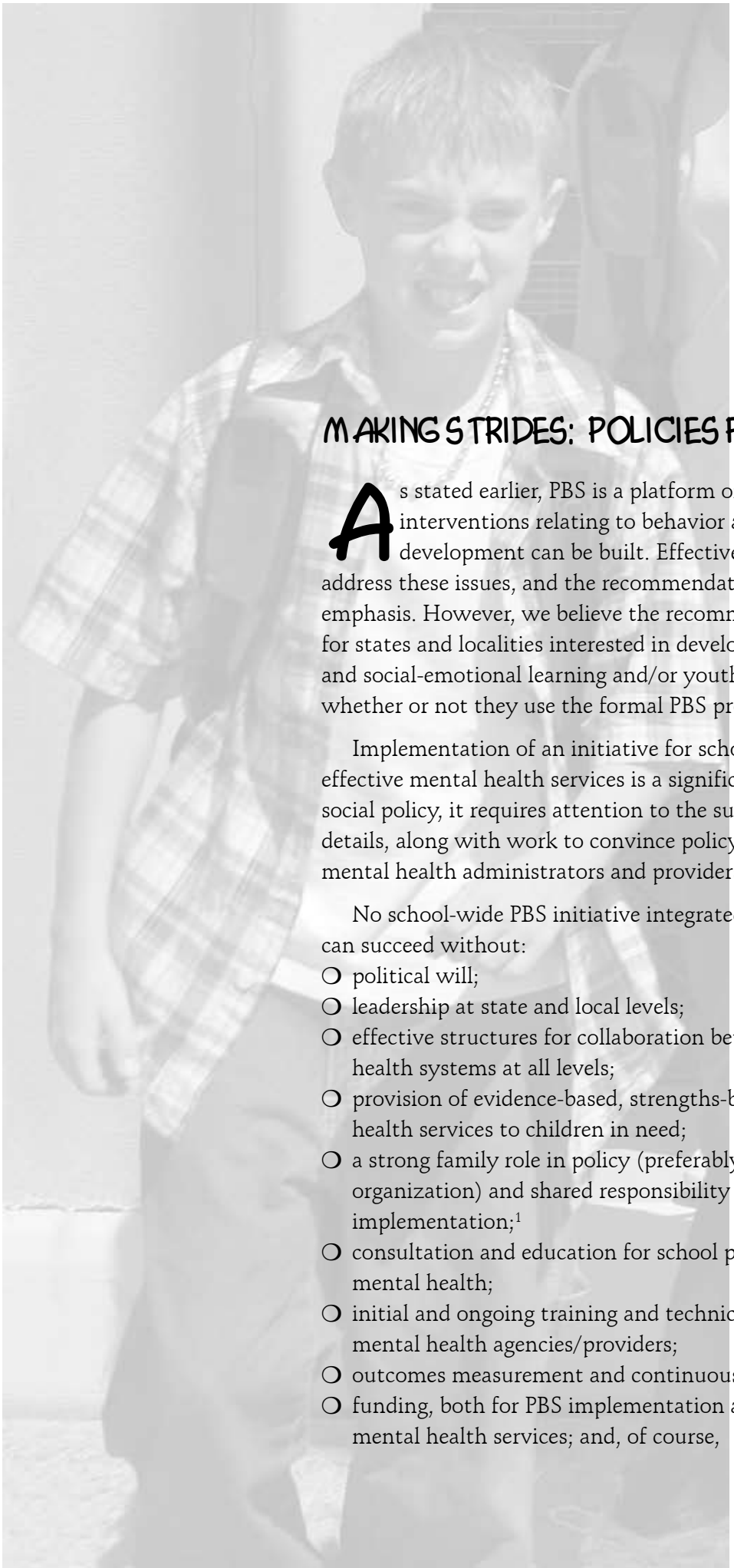
trusting and beneficial relationships and that the practitioner will have a clearer assessment of the student and the family.

The integrated model allows a mental health provider to focus on planning for the spectrum of behavioral health needs at the school.

Access to services improves as parents, especially those who face financial, logistical, linguistic or cultural barriers, are more likely to access services for their children when provided in school. Students can also more easily access services themselves, with coordination and support of the mental health and family-support workers.

According to a state mental health administrator, "we don't get a lot of prevention in mental health, but PBS fits for all people."

The integrated model allows a mental health provider to focus on planning for the spectrum of behavioral health needs at the school.



MAKING STRIDES: POLICIES FOR IMPLEMENTATION

As stated earlier, PBS is a platform on which a range of interventions relating to behavior and social-emotional development can be built. Effectively implemented, PBS can address these issues, and the recommendations in this chapter reflect this emphasis. However, we believe the recommendations are also relevant for states and localities interested in developing positive behavior support and social-emotional learning and/or youth-development programs, whether or not they use the formal PBS process we reviewed.

Implementation of an initiative for school-wide PBS integrated with effective mental health services is a significant undertaking. As in all social policy, it requires attention to the substantive policy and program details, along with work to convince policymakers, school personnel and mental health administrators and providers of its value.

No school-wide PBS initiative integrated with mental health services can succeed without:

- political will;
- leadership at state and local levels;
- effective structures for collaboration between education and mental health systems at all levels;
- provision of evidence-based, strengths-based appropriate mental health services to children in need;
- a strong family role in policy (preferably through a family organization) and shared responsibility for decisionmaking in PBS implementation;[1]
- consultation and education for school personnel by community mental health;
- initial and ongoing training and technical assistance for schools and mental health agencies/providers;
- outcomes measurement and continuous quality improvement;
- funding, both for PBS implementation and for the necessary adjunct mental health services; and, of course,

- school-wide implementation of PBS.

As policies are developed, it is also critical to keep certain realities in mind:

- Schools have seen a number of special programs/projects come and go. Educators need to be convinced that PBS is not just another fad. It must be a consistent and sustainable approach. Schools that are implementing it will need ongoing technical assistance, training and support.
- PBS is a framework, not a model program, and it will take time for school districts to accept and adopt it. It also does not need to displace other school initiatives related to social-emotional development.
- The community mental health center model, as currently implemented, may be seen by educators as flawed when it comes to helping schools. Local mental health agencies must engage in evidence-based or best practices (hereafter referred to as "most effective services"), moving out of their offices and into the schools to provide support to school staff as well as services to children.
- Collaboration takes time. Education and mental health agency leaders need to meet and work together to understand the other system— its goals, language and pressures.
- Families have proven invaluable in successful implementation of PBS. They should be engaged in all planning and monitoring efforts, as well as working within both the schools and the mental health systems of care.
- To be fully successful, PBS should not be just a school-based initiative, but should involve various social services agencies and the community in addition to mental health providers.

PBS is a framework, not a model program, and does not need to displace other school initiatives related to social-emotional development.

Presented below is a series of steps, based on findings from this study, for changing policy and programs at the state, local and federal level. These are presented first in outline form (the shaded text), then certain aspects are expanded with more detail. (Note that, while the material is organized in steps, this is not meant to imply that the steps are necessarily sequential. It may be appropriate to take an action either earlier or later in the process.)

Step 1: Getting Ready

Separately and together, the education and mental health authorities at the state level must make policy changes if a school-wide PBS initiative integrated with mental health is to be effective. While district-wide initiatives can succeed, if they are to be sustainable, both PBS and systems of care need state backup and policy changes that only state

agencies can make. Moreover, it is cost-efficient to spread the costs of PBS infrastructure over a large number of schools and districts.

Key first steps at the state level would be:

✓ Leaders of both agencies learn more about collaborative school-wide PBS models and systems of care and commit to a process that will result in the implementation of a joint initiative.

✓ A leadership team is formed. Members include those 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.

✓ Education and mental health authorities should ensure that the PBS planning group includes, at a minimum, the appropriate staff from both agencies, families and youth representatives and possibly also representation from the regional/county or district level. Representation from other child-serving agencies is also encouraged.

✓ Once formed, the leadership team should engage in a joint goalsetting exercise and delineate the objectives and outcomes desired from the PBS initiative.

✓ Education will need to adopt, if it has not already, a statewide policy for school-wide PBS and make plans to assist schools in implementing it. Many tools are available to provide specific guidance on how to do this, such as the Blueprint (see appendix).

✓ The mental health authority must similarly make a commitment to 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 for serious disorders.

✓ The mental health authority should formulate policy and plan training and technical assistance that will improve the quality of services to children, using the most effective services and a strength-based, family-driven, culturally relevant approach to service delivery.

It is cost-efficient to spread the costs of PBS infrastructure over a large number of schools and districts.

Interagency Collaboration

The leadership team may need to be built, or an existing interagency collaboration across child-serving systems may take on this role. In many states, structures for interagency collaboration exist at the state level and

often are replicated regionally or locally. Regardless of how the structure is formed, it may be appropriate to begin with one-on-one discussions between the mental health and education authorities.

Mental health systems should reach out to education whenever a school-wide PBS initiative is under consideration. PBS should be seen as an opportunity for mental health to contribute to the effort of making the school environment conducive to learning and helping schools address the needs of children with behavioral problems.

The state leadership team should have broad representation, while retaining the ability to be efficient and focused.

✓ At the state level, the team should include representation from offices responsible for special education, general education and mental health as well as family organizations and youth, child welfare and juvenile justice agencies.

✓ Participation by higher education institutions can also be valuable as these institutions can conduct evaluations, assist with data review and address pre-service and in-service training needs.

✓ Other agencies that might also be part of the team (perhaps at a later date, if not initially) include substance abuse, health, Medicaid, developmental disabilities, vocational rehabilitation and vocational education.

✓ In some states it may also be appropriate to include representation from the regional, county or district levels in order to bring a local perspective to the discussions.

✓ Leadership teams may wish to create an advisory role for trade associations representing mental health agencies, teachers or community health centers and state groups representing key practitioners such as pediatricians or mental health professionals.

States should devise a policy mechanism to lay out these structures in order to insure permanence. This can be done through legislation, agency memoranda of understanding, executive order or some other mechanism.

PBS initiatives need to be school-wide in order to create a positive learning environment for all students.

PBS as Education Policy

PBS initiatives need to be school-wide in order to create a positive learning environment for all students. While federal law mandates that schools consider PBS and an FBA for students with disabilities in certain circumstances, it is a mistake to engage in PBS only for a limited number of students. All students benefit from PBS, and students with disabilities are more effectively assisted if there is a school-wide program to buttress individual services.

Education systems have access to a considerable body of support for PBS initiatives. National training and technical assistance is available through Department of Education-supported centers (see list in the appendix) and a number of tools have been developed to assist in school-wide implementation. In addition, software and technological and other support are available for the information management necessary to permit ongoing adjustments focused on improving the initiative.

School-wide PBS should also be developed district by district. Unless all schools in the district —elementary, middle and high schools— have PBS in place, children will lose the gains they have made as they move up the grades. PBS is effective in preschools, alternative schools, high schools and juvenile justice-run schools. Plans should be made to encourage the development of PBS initiatives throughout the education system.

Mental Health System of Care Expansions

Many states have at least fledgling initiatives to support interagency systems of care for children and youth with serious mental disorders. However, these initiatives frequently target only the most seriously impaired children, even while the federal system of care program uses a broader definition that encompasses children at risk. Engagement of the education system in these initiatives is often weak or nonexistent.

PBS is effective in preschools, alternative schools, high schools and juvenile justice-run schools.

✓ State and local mental health systems should fund local systems of care where these do not exist and broaden the mandate of existing systems to address the needs of children with serious disorders, as defined in federal law, and those at risk of such disorders.

✓ State and local mental health systems should explore the possibility of filing an application for a SAMHSA system of care grant (see www.samhsa.gov).

Furnishing Effective Services

Systems of care and other local mental health programs have not always implemented the most effective practices. Research has shown that if children do not have access to the most effective services, reorganizing systems will have only a limited impact.

✓ Mental health authorities should identify the most effective practices in children's services and promote them in an ongoing program of training, technical assistance and mentoring for practitioners. SAMHSA has information on the most effective practices at www.samhsa.gov.

✓ Training and technical assistance should focus particularly on communities where schools are expected to implement school-wide PBS.

Step 2: Building a Foundation

Having made the commitment and started discussions, state officials should move quickly to encourage the formation of parallel local leadership teams. County (if applicable), district and school level collaborations should be formed and stakeholders at all levels should be educated about school-wide PBS integrated with mental health.

✓ The state PBS implementation leadership team (which now includes broad representation) should organize a conference to build awareness of school-wide PBS within school districts and engage family organizations in both conference planning and conference presentations.

✓ The leadership team should also undertake other 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 training and support to families and youth who will serve on leadership teams at the state or local level.

✓ The mental health authority should begin an inventory of the services provided by child mental health providers to assess the capacity of local delivery systems to furnish the most effective services, consultation and education to school personnel and school-based early intervention services. This will identify gaps in the service array.

✓ The leadership team should map funding sources for school-wide PBS integrated with mental health services and identify gaps in resources. A planning process for finding necessary additional resources needs to be initiated.

State officials should move quickly to encourage the formation of parallel local leadership teams.

At the local level, education and mental health system personnel should focus on how a school-wide PBS initiative integrated with mental health can be launched.

States need to build the capacity, skills and infrastructure at the local level to implement the initiative effectively.

✓ Local mental health providers and school personnel should attend the state-sponsored conference and assist local family representatives in participating.

✓ School districts and schools must discuss adoption of a school-wide PBS initiative integrated with mental health. All staff in the relevant schools should be educated about PBS and a poll should be conducted to determine whether there is sufficient staff support.

✓ With state support, local education and mental health systems must begin laying the groundwork for a successful initiative by initiating contacts and exploring how to work together to prepare for launching school-wide PBS integrated with mental health.

✓ School districts and individual schools that plan to adopt school-wide PBS should approach their local mental health system to initiate discussions on meeting the needs of children in Tiers Two and Three and their families.

✓ Local mental health systems must assess their own capacity to support a PBS initiative by furnishing direct services to children with serious mental disorders, consultation and education to school personnel and support for school-based early interventions.

✓ Local collaboratives, once formed, should consider reaching out to other providers of mental health services, such as community health centers or private practitioners, to supplement services of their local community mental health agency. Efforts should be made to ensure a culturally competent workforce.

Building Local Expertise

States need to build the capacity, skills and infrastructure at the local level to implement the initiative effectively. One way to do this is by bringing people together for a conference on school-wide PBS integrated with mental health.

✓ School superintendents, teachers, local mental health agency leaders and clinicians, and families should be invited, along with other relevant local players, such as pediatricians, community health centers, public health offices, youth-development groups, local social services and community juvenile justice agencies.

✓ Presenters should include national experts in school-wide PBS and recognized experts on the most effective mental health services and systems of care.

✓ Each entity should consider other ways to educate stakeholders on PBS. For example, an agency could incorporate PBS education in its statewide meetings, distribute guidance to local schools and mental health agencies on PBS, systems of care, most effective services and collaborative practices and offer funding for travel to state or national trainings.

Local Collaborations

States should encourage the formation of collaborations and leadership teams at the county, regional and (as appropriate) local levels by providing resources to ensure their development.

Local leadership teams should be tailored to the community and its assets, and include representation of other agencies or other providers as appropriate. For example, schools and districts could approach community health centers (CHCs) and consider adding them to their local leadership team. CHCs can supplement the services of the local mental health agency, furnishing early intervention mental health services and potentially providing consultation and education to school personnel, if the local mental health agency does not have the capacity to do this. CHCs may also have more resources to serve the uninsured than does the local mental health agency.

Families and youth must receive training and support so they can participate fully in leadership and planning groups at the state and local level.

Family Role

Family involvement is crucial. Families and youth must receive training and support so they can participate fully in leadership and planning groups at the state and local level.

✓ Self-assessment tools specific to PBS should be used, adapted or developed for state, local and school levels. These include Shared Solutions, available from the Federation of Families for Children's Mental Health, and checklists for family involvement. (See appendix for these and other resources on family involvement.) External assessment of family involvement is also a good idea.

✓ The state leadership team should review existing tools as it is deciding on its own assessment tool to ensure that families are fully engaged in all planning and implementation of school-wide PBS integrated with mental health.

✓ An external assessment tool, to be used by an external coach or other impartial individual, should be developed and used to assess fidelity to the family involvement aspects of school-level PBS.

Financing

States need to assess the opportunities for funding mental health services in schools and community.

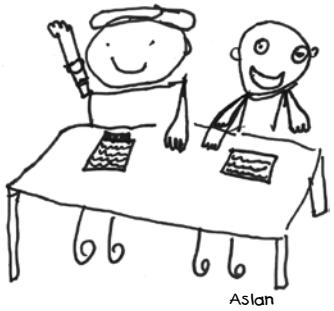
✓ The state mental health authority should identify current funding sources and services that are funded. This permits identification of gaps in the system. It should then map out all possible federal funding streams (see Chapter 5) and identify opportunities.

✓ Similarly, education should identify resources for the training and technical assistance necessary to launch school-wide PBS.

Step 3: Early Implementation

In the early stages of PBS roll-out, schools and local mental health agencies will need ongoing support. Initial training and technical assistance on PBS should be coupled with training and technical assistance to mental health collaborators concerning systems of care and effective services. Early implementation activities (by both schools and mental health agencies) must be funded.

It is also important for the state to ensure that the core principles and the approach the state leadership team has planned are followed. This is the stage when the leadership team should determine the data it wishes to collect across implementing schools/districts and should design a report card based on that data. This will enable schools and other stakeholders to measure progress and outcomes against other schools—those that have implemented school-wide PBS and those that have not.



Early implementation activities (by both schools and mental health agencies) must be funded.

For successful implementation at the state level:

✓ The leadership team should develop and fund training and follow-up technical assistance to schools that choose to implement school-wide PBS integrated with mental health services. Training must also be provided for family members and youth.

✓ The state education authority should issue a policy statement regarding its requirements for local implementation of school-wide PBS integrated with mental health services.

✓ The state leadership team should develop a memorandum of agreement for schools and, where appropriate, regional/district teams. Such an agreement should lay out the core elements to which the parties have agreed. An agreement with a school should specify that the school has agreed to implement all three levels of PBS, to fully involve families and to report data and outcomes requested by the state.

✓ A staff person must be assigned or hired to oversee day-to-day implementation. If possible, this individual should have experience in both education and mental health. This person is hired to act as a boundary spanner, working on behalf of the leadership team as a liaison between the two agencies.

✓ The mental health authority will need to fund one or more family-run organizations to support family involvement in school-wide PBS integrated with mental health services.

✓ The leadership team should design a report card based on school outcomes for children and should set up the necessary infrastructure to collect the data.

✓ The mental health authority should provide small grants to local mental health agencies that are collaborating with PBS schools to fund consultation and education to teachers and other school personnel.

✓ The mental health authority needs to review Medicaid rules to determine changes that will be needed (in rules, regulations or the state plan) to fund the most effective community mental health and substance abuse services for children.

The leadership team should design a report card based on school outcomes for children.

For successful implementation at the local level:

✓ Families and students should be trained on school-wide PBS.

✓ Family liaisons need to be trained and employed.

✓ Schools should initiate school-wide PBS, focusing primarily on Tier One but including at least some Tier Two and Tier Three services.

✓ Schools should tap into the state-sponsored training, technical assistance and other support, and adapt national or state materials when necessary to fit local needs.

✓ Mental health agencies should work to build strengths-based, family-driven, culturally competent services.

✓ Mental health agencies should begin to offer consultation and education and place mental health staff in the school.

✓ As at the state level, schools or districts need to hire (or assign) an individual to act as boundary spanner, connecting the schools

and mental health agencies, identifying any problems early and facilitating their resolution.

Training

PBS requires initial and ongoing training, which must be based on the experience with successful launching of school-wide PBS initiatives around the country.

✓ States (and localities as appropriate) should initially contract for national trainers and consultants on school-wide PBS to provide both training and technical assistance.

✓ Training programs should use a train-the-trainer model and develop a cadre of people within the state who can provide ongoing technical assistance through state-supported teams that are available to schools.

Training programs should develop a cadre of people within the state who can provide ongoing technical assistance.

✓ State agency-funded training and technical assistance should include training of local level PBS leaders, including family leaders.

✓ Specialized training needs to be furnished. Principals, teachers, family liaisons and others need access to training geared to their specific needs.

✓ State agencies should provide support (through technical assistance) to local schools and mental health agencies on how to recruit and engage families and collaborate with family-run organizations to train family liaisons.

✓ Families of children in PBS schools should be educated about PBS.

✓ State education authorities should ensure sufficient training for PBS implementation of Tiers Two and Three, since schools have found they need more assistance with these than with Tier One.

Demonstration of Commitment

States should consider setting prerequisites for school participation in PBS. The state should first involve schools and school districts that are most motivated and ready to move forward. Before investing heavily in training and technical assistance for any school or district, the state should require actions that demonstrate a commitment to the initiative.

✓ States should require a district-improvement plan and school-improvement plan that lay out how PBS implementation will be carried out before allocating funds for a school to implement PBS.

✓ States and schools should obtain firm commitments from all stakeholders to implement PBS with fidelity, complying with program guidelines and reporting requirements.

At the same time, it will be necessary to adapt PBS models, recognizing each school's size, grade levels and geographic location, and the social expectations of the community.

Policy Statement of Requirements for Local Implementation

An example of a state policy statement that spells out requirements for schools regarding the implementation of social and emotional development learning standards appears in the sidebar. The Illinois State Board of Education issued the statement regarding the protocols and administrative procedures that schools were to develop to implement the required state standards.

PBS Implementation Tools

Implementation guidelines for schools are available from national resource centers. During the early stages of implementation, schools will need to build the necessary infrastructure for implementation of PBS and the linkages with community mental health (or assign an existing entity to oversee implementation). It is important for states and/or counties to give each school time for this developmental period.

✓ Using national resource-center materials, PBS state leaders should develop and distribute tools for each level of implementation. These tools should address all three tiers of PBS.

✓ Implementation checklists and self-assessments should be used to facilitate appropriate practices.

Mental Health Service Needs

Schools need to consider how to best use and coordinate their own mental health resources and outside providers, ensuring that the needs of children in all three tiers are met.

ILLINOIS BOARD OF EDUCATION STATEMENT ON PROTOCOLS AND ADMINISTRATIVE PROCEDURES

The Illinois Board of Education's Student Social and Emotional Development Standards require schools to develop protocols involving the following core components:

- Classroom-wide and school-wide programming to teach social and emotional skills, promote optimal mental health and decrease risk behaviors for students;
- Staff development and training for school personnel to enhance students' social, emotional and academic learning;
- Opportunities for parents and family involvement to learn about the importance of their children's optimal social and emotional development and ways to enhance it;
- Development of partnerships with community agencies and organizations to assist in a coordinated approach to addressing children's mental health and social and emotional development;
- Early identification and intervention by development of a periodic screening mechanism to assess those students who have significant risk factors for social, emotional or mental health problems that impact learning;
- Improve treatment of children with social, emotional and mental health issues that impact learning through student and family support services, school-based behavioral health services and school-community linked services and supports; and
- Development of systems to assess and report baseline information and ongoing progress about school climate, students' social and emotional development and academic performance.

✓ Schools should assess their in-school mental health resources (school psychologists, guidance counselors, social workers, behaviorists, other specialists and school health clinics or other health services) and determine their specific needs for additional access to community-based mental health services.

✓ Schools and mental health agencies should determine together how best to link community mental health services to the school. Many mental health-school collaborations involve the placement of community mental health staff in the school. Others integrate mental health in a school-based health center.

✓ Regardless of the placement of mental health personnel, mental health professionals should participate on PBS teams and IEP teams for students with disabilities whose behavior is, or is likely to be, disruptive to their learning or the learning of others.

Youth and families will need training and support to participate fully in PBS initiatives.

Fully integrating mental health staff in the school has a number of advantages, including the fact that proximity fosters collaboration (around individual children and on other issues). Yet some schools do not wish for this degree of closeness.

Mental health systems must also address the dearth of community mental health practitioners trained specifically to furnish the most effective services for children and their families.

✓ State mental health authorities should offer community mental health personnel technical-assistance opportunities and training in the most effective services.

Family Liaisons

Parent or family liaisons have proven extremely valuable to schools implementing school-wide PBS.

✓ School-based family liaisons should be hired and serve on the PBS team.

✓ The family liaisons' role should include helping families navigate relevant service systems to tie them into community resources and to provide family support. They should also educate and train parents about self-sufficiency and self-advocacy techniques.

Engagement of Families and Youth

Family-run organizations are essential partners and can provide services essential to PBS. Youth and families will need training and support to participate fully in PBS activities.

✓ States should contract with family-run organizations: to support family members on leadership and planning teams;

for wraparound facilitation; for training and consultation with professionals and parents; to mentor families and youth; for family-to-family support and training, such as parenting classes or classes in English for non-English-speakers; and for respite care.

✓ Localities should reimburse parent advisors who are an ongoing resource for school teams, assisting them with tasks such as recruiting and training PBS family liaisons, and planning, implementation and monitoring of the initiative.

Like other stakeholders, youth need access to information, training and opportunities for development.

✓ States should provide cross-training opportunities for youth that will allow them to be effective participants in PBS initiatives. Leadership training is a key element.

✓ Youth-development activities should be planned at the local level to promote youth involvement in activities such as community service, civic participation, peer mentoring and peer tutoring.

Resources

Services urgently needed by schools, such as consultation and education for teachers and other school personnel, should receive high priority for funding, especially early in the implementation stage.

✓ State mental health authorities should explore various options for enhancing resources to support PBS. These include the use of federal block grant funds, state general revenue, Medicaid billing, when the consultation relates to a particular child, and flexible federal funds, such as the social services block grant or the substance abuse block grant.

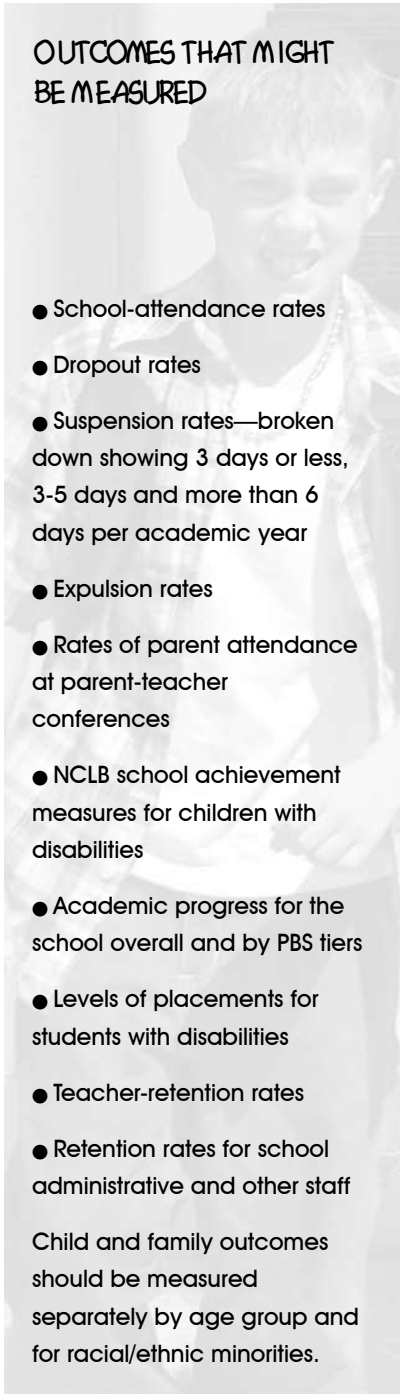
Report Cards

Political leaders, families and taxpayers are all interested in children's well-being and in having safe schools. Critical to sustaining and expanding support among public officials is the continuing collection of outcome data and the presentation of that data in usable formats. Preparation of a report card on all schools in the state is highly recommended.

Initially, leadership teams should focus on data that are easily collected, such as SWIS discipline data, that can show policymakers the impact of these initiatives. Over time, more data elements should be added.

Political leaders, families and taxpayers are all interested in children's well-being and in having safe schools.

OUTCOMES THAT MIGHT BE MEASURED



- School-attendance rates
- Dropout rates
- Suspension rates—broken down showing 3 days or less, 3-5 days and more than 6 days per academic year
- Expulsion rates
- Rates of parent attendance at parent-teacher conferences
- NCLB school achievement measures for children with disabilities
- Academic progress for the school overall and by PBS tiers
- Levels of placements for students with disabilities
- Teacher-retention rates
- Retention rates for school administrative and other staff

Child and family outcomes should be measured separately by age group and for racial/ethnic minorities.

✓ State leadership teams, in collaboration with local leadership teams, schools, local mental health entities and families, should identify desired outcomes and benchmark indicators to measure children's success in school (see sidebar).

✓ A mechanism should be devised to collect and report data on those outcomes.

✓ Data should be collected from schools that are implementing PBS and schools that are not, to compare results.

✓ States should budget for training and technical assistance to schools and community mental health agencies about collection and reporting of the data.

Another important element of accountability that should be added to the report card is family and youth involvement and satisfaction.

✓ Parents should be surveyed to determine how engaged they feel in their child's education and whether they feel supported by the school. Family organizations should be contracted with to conduct the family-satisfaction survey.

✓ Students should be surveyed to determine whether they feel safe, responsible and challenged and whether they get the support they feel they need in school. Student surveys will need to be tailored to age.

✓ State education agencies should then share the report card with schools, families and the public on a regular basis.

Other Measures

In addition to measuring data on outcomes for children, there should be ongoing measurement of processes that are designed to ensure success. In addition to SET data, these could determine:

- ❍ the strength of the partnerships between the school and mental health provider agencies and other community agencies. One indicator could be the status of memoranda or working agreements;
- ❍ whether a full array of mental health supports is available to children in the school;
- ❍ service effectiveness (an indicator could be whether there has been expansion of the most effective services —if necessary, replacing less effective approaches); and
- ❍ whether PBS implementation reflects adherence to PBS principles.

Step 4: Ongoing Implementation Issues

As the initiative matures, policies for education and mental health may need adjustment to be more supportive. While this may take time, it is critical for the leadership team to identify policies that impede PBS implementation and to define the revisions necessary to overcome such difficulties. In addition, the leadership team will need to continue providing support to local-level collaborations.

For successful implementation at the state level:

The leadership team should expand its resources by working with other child-serving agencies, such as child welfare and juvenile justice.

✓ The leadership team should offer ongoing in-service training and technical assistance, including cross-training of local mental health and school personnel.

✓ Family-run organizations at the state and local level should continue to receive financial support and training to fully engage in school-wide PBS. Local family liaisons must be supported.

✓ The leadership team should expand its resources by working with other child-serving agencies, if it is not already doing so, such as child welfare and juvenile justice. Pooled and/or braided funding for some activities should be discussed (see Chapter 5).

✓ 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 state education authority could enter into a contract with a university for an external evaluation of the initiative.

✓ The state education authority should revise teacher-certification requirements to require teachers to demonstrate competency in behavior-management skills.

✓ The state mental health authority should require agencies receiving federal mental health block grant funds to collaborate with local schools.

✓ The state mental health authority should allocate resources to community mental health agencies working with PBS schools to be used for services for children who are at risk of serious emotional, behavioral or mental disorders.

✓ The state education authority should review and, if necessary, revise its rules and guidance on identification of students as emotionally disturbed under the IDEA to ensure that schools are

identifying children with serious emotional, behavioral or mental disorders (who generally will fall into Tier Three of PBS) and providing special education and (in collaboration with the local mental health agency) related services for those children.

✓ The state education authority should review and, if necessary, revise its rules and guidance on the use of 504 plans for students who need additional support in school but who are not identified under the IDEA. Often, students in Tier Two may benefit from such a plan.

✓ Through joint efforts by the state mental health authority and the Medicaid agency, policies should be adjusted to ensure reimbursement of the full range of community-based mental health services that can be covered under federal Medicaid law.

At the local level, ongoing implementation should now include various strategies for fully meeting the needs of children in Tiers Two and Three and for expanding into the community. At this stage, self-assessments should be done on a regular basis and data should be available to report to the state and the community on changes in school climate, discipline and student outcomes.

Local collaborations should reach out to juvenile justice agencies and facilitate the training in PBS of probation officers.

✓ Schools should focus on implementing effective programming for students in Tier Three. For example, special education teachers can serve as resources to general education teachers. Mental health professionals can provide training on effective behavioral techniques for the classroom.

✓ Local collaborations should reach out to juvenile justice agencies and facilitate the training in PBS of probation officers.

✓ School-mental health collaborations should reach out and educate their community on PBS and link with social service agencies to ensure that children and their families receive services for which they are eligible.

✓ Schools and districts should explore various sources of funding to improve, expand and sustain their initiatives.

✓ Schools must begin to report to the state and the community the data required by the state leadership team, including the results of family and youth surveys.

✓ Schools should also make use of self-assessment tools for continuous quality improvement.

Teacher Training

Public and private colleges and universities can help embed PBS and the values of strengths-based, family-driven, most-effective service systems in professional training. Teacher-certification requirements can be an important tool in increasing the number of teachers who are fully conversant with PBS.

Teacher-certification requirements can be an important tool in increasing the number of teachers who are fully conversant with PBS.

✓ The state leadership team should meet with higher-education institutions to discuss how to incorporate behavioral-management training in teacher-training programs for both special education and general education teachers, paraprofessionals and school administrators, and training for mental health personnel in interdisciplinary, strengths-based, family-driven, culturally competent care.

✓ State policies should be amended when necessary to provide an impetus for this change. For example, states should require a minimum level of training in positive approaches to behavior (preferably specific training in PBS) for any newly hired special education and general education teachers and other school personnel.

✓ Currently employed teachers should be given a period of time (two to three years) to demonstrate competence in these techniques.

Training on Quality Mental Health Services

Many mental health professionals also need in-service training to bring them up to date on how to implement the most effective services.

✓ The state mental health authority should approach public and private universities to partner on training programs that emphasize systems of care, working on an interagency, interdisciplinary team and strengths-based, family-driven effective services. Opportunities should be created for students to work in community mental health settings where these values and skills are practiced.

✓ Graduate-student stipends might be made available through partnerships with schools of social work or other disciplines to provide practicum experiences in schools implementing school-wide PBS integrated with mental health.

✓ State mental health authorities should provide resources and opportunities for training in system of care principles and most-effective services for all community mental health providers.

Self-Assessments/Quality Improvement

At all levels, PBS teams need to be able to self-assess to ensure that they are doing what they intended and to engage in continuous quality improvement.

✓ States should help by providing self-assessment templates for schools.

✓ Leadership teams at the state and local level must assess their infrastructure and capacity.

✓ Leadership teams need to continue to assess family engagement through the use of appropriate tools.

Funding

In addition to tapping into existing funding streams by amending state policies, it is advisable to identify ways to pool funds. Education and mental health authorities at the state or local level might find it more efficient to join forces to pay for some hard-to-fund activities.

Education and mental health authorities at the state or local level might find it more efficient to join forces to pay for some hard-to-fund activities.

✓ State education and mental health authorities should determine how they could share the costs of data collection, services not covered by Medicaid, and training and support to families.

✓ Schools and local mental health agencies should discuss pooling of some resources to fund activities that are not easily or well-funded by either agency, such as family liaisons, consultation to school personnel, PBS rewards, etc.

Collaborations at the state and local level should also explore non-traditional funding sources.

✓ TANF funds might be used to provide a family liaison work experience for a TANF recipient.

✓ To supplement the work of family liaisons (or to provide funds for a family liaison), local collaborations might consider tapping into the AmeriCorps program.

✓ Local initiatives should explore the possibilities of foundation funding and support from local hospitals or businesses.

Engaging the Community

Home, school and community domains are all important to children's development. The community can reinforce behavioral expectations, offer learning opportunities and, where strong relationships develop

between school and community, provide financial and political support. For PBS to be implemented successfully:

✓ Schools should engage their community—for example, by making presentations to community groups, meeting with employers located near the school, sponsoring or supporting community-based activities for children and creating opportunities for community leaders to come into the school.

✓ Community donations should be sought for rewards for students' positive behaviors and as a way to build relationships between community businesses and the school.

Report Cards and Evaluation

States should continue to focus on the collection of outcome data in order to assess the impact of PBS initiatives. These results should be shared with policymakers and the public. Local systems should also continue receiving technical assistance in information management and analysis.

An external evaluation by a respected source, such as a public university in the state or a reliable research firm, can provide useful information for quality improvement as well as impartial evidence of success.

✓ State collaborations should contract for a multi-year evaluation that assesses both process measures and outcomes for children and families.

It is important for state child-serving agencies to make school-wide PBS integrated with mental health a permanent way of doing business.

Step 5: Sustainability

Far too often, innovations in human services are not sustained beyond the initial period of enthusiasm and implementation. It is important for state child-serving agencies to make school-wide PBS integrated with mental health a permanent way of doing business.

Because PBS is a major system reform, states, counties and school districts (i.e., the administrative entities leading the PBS initiative) must carefully design and implement a plan for sustainability and ongoing technical assistance, training and support.

Sustainability will be more likely if states ensure that the key philosophies of PBS and strengths-based, effective mental health services are embedded in training for education and mental health professionals and if they create an ongoing role for families and youth in these initiatives. In time, such efforts, if consistent, can institutionalize the approach.

In addition, states and localities will need to involve and educate policymakers and the broader public to promote PBS and ensure continued support.

✓ Leadership teams should develop (or contract for) toolkits for raising public awareness of key aspects of PBS: social and emotional development, the impact of school-wide PBS on school climate and academic achievement, 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 so they can assess the impact of school-wide PBS integrated with mental health.

✓ State entities, advocates and family organizations should give public recognition to schools and individuals within them who have provided effective PBS leadership and seek media coverage of events highlighting their efforts.

✓ The state leadership team should review the status of funding for critical elements of local initiatives and determine whether further policy changes are needed in state rules.

✓ The leadership team should explore, if it appears relevant, the option of applying for a federal discretionary grant to fill gaps in training, technical assistance, family organization support or services.

Locally:

✓ Schools and mental health should ensure that they reach out and educate the community about PBS and provide hard data on improvements in behavior and outcomes.

✓ Schools should encourage youth engagement in civic activities.

Strategies to keep the initiative in front of policymakers will be critical to continued support.

Public Awareness

Memory is short among policymakers and the public. Strategies to keep the initiative on school-wide PBS integrated with mental health in front of policymakers will be critical to continued support.

✓ Strategies should be developed for a public-education campaign around school-wide PBS integrated with mental health for use by local collaborations and family groups.

✓ The information and data collected must be presented to the lay public and public officials in a manner that is clear, concise and understandable. Toolkits developed by public-information specialists can ensure effective communication of such information.

✓ When presenting the case for ongoing support to state and county officials, advocates should use the report card along with other information, such as data on the costs of high-end services that can be avoided with appropriate school-based supports. Personal stories from families and students should also be highlighted.

✓ Advocates should ask the state legislature to request a report on how children in the state are faring in school and in avoiding bad outcomes, such as out-of-home placements, placement with child welfare and involvement with juvenile justice. The report should also provide information on the status of collaboration across the state between schools and mental health, provision of most-effective services and spending on children's mental health by schools and mental health systems. The report should compare state outcomes with national data on systems of care and PBS schools and make recommendations for policy changes, if needed.

Have Patience

It is important to have a long view. Administrators experienced in PBS suggest that proper implementation may take three to five years.

It is important to have a long view. Proper implementation may take three to five years.

Role of the Federal Government

While the Department of Education has been supportive of PBS and the Substance Abuse and Mental Health Services Administration (SAMHSA) has been funding systems of care, a more focused joint strategy would be highly beneficial. Other agencies in other departments can also play a critical role. In addition, there are many opportunities for each of the departments to support state/local initiatives.

✓ The Office of Special Education Programs (OSEP) in the Department of Education and SAMHSA in the Department of Health and Human Services (HHS) should build on the federal national partnership to form a federal collaboration to assist state and local education-mental health collaborations that focus on positive behavior supports integrated with mental health. Other key agencies that should be asked to support this collaboration are the Office of Juvenile Justice and Delinquency Prevention (OJJDP)

in the Department of Justice and, in HHS, the Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA).

To promote state initiatives:

✓ The federal interagency group should develop a national plan to support state-level collaborations.

✓ OSEP should provide funds to states that are committed to district-wide implementation of school-wide PBS integrated with mental health, providing seed money to support state and local infrastructure, including family and community involvement.

Training and technical assistance should be encouraged and supported.

✓ SAMHSA should use grants under the Comprehensive Community Mental Health Services for Children and Families Program to promote systems of care supporting schools that implement school-wide PBS, and Congress should amend the statute to encourage such linkage between systems of care and schools focused on PBS or similar approaches to social-emotional development.

✓ SAMHSA and the Office of Safe and Drug Free Schools (OSDFS) in the Department of Education should pool resources so that the OSDFS program of Integration of Schools and Mental Health Systems can be expanded to focus on state-level collaboratives that intend to build school-wide PBS integrated with mental health.

Training and technical assistance should be encouraged and supported.

✓ OSEP (with input from SAMHSA) should contract for the development of a manual regarding the development of infrastructure for targeted and intensive level (Tiers Two and Three) PBS implementation integrated with mental health.

✓ SAMHSA should contract for development of a parallel manual regarding mental health engagement in school-wide PBS initiatives, focusing on the need for mental health agencies to view schools as a client of their system and to furnish services in accordance with system of care principles to all children in school. Training on the manual should be made available.

✓ SAMHSA and OSEP should jointly fund training and technical assistance with the mission to build school-wide PBS linkages with mental health, where such initiatives have an active focus on social-emotional learning, youth development and character education. This assistance might be furnished through

a collaboration among existing OSEP and SAMHSA technical-assistance centers and include joint training, a listserv, policy academies for state agencies and other activities.

Federal agencies, including the National Institute of Mental Health (NIMH), SAMHSA, the Department of Education and the Center for Disease Control and Prevention (CDC) should use their existing authorities to fund research on practice innovations that focus on effective implementation of PBS for students in Tier Three and disseminate information on their findings.

To assist in data collection at the state and local level:

✓ OSEP and SAMHSA should provide guidance to the field on measurable and meaningful outcomes for children in school and promote consistency across agencies in data elements required or encouraged at the federal level.

✓ Both OSEP and SAMHSA should make available small data infrastructure grants to states and localities.

To improve early identification and provision of services and other interventions:

✓ Congress should amend federal law to require functional behavioral assessment of all students facing suspension for more than 10 days in a school year or expulsion (regardless of the reason or the setting in which the child is placed), to be followed up by targeted PBS interventions when appropriate.

✓ OSEP should issue revisions to IDEA rules and guidance regarding the definition of a child with an "emotional disturbance," so as to eliminate the current exclusion of many students from protections under the IDEA based on a designation of "social maladjustment."

✓ SAMHSA should amend its mental health block grant rules to encourage states to integrate children's mental health services with school-wide PBS.

✓ States receiving SAMHSA grants, such as a state incentive grant, should measure outcomes such as school performance and attendance.

To facilitate more reliable funding streams to support mental health services for children in school:

✓ SAMHSA should issue guidance to states on their ability to use block grant funds for consultation and education services and other supports for PBS schools.

Congress should amend federal law to require functional behavioral assessment of all students facing suspension or expulsion.

✓ OJJDP should encourage states to use federal block grant funds for school-wide PBS integrated with mental health services by encouraging states (1) to include it as a priority in their comprehensive prevention plans, and (2) to encourage localities to link with these initiatives by funding them through the Title V, Community Prevention Incentive Grant program.

✓ OSEP and SAMHSA should approach the Centers for Medicare and Medicaid Services (CMS) to promote Medicaid funding for evidence-based mental health practices in the schools.

OSEP Manual

The recommended Department of Education manual should identify key features of PBS and effective mental health service delivery for children in Tiers Two and Three. It should address:

- ❍ development of a school-wide PBS initiative integrated with mental health, including guidance on collaboration;
- ❍ training curricula for meeting the needs of students in Tiers Two and Three;
- ❍ appropriate family-involvement practices, including the role of families whose children have significant mental health needs, and self-assessment and external assessment tools for family involvement, for use at both state and local levels;
- ❍ guidance and self-assessment tools to assist schools and mental health agencies in determining whether they are doing what they intended to help students in Tiers Two and Three;
- ❍ a list of outcomes that states may wish to measure regarding school-wide PBS integrated with mental health services; and
- ❍ accountability tools for students in Tiers Two and Three.

OSEP and SAMHSA should approach the Centers for Medicare and Medicaid Services (CMS) to promote Medicaid funding for evidence-based mental health practices in the schools.

SAMHSA Manual

A similar document is needed to lay out for mental health stakeholders at the state and community level how transformation in the mental health system is furthered by collaborations with education systems around school-wide PBS. This document should address:

- ❍ how school-wide PBS assists children, including those who need mental health services;
- ❍ ways for mental health systems to support local schools;
- ❍ collaboration strategies;
- ❍ a focus on helping children in Tiers Two and Three through strengths-based, family-driven, culturally competent, most-effective services;
- ❍ funding sources for a range of services for children in school;
- ❍ how to provide and fund backup support to teachers and other school personnel; and

- a list of outcomes that states may wish to measure regarding services to children.

Financing

Medicaid is the single largest source of funds for community mental health. Collaboration between SAMHSA and CMS is critical to more nearly align Medicaid rules on services with known evidence of effectiveness. As SAMHSA and the Department of Education collaborate around school-based mental health issues, it is essential to begin a dialogue with CMS on these issues. In addition to greater clarity for states on how to use Medicaid funds to pay for effective services, CMS needs to clarify how services can be appropriately billed to Medicaid when furnished in the school.

SAMHSA also needs to address the issue of financing for services that are not generally billable under Medicaid and identify:

- how states can use their mental health block grant funds to support consultation and education to schools; and
- funds that can be used at the community level to support services to children who do not have Medicaid coverage and who have mild or moderate mental health disorders (Tier Two).

CMS needs to clarify how services can be appropriately billed to Medicaid when furnished in the school.

Outcomes

States and communities need guidance on what outcomes are best to measure, and federal child-outcome requirements should be consistent across agencies.

✓ OSEP and SAMHSA should collaborate to ensure that they are providing the same guidance to states and communities about the outcomes that are most feasible and useful to monitor.

✓ OSEP and SAMHSA should support community data collection by providing small grants for data-infrastructure improvement, specifically for systems that are compatible across education and mental health.

Additional Collaborators

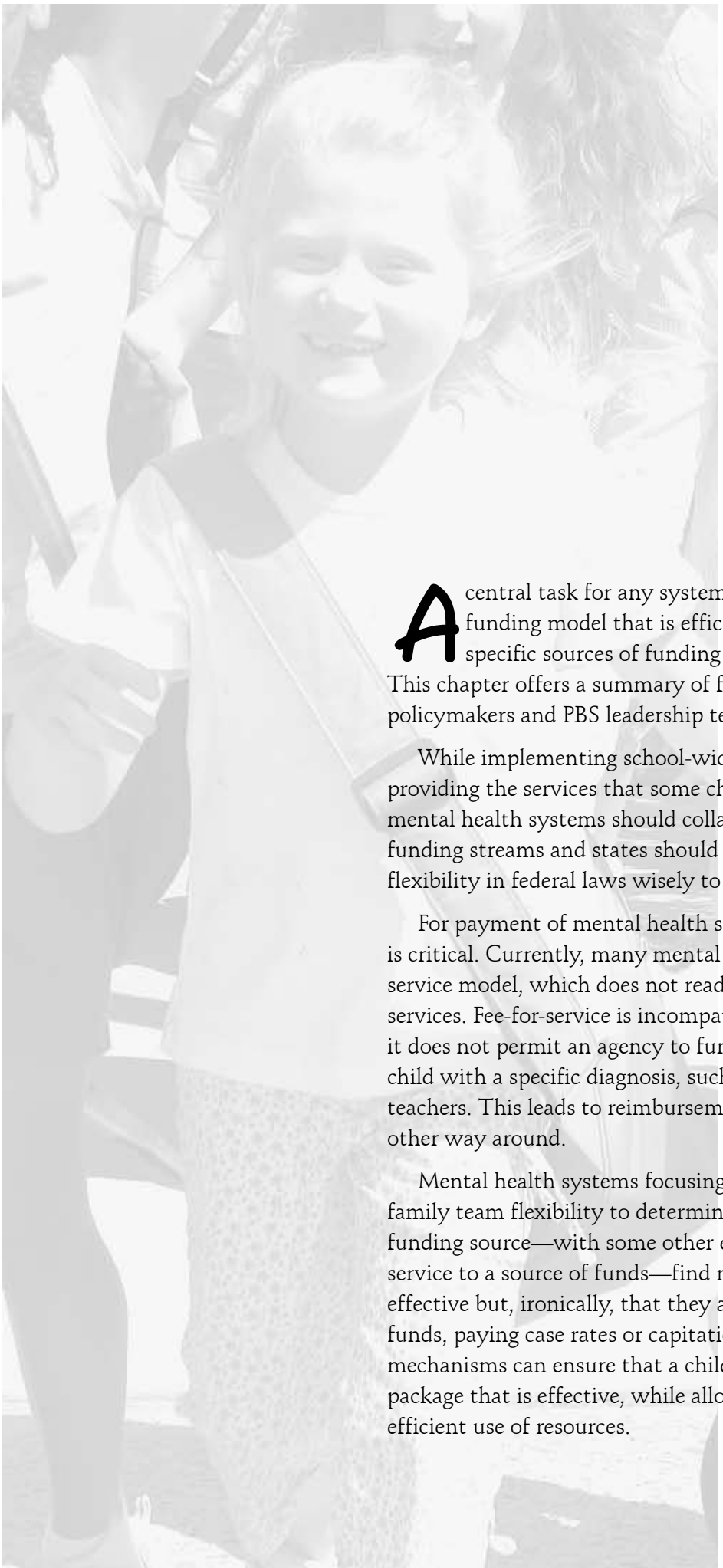
As at the local level, connections between mental health and education and other key child-serving agencies are essential.

✓ SAMHSA and the Department of Education should jointly collaborate with ACF, OJJDP and HRSA regarding the needs of children. These collaborations should include encouraging child welfare, juvenile justice, maternal and child health and health agencies to participate in state and local initiatives around school-wide PBS integrated with mental health.

If states, localities and the federal government make these strides in policy, the future can be much brighter for all children, but especially for children with mental health care needs.

Note

1 For definitions of family involvement and family-run organizations, see Technical Assistance Resource Guide for the Comprehensive Community Mental Health for Children and Family Program, Center for Mental Health Services, www.samhsa.gov.



Chapter 5

FINANCING

A central task for any system change is the design of a coherent funding model that is efficient, scalable and secure. Defining the specific sources of funding for such efforts is always a challenge. This chapter offers a summary of financing opportunities that state policymakers and PBS leadership teams may access.

While implementing school-wide PBS is not a costly undertaking, providing the services that some children need will be. Education and mental health systems should collaborate to examine all potential funding streams and states should ensure that they are using the flexibility in federal laws wisely to tap into relevant federal programs.

For payment of mental health services, the structure of the financing is critical. Currently, many mental health systems operate on a fee-for-service model, which does not readily allow for individualized, flexible services. Fee-for-service is incompatible with prevention efforts. Further, it does not permit an agency to furnish services that are not tied to a child with a specific diagnosis, such as consultation and education for teachers. This leads to reimbursement's driving services, instead of the other way around.

Mental health systems focusing on structures that give the child and family team flexibility to determine the mix of services, regardless of funding source—with some other entity responsible for matching the service to a source of funds—find not only that the services are more effective but, ironically, that they are also more cost-effective. Braiding funds, paying case rates or capitation rates, pooling resources and similar mechanisms can ensure that a child receives an individualized service package that is effective, while allowing the system to make maximum efficient use of resources.

The braiding of funds—often used in mental health systems—allows the use of each funding stream in accordance with its goals and objectives, while creating flexibility for program staff to spend resources on appropriate services, supports, training, technical assistance or other activities. Braiding occurs at an administrative level, where funds are aligned with (and charged to) the appropriate funding stream, based on spending that has already occurred. At the program level, all available funds are used flexibly. Program decisions are not based on specific reimbursement rules or grant requirements but on program need. Braiding is particularly effective when an additional small pool of dollars is available to be tapped for any expenses that cannot be charged to a particular funding stream.

One problem facing mental health systems today arises from overly restrictive eligibility policies. To collaborate with a school, mental health agencies must be able to provide consultation and education backup to teachers and other personnel and furnish at least some services to children with mild or moderate mental disorders, regardless of insurance status. Increasingly, mental health systems are seeing that they have a responsibility to provide services (of varying levels) either to all children, or at a minimum to those at risk of, as well as those exhibiting serious mental disorders.

From the education perspective, several funding streams can support PBS training, technical assistance and implementation. However, in some cases changes to state or local policy may be needed in order to make appropriate use of certain sources of funds. In addition, while resources from federal education programs can be quite flexible, often the state has not used this flexibility to address issues of social-emotional development, behavior and the need for mental health services.

RESOURCE ON FEDERAL FUNDS

Through an earlier project, the Bazelon Center produced a matrix of federal entitlement and formula grant programs indicating which services and activities of a system of care can be funded by each source. This matrix is in the appendix. The full report, *Mix and Match*, is available at www.bazelon.org/issues/children/publications/mixmatch

Action Steps on Funding

As leadership teams design their funding strategy, they must be sure that the potential resources can be aligned to the targeted goals of the initiative. Their plan should emphasize the use of funding streams (across and within agencies) that have common goals and program objectives. Each funding source should be considered within:

- a total picture of the target goals; and
- a plan that allows each agency and funding stream to meet its unique goals, while contributing to the shared goals.

The reality is that most education resources will be targeted to academic achievement (based on No Child Left Behind), so efforts to use those funds must clearly articulate the non-academic barriers to

achievement and logically demonstrate how the intended use of the education funds will improve academic performance.

✓ State leadership teams should first map existing funding streams used to support mental health systems of care and school-based positive behavior supports (or similar initiatives) in the state. This will help to identify gaps.

✓ State leadership teams should then research and map available federal funding from entitlement and formula-grant programs, and compare how these funds are now used with how they might be used to support an initiative for school-wide PBS integrated with mental health. This will identify how gaps can be plugged.

✓ State leadership teams should review federal discretionary-grant opportunities and create a list of potentially helpful programs available to the state, LEAs, local mental health agencies and local collaborations.

✓ State leadership teams should work with LEAs and other local education and mental health stakeholders to train them on how to maximize their use of various federal funding streams (entitlements, formula grants and discretionary grants).

✓ State and local leadership teams should consider working with community partners in applying for funds. Many grant funders today favor multi-stakeholder projects.

Isis Hudgins

Federal entitlement programs and state formula grant programs provide a reliable and consistent source of funding.

Reliable Funding Streams

State leadership teams should first ensure that they use the large, reliable federal funding streams from Education, Health and Human Services and other federal departments, as did the sites we visited. Federal entitlement programs (such as Medicaid or IDEA) and state formula grant programs (such as the mental health block grant) provide a reliable and consistent source of funding. Unlike federal discretionary-grant programs, these are not time-limited and by using them, states and localities can ensure sustainability.

Table 1 on the next page presents some options for funding the various components of school wide PBS integrated with mental health using these major federal entitlement and block grant/formula grant programs.

Table 1

Federal Entitlement Programs and State Formula Grants

Funding Source	Use of Funds
IDEA, Part B, state flexible funds (20 U.S.C., §1400 et seq. most recent amendments, Public Law 108-446, Section 611(e)(2)(c))	Flexible funds for technical assistance and to assist LEAs in providing PBS and mental health services for children with disabilities. Can be used for systems collaboration with mental health, training and technical assistance, training and support for parent liaisons and other purposes.
IDEA, Early intervening flexible funds (up to 15%, as authorized in 2004 by Public Law 108-446: IDEA Section 613); www.ed.gov/about/offices/list/osers/osep, 20 U.S.C. § 1413	Flexible funds to be used to develop, implement and coordinate early intervening services for students not identified as needing special education but who need academic and behavioral support to succeed. Funds can be used for all aspects of planning and implementing school-wide PBS.
IDEA, Part B (20 U.S.C., §1400 et seq. most recent amendments, Public Law 108-446); www.ed.gov/about/offices/list/osers/osep	Non-medical related services for individual students and families, including: functional assessments, case management, behavioral aides, therapy, systems collaboration, wraparound facilitation, education and consultation and training.
IDEA, Part D, Section 651 (20 U.S.C., §1400 et seq. most recent amendments, Public Law 108-446); www.ed.gov/about/offices/list/osers/osep	Formula grants to state educational agencies, provided they work with other agencies, families and others (and provided federal appropriations are of sufficient size) to be used for pre-service and in-service training, for special and general education teachers, principals, administrators, related service personnel and others in order to improve early intervention and results for children with disabilities. Specifically authorizes using funds to train in PBS.
Safe and Drug Free Schools and Communities Act, Drug-Violence Prevention State Programs, (Title IV, No Child Left Behind Act, Public Law 107-110; www.ed.gov/about/offices/list/osdfs	Services/activities to prevent use of drugs or violence in school, including: counseling, conflict resolution programs, peer mediation and mentoring, character education and community service. Can support PBS activities, such as training, technical assistance and implementation.
No Child Left Behind Act, Improving Academic Achievement of the Disadvantaged (Title I, Part A, Public Law 107-110); www.ed.gov/programs/innovative	Flexible resources that can be used to support instruction and for professional development, including: costs of PBS training, technical assistance and implementation.
No Chiild Left Behind Act, Prevention & Intervention Programs for Children and Youth who are Neglected, Delinquent or At Risk (Title I, Part D, Section 1401; Public Law 107-110), 20 U.S.C. § 6421 et. seq., see www.ed.gov/programs/titleipartd/index.html	Funds may be used to assist children and youth in transitioning from institution to school, to prevent dropout and to provide to dropouts and children and youth returning from correctional facilities a support system to ensure their continued education. Can be used to support PBS.
No Child Left Behind Act, Innovative Programs (Title V, Part A, Public Law 107-110) (20 U.S.C. § 6421 et seq.); see www.ed.gov/programs.titleipartd/index.html	Supports local education reforms consistent with state reforms: can be used to support PBS planning, training, technical assistance and implementation.

Funding Source	Use of Funds
Elementary & Secondary Education Act (Title I, 20 U.S.C. §7245); www.ed.gov/about/offices/list/oese/index.html	Flexible funds that can be used, among other purposes, for: staff development, wraparound facilitation, supporting parent liaisons and mental health services. Title I drop out prevention funds can support PBS.
Medicaid (Title XIX, Social Security Act, 42 U.S.C. §1365 et seq.); www.cms.hhs.gov/home/medicaid.asp	Funds a wide range of mental health services for individual, Medicaid-covered children who have a mental health diagnosis, including: individual, group and family therapy, medications, in-home services, crisis services, case management, in-school services, therapeutic foster care, wraparound, multi-systemic therapy, and other community based mental health services.
S-CHIP (Title XXI, Social Security Act, 42 U.S.C. §1397aa et seq.); www.cms.hhs.gov/home/schip.asp	Funds health and mental health services for eligible children, primarily: inpatient hospital care and outpatient physician services and therapy (often with limits).
Mental health block grant (Public Health Service Act, Section 1921, 42 U.S.C. §300x-21 to §300x-66); www.mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022	Flexible funds to state mental health authorities. Can fund a broad array of community-based services for children with serious mental disorders, including: consultation and education, family liaisons, and non-Medicaid mental health services.
Substance abuse block grant Public Health Service Act, Section 1921. 42 U.S.C. §300x-21 to §300x-66); www.samhsa.gov/grants06/default.aspx	Funds state substance abuse prevention and treatment services, including: outpatient services and consultation and education.
Juvenile Justice and Delinquency Prevention State Formula Grants (Juvenile Justice and Delinquency Prevention Act, Title II, Section 221-223. 42 U.S.C. §5651 et seq.); http://ojjdp.ncjrs.org/funding/funding.html#3a	Funds diversion programs, including family-oriented treatment and community based alternatives to incarceration, including: after-school programs, gang prevention, wraparound services, family support, recreation and respite care.
Juvenile Justice Community Prevention Grants (Juvenile Justice and Delinquency Prevention Act, Title V, 42 U.S.C. §5601);	Funds are used to reduce risks and enhance protective factors to prevent youth from entering the juvenile justice system. Can be used for a broad range of purposes including: mentoring, after-school programs, tutoring, drop-out reduction, mental health treatment and family services. Can be used for PBS tier 2 and 3 children who have significant risk factors for juvenile justice involvement.
Maternal and Child Health Block Grant (Social Security Act, Title V, Section 502(a)(1); 42 U.S.C. §701 et seq.);	Provides gap-filling funds for mental health and substance abuse services, including: case management, wraparound and consultation and education. Funds must be used for children with special health care needs (including those with serious mental disorders).
Foster Care, (Social Security Act, Title IV-E, 42 U.S.C. §670 et seq.); www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/fostercare.htm	For children in foster care system a range of mental health and family support services can be funded, including: case management, treatment, engaging community supports, wraparound facilitation and systems collaboration.

Funding Source	Use of Funds
Child Welfare Training (Social Security Act, Title IV-E, Section 426, 42 U.S.C. § 626); www.acf.hhs.gov/programs/cb/programs_fund/discretionary/cw_training.htm	Pre-service and cross-discipline in-service training for child welfare workers and others who work with child welfare children.
Child Welfare Promoting Safe & Stable Families Program (Social Security Act, Title IV-B, 42 U.S.C. §629); www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act.htm	Funds services to prevent out-of-home placement, including: wraparound mental health community services, family supports, training and systems collaboration.
TANF (Social Security Act, Title IV-A. 42 U.S.C. §601 et seq.); www.acf.hhs.gov/programs/ofa	For families with dependent children, a wide range of services, including: case management, family support, and non-medical mental health and substance abuse services.
Social Services Block Grant (Social Security Act, 42 U.S.C., §1397 et seq.); www.acf.hhs.gov/programs/ocs/ssbg	Services for children and families, including mental health counseling.

Supplemental Funding from Time-Limited Discretionary Programs

In addition to entitlement and formula-grant programs, school-wide PBS initiatives integrated with mental health services studied for this report have utilized a number of federal discretionary programs. These and selected other programs are listed below.

Table 2

Federal Discretionary Programs

Agency	Program
Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Public Health Service Act, Section 565, 42 U.S.C. 300x-1)	***Comprehensive Community Mental Health Services for Children and their Families Program.*** Provides 6-year grants to communities to develop systems of care and furnish mental health services to children and families, including: wraparound, systems collaboration, consultation and education to schools, training and technical assistance. Could fund many PBS activities, including family liaisons and other family supports. www.mentalhealth.samhsa.gov/publications/allpubs/CA-0013/default.asp
Office of Safe & Drug-Free Schools, DOE; Center for Mental Health Services, DHHS and Office of Juvenile Justice & Delinquency Prevention, DOJ. (Safe and Drug-Free Schools and Communities Act, 20 U.S.C. § 7131; Public Health Services Act, 42 U.S.C. § 290aa; and Juvenile Justice Delinquency Prevention Act, 42 U.S.C. § 5614(b)(4)(e) and § 5781 et seq.).	***Safe Schools Healthy Students Program.*** Supports a variety of activities, and can include: training, technical assistance, planning and implementation of PBS initiatives in schools, as well as wraparound facilitation, collaborative activities and mental health and substance abuse treatment. www.ed.gov/programs/dvpsafeschools/index.html

Agency	Program
Office of Safe and Drug-Free Schools, Department of Education (Elementary and Secondary Education Act, Title V, Section 5541, as amended by the No Child Left Behind Act of 2001, 20 U.S.C. §7269).	***Integration of Schools and Mental Health Systems*** Small grants for linkage between school systems, local mental health systems and juvenile justice systems to improve provision of mental health services to students. Funds can be used to develop infrastructure at state or local level, improve access to services and provide training. Can include: training on PBS, technical assistance, consultation and education to schools, family services, services to child and family, family training and family involvement. www.ed.gov/programs/mentalhealth/index.htm
Office of Special Education Programs, Office of Special Education and Rehabilitation Services, Department of Education (IDEA, Part D, Section 651-656; 20 U.S.C. § 1451-1456).	***State Personnel Preparation Grants*** Competitive grant funds to be used for same purposes as Part D formula grants. Funds will help state educational agencies and their partners (parents and other agencies) improve pre-services and in-service training for personnel in order to improve results for children with disabilities. Includes specifically training in PBS. (Competitive grants are funded only if there are insufficient funds for formula grants–see Table 1). www.ed.gov/about/offices/list/osers/osep/programs.htm
Office of Special Education Programs, Office of Special Education and Rehabilitation Services, Department of Education (IDEA, Part D, Subpart 2, § 662; 20 U.S.C. § 1462).	***Personnel Development to Improve Service and Results for Children with Disabilities.*** Grants to ensure personnel have necessary skills and knowledge to meet the needs of children with disabilities. Includes specifically, funding for pre-services and in-service training in PBS. www.ed.gov/programs/osepprep/index.html
Office of Elementary and Secondary Education, Department of Education (No Child Left Behind Act, Title I, Part F 20 U.S.C. § 6511-6518).	***Comprehensive School Reform.*** Comprehensive school reforms, based on reliable research and effective practices that fit students needs. Can fund PBS initiatives. www.ed.gov/programs/compreform/index.html
Office of Safe and Drug-Free Schools, Department of Education (Safe and Drug Free Schools and Communities Act, **Title IV, 20 U.S.C. § 7101 et seq.).**	***Drug-Violence Prevention National Programs.*** Several discretionary programs, including Alternative Strategies to Reduce Student Suspensions and Expulsions, Model Demonstration Grants to Create Safe and Orderly Environments, Foundations for Learning Grants and Mentoring Grants. Can be used to support aspects of PBS implementation.
Office of Elementary and Secondary Education, Department of Education, No Child Left Behind Act, Title I, Part B-3; 20 U.S.C. § 6381-6318k).	***Even Start.*** Funds state education agencies partnered with LEA to provide services for low-income families that can be used to build community networks which support the family as an educational unit. Can fund aspects of PBS. www.ed.gov/programs/evenstartformula/index.html

Agency	Program
Office of Safe and Drug-Free Schools, Department of Education (Elementary and Secondary Education Act, Title IV, Part D, Subpart 3, Section 5431; 20 U.S.C. § 7247.	*Character Education discretionary grants.* Funds for state and local educational agencies (can work with other public and private nonprofit organizations) to design and implement character-education programs that can be integrated with classroom instruction and are consistent with state academic standards and can be carried out in conjunction with other educational reform efforts, such as PBS. www.ed.gov/programs/charactered/index.html
Office of Elementary and Secondary Education, Department of Education, No Child Left Behind Act, Title X. Part C; 42 U.S.C. § 11431).	*Education for Homeless Children.* Funds are to ensure homeless children attend and succeed in school. Can be used to support programs, such as PBS that include or focus on homeless children and youth. www.ed.gov/programs/homeless/index.html
Office of Juvenile Justice & Delinquency Prevention, Office of Justice Programs, DOJ. Office of National Drug Control Policy has an agreement with OJJDP to administer the program in partnership with SAMHSA. (Drug Free Communities Act of 1997, 21 U.S.C. § 1531-1535).	*Drug Free Communities Support Program.* Funds community coalitions, through educational organizations or units of local government, to reduce substance abuse through collaborative efforts. Does not fund services. http://drugfreecommunities.samhsa.gov
Centers for Disease Control, Division of Adolescent and School Health. (Public Health Services Act, 42 U.S.C. §§ 241, 243, 247, 301a, 311b, 311c, 317k).	*Coordinated School Health Program.* Promotes development of state infrastructure and coalitions for coordinated school health, including mental health. Funds counseling and psychological services to improve students' mental, emotional and social health as well as to improve psychosocial climate and culture of a school and activities to engage family and community in helping students. Can be used for state collaboration on PBS, training and technical assistance, evaluation and other activities. www.cdc.gov/HealthyYouth/CSHP/index.htm

Other potential revenue sources for these initiatives were identified by experts at the meeting, including:

- state and local general revenue funds to education or mental health authorities;
- redirecting funds now spent on out-of-district placements through education, mental health or other systems;
- health department funds for prevention activities (such as pregnancy prevention, substance abuse or HIV prevention);
- private insurance, for reimbursement of covered services to covered children and also (when based in the state) for grant support;
- managed care companies holding contracts for Medicaid mental health services;
- community hospitals;
- United Way, community foundations, charitable institutions;
- large employers in the community; and

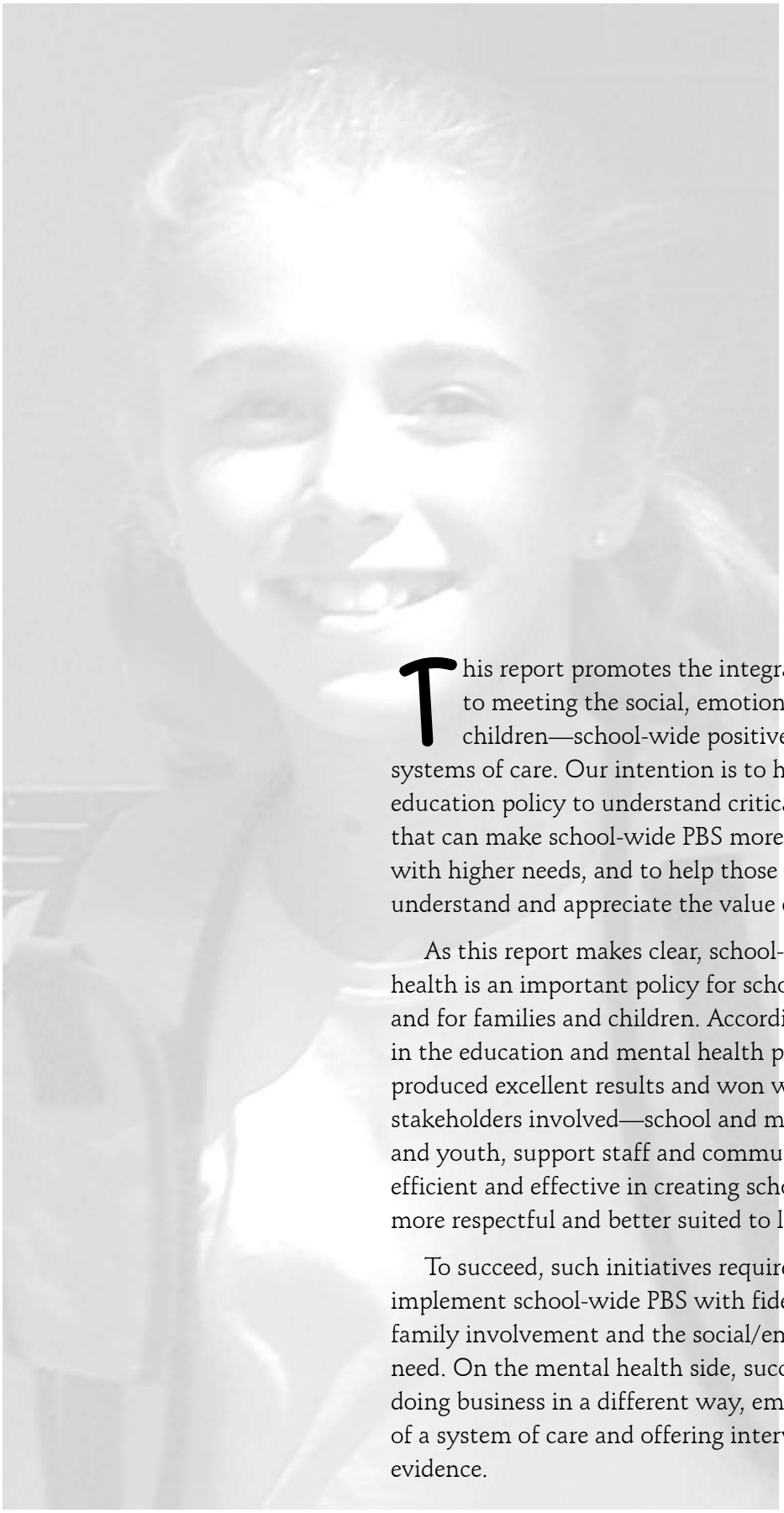
- small businesses in the community (community grants or small donations, such as for PBS enhancements or rewards).

This list is not exhaustive, and state and local leaders can be innovative in seeking out additional sources of support for school-wide PBS integrated with mental health.

Conclusion

Policymakers must be ready to make their own commitment to designating funds before a PBS initiative can become a permanent way of meeting children's needs in school.

As state and local leadership teams work to devise their own funding plans for supporting school-wide PBS integrated with mental health, the federal and non-federal resources listed above can provide significant impetus and potential long-term support. However, no such initiative will be successful unless the state and, to some extent, local governments are willing to invest general-revenue funds. Despite the number of federal programs, there are likely to be important gaps. Accordingly, policymakers must be ready to make their own commitment to designating funds before such an initiative can become a permanent way of meeting children's needs in school.



CONCLUSION

This report promotes the integration of two tested approaches to meeting the social, emotional and mental health needs of children—school-wide positive behavior support (PBS) and systems of care. Our intention is to help those who are concerned with education policy to understand critical elements of mental health policy that can make school-wide PBS more effective, especially for children with higher needs, and to help those focused on mental health policy to understand and appreciate the value of school-wide PBS.

As this report makes clear, school-wide PBS integrated with mental health is an important policy for schools, for mental health agencies and for families and children. Accordingly, it warrants greater attention in the education and mental health policy arenas. We found that it has produced excellent results and won widespread support among the stakeholders involved—school and mental health professionals, parents and youth, support staff and community members. It is affordable, cost-efficient and effective in creating school environments that are safer, more respectful and better suited to learning.

To succeed, such initiatives require an ongoing commitment to implement school-wide PBS with fidelity, particularly with respect to family involvement and the social/emotional learning that youngsters need. On the mental health side, successful implementation requires doing business in a different way, emphasizing the values and principles of a system of care and offering interventions that are supported by the evidence.

Policymakers using this report as a basis for planning should remember the following:

✓ While involving families as partners is an essential feature of PBS, in practice it is not always understood, and needs to be promoted through technical assistance and training. The paradigm is more established in systems of care and mental health, where the family movement has had a strong voice.

✓ The best outcomes in school-wide PBS come from implementation of best practices at all three levels. Many schools have difficulty meeting the needs of students who require intensive services. Implementation of PBS for Tiers Two and Three (involving children with more significant behavior problems) is more complicated than for Tier One (the universal level), and initiatives will not be as effective without sufficient emphasis on cross-disciplinary planning and implementation.

✓ Resources are better utilized when PBS is integrated with mental health because this creates a system capable of addressing the spectrum of children's needs. Interventions and supports can be triggered before a student's behavior creates a crisis, supplanting some higher-end services when lower-level interventions could suffice. With a single individualized child and family support plan, schools can reinforce and support the work of mental health and other professionals, and mental health services can be more effectively targeted.

✓ To fully support a school-wide PBS approach, mental health systems must have resources enabling them to provide consultation and education to teachers. They must also have the capacity to help children identified and referred by the school who have no public or private insurance.

✓ While numerous federal programs can support many aspects of PBS and mental health reform, there will inevitably be some costs that cannot be charged to federal entitlements or formula grants, and discretionary grants, while very helpful, are time limited. States, and in many cases localities too, must be prepared to invest some of their own general revenues to make these initiatives effective.

The best outcomes in school-wide PBS come from implementation of best practices at all three levels.

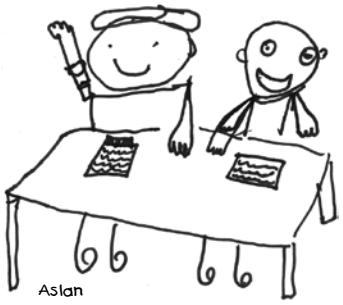
The PBS sites we visited reported positive outcomes, including improved school climate and reductions in discipline problems. Sites that had developed more capacity for data analysis were able to correlate improvements in behavior with improved academic achievement. Early interventions were successful in helping some students avert an

ingrained pattern of problem behavior that, if left unchecked, could lead to impaired social-emotional functioning and school failure.

Families found that the PBS emphasis on a team approach and involvement of parents as partners lessened the likelihood that adversarial relationships would develop between schools and the parents of struggling children. PBS improved communications among stakeholders—schools, families and mental health and other community service providers—and a unified plan understood by all was more likely to be effective than uncoordinated interventions.

In stressing the connection between social and emotional development and academic achievement, many educators cited PBS as the single most important factor in their school's effort to lift academic performance and meet the standards of No Child Left Behind. They recognized that social and emotional learning were integral to education and to preparing children for adulthood, and that teaching behavioral norms is part of the core mission of teaching.

In summary, school-wide PBS integrated with mental health assists all children and creates a better school environment for all. Working closely with a child's school improves the outcomes of community mental health services and this is rewarding for mental health professionals. Families are happy that their child's problems are being identified and that strategies are in place to deal with them.



PBS linked to mental health—if well and fully implemented—is a win-win-win for education, mental health and families.

PBS linked to mental health—if well and fully implemented—is a win-win-win for education, mental health and families. Clearly, it is a very important direction for policymakers to consider. We hope our readers will take *Way to Go* both as an accolade for an exciting approach to helping children and families and as a call to action. To facilitate action, the Bazelon Center has also produced a set of Fact Sheets for State and Local Action, and checklists for state and local advocates interested in promoting school-wide positive behavior supports integrated with mental health reforms.

Appendix I

SITE-VISIT REPORTS

1. Bitterroot Valley, Montana

In the mid-1990s, teachers in the Bitterroot Valley in western Montana asked the special education cooperative (the Bitterroot Valley Cooperative, or BVC) for support in addressing challenging behavior in the schools. The cooperative provides special education and related services to the rural school districts in the area that do not have the resources to hire full-time providers. The BVC responded by hiring a behavior consultant, who soon became embedded in the schools and developed a strong relationship with the community mental health agency.

Soon after the behavior consultant started with the BVC, it was evident that school-wide processes were needed for real results. However, providing such services in the schools was not sustainable. The BVC applied to become a community mental health center in an attempt to create a seamless system between education and mental health. It was thus able to provide both the educational and mental health services needed in the schools. In 1997, the BVC became the first school-based entity in Montana to be a licensed community mental health center.

In 2002, the BVC and the state jointly brought in a national expert to educate the staff of the co-op and others on the wraparound process, SWIS and PBS. The principals and administrators immediately bought into the process and brought in teams to be trained in universal PBS.

The BVC currently serves 16 schools; at this time seven of them are implementing PBS, with two others beginning the PBS process.

The Bitterroot Valley Cooperative uses a team approach when staffing mental health workers in the schools. The teams devise behavior plans and set up reinforcements and supports for their clients. Each school has both a licensed mental health therapist and a behavior consultant. The therapist writes the umbrella treatment plan for each child, works with the families and spends time helping children individually and in groups. The behavior consultant works as an important liaison with the school and teachers.

In addition to providing mental health plans and services to individuals in the schools, the teams play an integral role in guiding the schools on the PBS framework and principles. The mental health teams are active on the Tier Two and Tier Three PBS teams and serve as a resource for teachers and staff who are dealing with problem behavior and aggression in school. Consequently, they spend time in the classroom, on the playground, in the lunch room and in the halls, assisting school staff and observing students' behavior in various settings.

Family Involvement

The mental health teams also provide support for families and parents in the schools. They attend parent/teacher conferences and individual conferences with parents, to help them feel comfortable and to ensure that they attend important school functions.

In a handful of schools in the Bitterroot Valley, AmeriCorps has placed family resource officers. The goal of the family resource officer is to develop relationships with parents and provide outreach to families. Both the family resource officers and the mental health teams provide various supports to parents and families.

However, the bulk of support for families of children with mental health needs comes through the mental health teams. The therapist and behavior consultant work regularly and intensely with families. They go on home visits when necessary, provide parenting classes, work with their clients' siblings and provide some respite services. During the summer, they organize outings and recreational activities for their clients to ensure they are in safe and healthy environments.

The seven teams served 81 clients during the 2003-04 school year. That number dipped slightly in 2004-05 to 78 clients. For the 2005-06 school year, eight mental health teams are working in the region, serving 118 clients.

Training & Technical Assistance

From the outset, the need to provide behavior training to educators has been a priority with the BVC. One school psychologist was sent to an intensive training seminar on behavior in order to be the primary behavior coach for the Bitterroot Valley. A state improvement grant now funds the position.

While the PBS initiative has many unique features because of the co-op's community mental health center status, it is also part of the Montana Behavioral Initiative, a statewide project created by the

state's Department of Education to improve the capacity of schools and communities to meet children's social, emotional and behavioral needs.

Through collaboration between the Montana Behavioral Initiative and the BVC, ongoing training and technical assistance is provided. To date, the Behavioral Initiative has paid for national trainers to travel to Montana and provide assistance around the state and in the Bitterroot Valley. The Office of Public Instruction and the Behavioral Initiative have also been instrumental in bringing in wraparound and PBS trainers.

Locally, the BVC is now working to create a structured coaching network with one staff member responsible for most of the training. The BVC is identifying and training inside coaches in each school as well as working with the behavior consultants and teachers to train on functional behavior assessments, writing intervention plans and proper data-collection. The University of Montana has also played a role in providing training to the staff of the BVC and teachers in the area. Staff from the University does team trainings on behavior plans and goes into schools to work with staff on behavior issues. The BVC and the University provide ongoing support and build capacity in the schools.

Funding

Most of the funding for mental health services in the Bitterroot Valley comes through Medicaid. The licensed mental health center provides services in the schools through the Comprehensive School Community Treatment Program, set up to serve children with serious emotional disturbance and others by providing mental health services in the schools. Medicaid is billed for services provided in the school by licensed mental health center employees. Each mental health team serves between 12 and 14 clients in the school, of whom eight to 10 are usually Medicaid-eligible.

The BVC also receives IDEA dollars for the children who qualify for special education services. Out of a total annual program budget, around 10% comes from IDEA Part B and other special education money.

Another funding stream for the co-op is grant money from the Office of Public Instruction to serve students with intensive-level needs. The BVC receives $25,000 annually, or around four percent of the budget. Other funds comes from CHIP and private insurance.

2. Illinois

The Positive Behavioral Interventions and Supports (PBIS) initiative was launched in 1998, when the Illinois Emotional and Behavioral Disorders Network (the EBD Network) began PBIS training with a

cohort of 23 schools. Currently, 520 schools participate in PBIS (more than 11% of the state's public schools), including 20 alternative schools and a school at a juvenile justice facility.

Illinois' strong statewide technical assistance and support system provided a good foundation upon which to build PBIS. The EBD Network (now the PBIS Network) started in 1990, when the Illinois Board of Education began funding regional technical assistance providers to support local system of care development and the integration of school-based wraparound for students with emotional and behavioral disabilities. The Network developed the infrastructure and would later support PBIS. Currently, it trains and supports PBIS, autism and full-inclusion initiatives.

The state has 62 local area networks (LANs) that are responsible for a community-based system of care for children and youth in their geographic regions. Technical assistance and support to LANs is provided by the Network, the Department of Children and Family Services (DCFS), the Illinois Federation of Families (IFF) and the Department of Human Services and the Community and Residential Services Authority (CRSA)—an interagency body that facilitates interagency cooperation, reviews and make recommendations about policy, and resolves disputes.

Incorporating Wraparound

Illinois is a pioneer in integrating wraparound and PBIS and its approach is recognized nationally as a model for other states. For students for whom universal prevention strategies are not enough, Illinois integrates secondary and tertiary strategies, including targeted small-group interventions, social-skills instruction and, when needed, individualized school-based team planning. While wraparound was developed to serve children with the highest levels of need, PBIS practitioners in the state recognize that early intensive interventions, positive behavior support plans and effective academic interventions are key to preventing or ameliorating problems that would lead to more serious impairments in behavior and functional ability in some children. In these cases, individualized early intervention teams are formed to aid students who are identified through reviews of school-wide data (i.e., frequent office referrals, tardies, absences, and incident reports) or referrals by teachers, parents and caregivers.

Wraparound values and components (e.g., family/youth voice, strengths/needs-based planning and quality of life indicators) are incorporated into all interventions, but some of the features associated with wraparound (e.g., interagency involvement and the multiple domains focus of home/school/community) come into play only for students with the most serious disorders (the top 1-3%).

Family Involvement

Each of the Chicago schools that is part of the System of Care-PBIS demonstration project is assigned a Comprehensive Care Coordinator (CCC), a mental health professional who provides direct services to children and families on site, and a Family Resource Developer, a full-time paid family member who helps families access services and supports, promotes parental involvement and serves on PBIS teams. FDRs are parents who have the skills to assist other families and personal experience navigating the children's mental health system. Having an FDR who is integrated fully with school staff promotes the understanding that parents are true partners.

The Illinois Federation of Families (IFF) provides Parent Partners who participate on universal PBS teams and, when needed, on individual child and family teams. IFF has developed partnerships at the local level with schools, LANs and mental health and other social service agencies. The organization also maintains collaborative partnerships on a statewide level with, among others, the Departments of Children and Family Services (DCFS and Mental Health (DMH), the Illinois State Board of Education (ISBE) and the Community Residential Services Authority (CRSA).

In addition to IFF, the Illinois Family Partnership Network (IFPN), a coalition group created in 1996 to strengthen and support parents in their efforts to improve community-based resources and services for children, youth and families, is an informal statewide network of families receiving support and/or services from federal, state and community organizations. Composed of parents and representatives from parent and family organizations, state agencies and advocacy groups, the IFPN helps engage parents in the planning, implementation and monitoring of services through participation in local and statewide governing boards.

Training & Technical Assistance

The PBIS Network provides overall coordination of PBIS, training, technical assistance, support and evaluation. All PBIS school teams participate in an initial series of three trainings covering the three tiers of PBS implementation (universal, targeted and intensive). After the initial cycle, there are regular trainings for established teams, on-going access to technical assistance and, on a monthly basis, regional skills-building sessions for coaches. At the intensive level, the teams develop skills in functional behavioral assessment, behavior-support plans and family-centered interagency wraparound planning. The Network also provides training for trainers and internal and external coaches.

Outcome Data

The Illinois PBIS Evaluation Center at Loyola University helps guide schools and districts through the data-based decision-making process and assessments of the universal, targeted and intensive levels of PBS. Statewide SWIS data showed that in fiscal year 2005, PBIS schools that had reached full implementation (SET scores of at least 80/80) had significantly fewer discipline problems than those that had not yet reached 80/80 on the SET. Fully implementing elementary schools experienced a 46-percent lower rate of office-discipline referrals (ODRs) than schools that had only partially implemented. Middle schools deemed to have fully implemented recorded a 38-percent lower rate of ODRs than partially implementing ones.

The data show that when investments are made in both behavior support and effective instruction, academic performance improves. For the 2002-03 year, 52 elementary schools with SET scores at or above the 80/80 threshold were compared with 69 schools that were just adopting PBS and not fully implementing. On average, 62% of third graders in the fully implementing schools met or exceeded the state reading standard. By comparison, an average of 46% of third graders in schools just starting PBS met the same standard.

Funding

The state uses federal IDEA Part B discretionary funds to support the PBIS network statewide coordinator and team of coordinators and trainers. Illinois also receives assistance with training, support and evaluation from the National PBIS Center co-located at the Universities of Connecticut and Oregon.

Funding for the System of Care pilot that co-locates the CCCs and FRDs in the seven Chicago schools is through a federal Center for Mental Health Services grant, community mental health agencies, the state mental health authority, the Chicago Metropolitan Child and Adolescent Network and the Chicago public schools. In these pilot sites, mental health services are funded by the federal grant. As the funding ends, the pilots sites will seek reimbursement from health care third-party payers (Medicaid, S-CHIP, private insurance) and from special education and mental health system allocations.

The Illinois Federation of Families (IFF) is funded through the state Department of Children and Family Services, the Department of Mental Health, the Illinois State Board of Education, the Center for Mental Health Services, the Federation of Families for Children's Mental Health, the Community and Residential Services Authority and parent groups, corporations, foundations, families and individuals.

3. Maryland

The decision to proceed with a statewide positive behavioral intervention and supports (PBIS) initiative resulted from discussions in 1998 between the Maryland State Department of Education and the Sheppard Pratt Health System (a nonprofit behavioral health system serving 11 counties) about strategies to prevent violence and improve school climate. Since PBIS is a school-wide approach, the decision was made to house the initiative in the Department of Education's Division of Student and School Services, rather than within special education. A leadership team was formed, composed of co-directors from Sheppard Pratt and the Department of Education. Sheppard Pratt has a contractual arrangement with the Department of Education to co-direct and assist in training and oversight for the PBIS initiative.

The Department of Education contracted with the National PBIS Center at the University of Oregon to train 15 school teams from nine local school systems in July of 1999. In 2001, the Center for the Prevention of Youth Violence at Johns Hopkins University joined the collaboration, agreeing to serve on the leadership team and to conduct a systematic evaluation of the initiative. This evaluation will include comparison with a control group, which consists of schools that have not received PBIS training.

The state leadership team meets monthly to set policy and procedures, with a smaller sub-group, the PBIS management team, meeting weekly to handle operations. Within the local school systems, each has a Director of Student Services, who oversees PBIS implementation and serves as the local point of contact to the state leadership team. Currently about 21% (301) of Maryland schools are implementing PBIS.

Legislation enacted in 2004 requires elementary schools with a suspension rate of 18% or higher to implement PBIS or an alternative behavioral modification strategy. For the 2003-04 school year, 50 elementary schools exceeded the 18% suspension rate.

In 2005, the state was awarded a Schools and Mental Health Systems Integration grant by the U.S. Department of Education. This pilot project, involving three PBIS schools from each of four local school systems, is designed to integrate mental health systems into the PBIS structure to better serve students with more intensive mental health needs. The project aims to improve linkages among school teams, families, youth, health care providers, the community and the public mental health system. A State Advisory Board for Safe School Climate was formed to support the integration of services and training at the

local level and to advise about resource allocation at the state level. The board includes representatives from the Governor's Offices of Children and of Crime Control and Prevention, the state departments of Juvenile Services and Education, the Alcohol and Drug Administration, and the Maryland Coalition of Families for Children's Mental Health.

The grant also establishes the Maryland School Mental Health Alliance, which is responsible for coordinating the project. The Alliance includes the Department of Education, the state mental health authority, the Department of Juvenile Services, the Maryland Coalition of Families for Children's Mental Health, universities and others. It is expected that the project will result in the development of a model for integration that will be replicable across Maryland's school systems, guiding resource allocation, training and technical assistance.

Family Involvement

One objective of the federal Integration Grant is to ensure that families are included in all aspects of the project. To achieve this, the state has contracted with the Maryland Coalition of Families for Children's Mental Health, which has appointed a Family Liaison to coordinate its efforts and develop training and educational materials for families. In each of the participating four counties, a family member will be hired as Family Partner to bring the family perspective to county-wide integration teams. These individuals will be trained and supported by the coalition. They will receive a small stipend for their attendance at meetings and for participation in monthly conference calls with the Family Liaison.

Training & Technical Assistance

The state leadership team is responsible for planning and implementing PBIS training and support. Technical support has been provided, in part, by the National Technical Assistance Center on Positive Behavioral Interventions and Supports that is co-located at the University of Oregon and the University of Connecticut. Initially, Maryland relied on a summer training institute, with national consultants providing annual training for new and continuing schools. However, as interest mushroomed and several of the larger school systems indicated their readiness to join the initiative, the leadership team developed a model for regionally based training and technical-assistance capacity that began operations in 2005. Intensive training for lead coaches and training for trainers have been emphasized to develop regional capacity for ongoing expansion.

The majority of PBIS behavior-support coaches are school psychologists who each work with three to five implementing schools.

Coaches work to strengthen existing programs and also provide leadership and guidance to schools that are considering PBIS. Coaches attend PBIS school team meetings and provide ongoing support to implement and sustain PBIS. Additionally, coaches meet at the state level five times a year.

Funding

Support for the PBIS initiative comes from a variety of sources—including federal grants (Safe and Drug-Free Schools, Truancy Prevention, IDEA Part B funds, No Child Left Behind) that flow through the state's general education and special education offices. Local school systems are responsible for funding coaches in each school and for stipends, travel and other expenses for school personnel to attend trainings. Funding to support the evaluation of the PBIS initiative is through grants from the National Institute of Mental Health and the Centers for Disease Control and Prevention.

Outcome Data

PBIS schools in Maryland use the School-Wide Information System to keep track of discipline referrals. Thirty-seven schools in five school systems are participating in an evaluation where 21 schools are PBIS schools and 16 are control schools that will not implement PBIS. Preliminary data show that the PBIS schools have reduced problem behaviors in the classroom, office-discipline referrals and the number of suspensions.

In addition to this formal evaluation, the PBIS leadership team continues to review data submitted by schools. For the 2003-2004 school year, it found, for example, when comparing mean scores of office-discipline referrals (ODRs) per day per 100 students to the national average, that the elementary and middle schools scored better than their national counterparts—0.38 ODRs per day per 100 students for pre-K and K-5 vs. a national average of .043; and 0.89 ODRs for grades 6-8 vs. a national average of 0.95. Not surprisingly, Maryland has also found that the percentage of children in Tier One is highest at the elementary school level, at 93.33. Only 73.14% of high-school students meet criteria for Tier One, suggesting that the lack of effective interventions earlier has contributed to a higher number of high school students' having problem behaviors.

Twelve schools took their annual reductions in lost administrative and instructional time and calculated the savings, using a cost-benefit analysis worksheet. When these numbers were combined, Maryland found that together these schools had recovered 233 days of administrators' time and 700 days of instruction for students.

4. New Hampshire

New Hampshire Positive Behavior Interventions and Support (PBIS) is a state-level initiative that began in 2002 and is now a prominent element in both the state's education and mental health plans. Just over 16% of all of public schools are participating and there are 125 sites, including eight alternative schools, five of the state's six Head Start programs (36 sites), and four early childhood programs. The PBS initiative is part of an interagency initiative called Systems of Care and Education (SOC&E), which also includes Enhanced Post-Secondary Outcomes (secondary transition), Achievement for Dropout Prevention and Excellence (APEX) and NH Connections (regional support networks for families). The impetus for a statewide PBS initiative came from state and local partners involved in developing New Hampshire's SOC who were concerned about the number of youth placed outside their communities, often in out-of-state residential facilities.

Prior to PBS, the state had separate mental health and education reforms underway. A mental health system of care began in 1989 with grant funding from CMHS (now called CARE-NH). In order to return students from placements, the system of care recognized the need to improve the community schools' ability to serve students with serious emotional problems. PBS was viewed as a way to bring this capacity to the schools systematically and to create more positive school environments that would better meet all students' needs. School climate and discipline issues were high on the list of the education department's concerns and its officials were enthusiastic about an interdepartmental effort that promised to bolster school improvement.

While the Bureau of Behavioral Health was building systems of care, the Department of Education was launching a community systems change effort designed to help local school districts better serve all children. In 1998, the DOE received a federal State Improvement Grant (SIG I) to focus on professional development, school and family partnerships, and secondary transition planning and services. The state's DOE and the Department of Health and Human Services discussed how CARE NH and SIG I could be aligned, recognizing that a partnership using a system of care approach could improve community-based services for children and families. The collaboration proved successful and other entities joined the partnership, including the state offices of child welfare, juvenile justice, developmental services, alcohol and drug abuse prevention, minority health, health planning and Medicaid, and the district court system, as well as numerous family and child-serving organizations and some of the state's universities and colleges. The CARE NH and SIG I collaboration is the SOC&E.

CARE NH also formed three regional collaboratives that include parents, youth, local child serving agencies, educators, community mental health leaders and private providers. Each collaborative employs a community organizer, a full-time family partner and a cultural competency consultant. In the context of PBS, these collaboratives help to forge the link between mental health and education, bringing community services to families.

Training & Technical Assistance

Through a contract, the state provides technical assistance, training and support for universal and targeted teams and coaches, as well as for more intensive level services such as functional behavioral assessment, person-centered planning and wraparound. The New Hampshire Center for Effective Behavioral Interventions and Supports (NH-CEBIS), an educational consortium that is a collaboration of the Southeastern Regional Education Service Center (SERESC) and Rivier College, conducts the training and technical assistance on PBS, along with the SOC and APEX leadership.

Schools are also trained to use SWIS (the School-Wide Information System) and the school reports are used to guide decisions about the need for ongoing technical assistance and training. NH-CEBIS has offices at SERESC and regional offices located at three colleges.

PBS is also part of the curriculum in both new-teacher training and continuing education in the state's institutions of higher education. At Plymouth State, teachers earn graduate credits for training in wraparound and systems of care and education. A PBS certificate program is offered in behavioral management and PBS is part of undergraduate training.

Family Involvement

The Family and Youth Engagement Workgroup of the SOC&E works to develop common strategies among projects (including PBIS) for engaging families and youth. New Hampshire began developing its capacity to promote family involvement in 1989 with its first system of care grant. Since that time the Granite State Federation of Families for Children's Mental Health and NAMI NH, along with the Alliance for Community Supports, have provided ongoing education, training and advocacy, helping to develop the family-involvement component of all SOC&E initiatives. These family groups provide leadership at the state level through the leadership team, offer wraparound-facilitation training and consultation, run mentoring programs and family-to-family support programs. They also monitor and administer the flexible funds associated with the SOC, partner with the community mental health centers and

provide family and youth training. New Hampshire's Parent Information Center houses the statewide NH Connections project, which joins the aforementioned family organizations in providing leadership to SOC&E.

Schools are expected to include parents and community members on their universal teams (an expectation on the family-engagement checklist) and the workgroup continues to address issues of family engagement at the targeted and intensive levels. A Family Engagement Checklist was created in 2004 to help schools identify the status and priority of different tasks necessary to engage families in PBS programs.

Outcome Data

For the 2004-05 school year, the first cohort of schools in New Hampshire's PBS initiative saw a 28% drop in office-discipline referrals. There were also 568 fewer in-school suspensions and 352 fewer out-of-school suspensions. The hours regained were a total of 15,647—10,496 hours for student learning, 2,958 hours for teachers' teaching, and 2,193 hours for administrative leadership.

At the elementary-school level, between 2003 and 2004, physical aggression was reduced by 46% and defiance, disrespect and noncompliance were reduced by 73%. At the middle-school level, all problem behaviors were reduced by at least 50% in a six-week period following implementation of an intervention designed to teach respect. The incidence of problem behaviors decreased, and there were drops in the number of disruptions (from 130 to 65), defiance/disrespect (from 145 to 66), aggression (from 75 to 38), physical contact (from 28 to 8), harassment (from 27 to 8), and inappropriate verbal behavior and abusive language (from 47 to 14).

At the high-school level, one school reported a 78% reduction in tardiness after initiating an intervention. Another school reported that the number of incidents of tardiness dropped from 900 to 300 after it had targeted tardiness as a problem behavior.

Funding

The PBIS initiative is supported by Department of Education funds. The Department uses IDEA Part B and APEX grant funds for training and technical assistance. The Department of Health and Human Services, Bureau of Behavioral Health supports training and technical assistance for family involvement, including wraparound facilitation. This partnership has created a platform for other funding and support, including the SIG grant and a Mental Health and Schools Seed Grant from the IDEA Partnership at the National Association of State Directors

of Special Education. Local schools contribute toward training by providing staff time, substitute teachers and travel resources.

5. New York State

The statewide positive behavioral interventions and supports (PBIS) initiative in New York began in March 2002. Vocational and Educational Services for Individuals with Disabilities and the Elementary, Middle, Secondary and Continuing Education Offices (within the state Department of Education) joined with the state Office of Mental Health (OMH) and Families Together in New York State (FTNYS), the state chapter of the Federation of Families for Children's Mental Health, to coordinate joint delivery of education, mental health and family-support services. The coalition was charged with designing and implementing a technical-assistance strategy to promote widespread adoption of school-wide PBIS throughout New York. A statewide interagency leadership team guides the project.

Fifty-six schools were part of the initial cohort in the PBIS initiative that began in the 2002-2003 school year. Currently, 151 PBIS schools are involved. The goal is to establish PBIS initiatives in 180 school districts by July 2008.

The work to have schools partner in the system of care did not begin with PBIS, but started more than a decade ago. Other collaborations between the Office of Mental Health and the NYS Department of Education include:

- the *Coordinated Children's Services Initiative (CCSI),* designed to support cross-system planning and coordination of services at the local, regional, and state levels. The CCSI was designed to build an interagency system of care for children and families, relying on a single point of access. CCSI coordinates mental health services for children with serious emotional disturbance at the county level;
- *Effective Practices in Collaborative School-Based Mental Health Services,* started in 1999 to promote collaborations at the local level between schools, mental health agencies and service providers to improve outcomes for children and families;
- *School Support Project,* which began funding co-located mental health service projects in schools in 1999 to aid children with significant behavioral issues that put them at risk for academic failure, suspension/expulsion, and exclusion from general education settings; and
- the *Special Education Space Planning Initiative* targeted to students with autism and severe emotional and behavioral problems and designed

to provide alternatives to inappropriate placements and reliance on homebound instruction.

While these various interagency initiatives are targeted to children requiring intensive services, the state recognized that an initiative like PBIS, with a comprehensive school-wide focus, was also needed. PBIS is both the next step in the evolution of New York's service-system integration and recognition that a public health approach is key to improving school outcomes.

Staffing

PBIS teams include building administrators, psychologists, social workers and others employed by the school district, as well as family representatives and a PBS coach, who participate in planning and implementation at all three levels and facilitate the bridge to the system of care (the CCSI). In areas where a community agency provides school-based services, that agency may also participate in PBIS.

Funding

The New York PBIS initiative relies on an amalgamation of funds—Medicaid, public mental health and special education monies for services that are allowable under these entitlements, state education and mental health department funding, as well as federal and state grant monies.

Federal IDEA Part B discretionary grant money is used to fund state and regional technical assistance and training and will support a statewide technical assistance center. The CCSI supports intensive services as well as trainings in areas such as wraparound or functional behavioral assessment. FTNYS receives a grant to support the family component of PBIS, the result of an arrangement between the state mental health and education departments.

Training & Technical Assistance

The state education department contracts with seven regional technical assistance centers to provide training and technical assistance to interested schools. Each region has a PBIS specialist responsible for the planning, development and provision of coordinated training and technical assistance for the region. These sites are also aligned with the NYS Regional School Support Centers in order to promote collaboration with existing regional support networks. A statewide PBIS technical-assistance center, which will support the regional sites, is expected to open in 2006-2007. Currently, the state leadership team and the state's PBIS director are responsible for training and technical assistance and regional support.

Family Involvement

New York State is seen as a national leader in the effort to integrate family members as equal partners at every level of PBIS planning and implementation. A well-developed family organization, FTNYS, has been at the forefront helping to guide the design and implementation of PBS at the school, district/county, and state levels.

FTNYS is part of the statewide PBIS leadership team. The grant funding it receives from the state supports Regional Family Coordinators who partner with regional PBIS specialists based in the regional student support centers. The primary role of each Regional Family Coordinator is to serve as a resource for school teams in the region, assisting them with the recruitment and training of active family representatives on PBIS school teams, linking family-support services within the region and co-training with the Regional PBIS Specialist.

There is a clear expectation that family representatives will be part of schools' planning and implementation teams and FTNYS continues to look at ways to segue family representatives into leadership roles that traditionally are held by a professional in the school (e.g., PBIS coach). While the Regional Family Coordinators are paid salaries, PBS school team family representatives are not; they do, however, receive stipends.

Outcome Data

Data from the 2003-2004 school year indicate that 151 schools in the state initiative were in various stages of implementing PBIS. Seventy-eight percent of the first cohort are actively implementing universal-level strategies focusing on changing school climate; 88% are forming teams to target assistance to groups of students requiring special attention; and 64% are beginning staff development to prepare to address intensive individual student and family-support needs. Data for the year 2003-04 indicate that in the six schools farthest along in developing PBIS approaches, office-discipline referrals declined by 28%. Data from these sites also indicate reductions in insubordination and tardiness. Trend data from school report cards will be gathered over time to assess the impact on schools' academic performance and school climate.

6. Travis County, Texas

In 1989, a handful of counties in Texas were named as pilot sites to create a community-based planning agency for children with multi-agency needs. The Community Resource Coordination Group (CRCG) brought together all of the major child-serving agencies in the county to plan how to better serve children and families. The creation of the CRCG helped forge relationships between agencies in the county

and began a tradition of collaboration. In 1996, the Texas Integrated Funding Initiative (TIFI) was formed to pilot blended-funding models in communities throughout the state. The legislation provided funds to help communities move toward interagency funding. In Travis County, the agencies focused on decreasing reliance on residential care and providing services in the community.

The individuals who headed these interagency reform efforts spearheaded development of an application for a system of care grant from the Center for Mental Health Services. Travis County received the grant in 1998. The Children's Partnership was formed and now serves more than 300 children with complex mental health needs in the area.

In 1998, the Region XIII Education Service Center (ESC), in collaboration with the special education directors in the area, started training the first cohort of schools in PBS.

In 2000, the ESC staff liaison and The Children's Partnership staff came together, in recognition that they were working toward the same goals.

Today, the Austin School District, the ESC and The Children's Partnership collaborate in using their agencies' supports and resources. Other school districts in Travis County have followed suit and are working to expand PBS.

The link between mental health and schools in Travis County has come through The Children's Partnership (system of care) and the strong collaboration set up within the county health and human services agency, mental health and juvenile justice systems.

The Children's Partnership, the Community Partners for Children, and the schools all work together to help youth who are struggling to access services through a variety of programs and partnerships. The schools play an important role in helping students access such programs. Each school has an impact team composed of various school personnel, who meet to review youth who are not functioning well and link them with supports. The vice principal typically chairs the impact team and both general and special education teachers are involved.

The Children's Partnership provides access to an array of services for children with mental health needs and supports their families in various ways, utilizing services and supports offered by community partners. The Partnership is directly involved with the schools and works with them to provide wraparound services for children with complex needs (PBS Tier Three). Each child and family has an individualized plan of care.

The Children's Partnership collaborates with education partners to create and sustain care-coordination positions. These positions have been crucial to supporting children in the school setting and linking them to the outside services and resources they need to sustain success.

Funding

The system-reform efforts in the 1990s helped in many ways to build and strengthen collaboration in the community. With respect to financing, the TIFI led the community agencies to participate in a blended funding model. Travis County agencies have therefore been working together and funding initiatives jointly for over a decade.

PBS was initially funded by the ESC with federal special education dollars. While the ESC used Part B and TIFI funds to offer training and technical assistance in the Travis County area, The Children's Partnership and the county funded care coordinators and social workers to work in some schools.

Today, the schools cover the bulk of the PBS costs. Schools pay for the care coordinators, and have developed the capacity to train themselves, with the help of the ESC. A statewide network, The Texas Behavior Support Initiative, has also allocated funding over the past two years to each ESC to support implementation of PBS across the state. The Children's Partnership federal grant ended in September 2005. However, the Partnership has been able to sustain every service and activity by relying on community partners and continues to use Medicaid dollars to leverage services.

Training & Technical Assistance

Much of the technical assistance and training for PBS was originally provided through the ESC. When the PBS initiative merged with the Partnership in 2000, the two entities focused on the need for training and support for families and school personnel on PBS and the systems of care model. The ESC coordinates a number of training tracks and technical-assistance meetings for trainers, families and school personnel, while The Children's Partnership provides training to others important in the system, such as nonprofit employees and for-profit organizations that serve children in the area.

The Children's Partnership also trains parent liaisons who provide support and linkages to schools and other community agencies. They help parents and families prioritize their needs and navigate the system, and they are instrumental in facilitating the wraparound process, working closely with families in their homes or other designated places. The majority of families in The Children's Partnership have an assigned Parent Liaison.

The Children's Partnership works with more than 300 children in Travis County. However, there are other students with mental health needs who are not a part of The Children's Partnership. These children access mental health services in various ways. One of the most important avenues for care is Community Partners for Children, set up by the county. The agency provides services to children who are at-risk or in danger of becoming at-risk. They provide a single point of access to services for youth who are returning from residential placement or at risk of being placed into residential treatment.

Family Involvement

The Children's Partnership has incorporated the family voice in every layer of the organization. Family members serve as board members, management staff and direct care staff, and are employed as parent liaisons. The Family and Youth Leadership Council meets bi-weekly and discusses issues of interest or concern, advocacy, mental health education and skills development.

Outcome Data

The Children's Partnership data illustrate improved school functioning and behaviors. At intake, 94% of children served by The Children's Partnership reported school absences during the previous six months. Within six months, 14% of the children improved attendance, and at the 18-month follow-up, 21% did. School performance also increased, with 37% of Children's Partnership children improving their grades 24 months after intake. Out-of-school suspensions decreased by 30% from intake to the six month follow-up. Expulsions dropped by 10% in the same time frame.

Living situations also improved significantly for children involved with The Children's Partnership. The time spent in out-of-home placements decreased from 187 days to 98 days. This reduction not only helps keep the family together, but also represents a significant cost-saving for Travis County. Similarly, the number of children who stayed in one living arrangement, as opposed to multiple placements, increased by 30% from intake to the 24-month follow-up.

Schools Visited During Site Visits

Illinois

- Dixon Elementary School, Chicago, Illinois
- Stockton Elementary School, Chicago, Illinois

Maryland

- Indian Head Elementary School, Indian Head, Maryland

Montana

- Daly Elementary School, Hamilton, Montana
- Stevensville K-12 School, Stevensville, Montana
- Hamilton High School, Hamilton, Montana
- Victor K-12 School, Victor, Montana

New Hampshire

- South Meadow Middle School, Peterborough, New Hampshire
- South Londonderry Elementary School, South Londonderry, New Hampshire
- Jolicoeur School, Manchester, New Hampshire
- Belnap-Merrimack Head Start, Laconia, New Hampshire

New York

- Lanigan Elementary School, Fulton, New York
- East Syracuse Elementary School, East Syracuse, New York

Texas

- Martin Middle School, Austin, Texas
- Travis High School, Austin, Texas
- Pflugerville Middle School, Pflugerville, Texas
- Manor Middle School, Manor, Texas

PBS Policy Retreat Attendance List

- ❍ Susan Bailey-Anderson, MBI Coordinator
  Montana Office of Public Instruction
- ❍ Susan Barrett, PBIS Maryland State Coordinator
  Sheppard Pratt Health System
- ❍ Linda Brown, MS, RN, Regional PBIS Specialist
  Student Support Services Network
- ❍ Carlo Cuccaro, School Psychologist, Fulton City School District
- ❍ Lucille Eber Ed.D, Project Director, Illinois PBIS Network
- ❍ Carol Ewen, Programs Manager, Bitterroot Valley Education Co-op
- ❍ Debra Grabill, Interagency Consultant
  NH Systems of Care and Education
- ❍ Kathe Hayes, Director of Training and Strategic Direction
  New York State Office of Mental Health
- ❍ Ruth Hughes, PhD, CPRP, Deputy CEO
  Public Policy and Community Services, CHADD
- ❍ Milt McKenna, Student Services & Alternative Programs
  Division of Student and School Services
  Maryland State Department of Education
- ❍ John Moore, Director (ret.), Educational Support Services, Austin ISD
- ❍ Michael Orth, Program Director, Children's Mental Health Services
  Westchester County Dept. of Community Mental Health
- ❍ Ada Maria Ortiz, Family Resource Developer
  System of Care Chicago
- ❍ Trina W. Osher. Federation of Families for Children's Mental Health
- ❍ Carl Smith, Co-Director, Iowa Behavioral Alliance
  Iowa State University
- ❍ Ann Straub, Behavior Consultant
  The Bitterroot Valley Education Coop
- ❍ Mark D. Weist, Ph.D, Professor and Director
  Center for School Mental Health Analysis and Action
  University of Maryland School of Medicine

PBS TRAINING TOOLS

The following tools and resources are available either online at www.pbis.org, or they can be obtained from the OSEP Center on Positive Behavioral Interventions and Supports.

✓ **PBS Implementation and Planning Self-Assessment Checklist** —general template or protocol for self-assessment. It is designed as a multi-level guide for appraising the status of PBS organizational systems and developing and evaluating PBS action plans. It is to be completed by a team and can be used to evaluate statewide, district-wide or school-wide implementation.

✓ **Ebs Self-Assessment Survey**

- ✶ EBS survey assessing and planning behavior support in schools —used by school staff for initial and annual assessment of EBS systems in their school.
- ✶ Summarizing the results from the EBS survey —detailed instructions for summarizing and evaluating the EBS survey results.

✓ **Effective Behavior Support Team Implementation Checklists** —the EBS team should complete checklists #1 and #2 monthly to monitor activities for implementation of EBS in the school.

- ✶ Checklist #1: Startup Activity
- ✶ Checklist #2: Ongoing Activity Monitoring
- ✶ Action Plan for Completion of Startup Plan

✓ **School-Wide Evaluation Tool (SET)** —designed to assess and evaluate the critical features of school-wide effective behavior support across each academic year.

✓ **Functional Assessment Checklist for Teachers and Staff (FACTS)** —two-page interview used either to build behavior-support plans for individual students or to guide more complete functional-assessment efforts.

✓ **Self-Assessment of Contextual Fit in Schools** —assesses the extent to which the elements of a behavior-support plan fit the contextual features of a school environment. The interview asks school faculty to rate (a) knowledge of the elements of the plan,

(b) perception of the extent to which the elements of the behavior-support plan are consistent with personal values, and skills, and (c) the school's ability to support implementation of the plan.

1. School Leadership-Team Training Reference Materials

✓ **Components and Processes of School-Wide Discipline** —worksheets that can be used to brainstorm the elements of the school's PBS program:

- ✶ school's statement of purpose;
- ✶ school's stated behavioral expectations;
- ✶ school's teaching matrix for behavioral expectations;
- ✶ school's procedures for positive reinforcement;
- ✶ school's procedures for rule violations; and
- ✶ school's data decision system for office discipline referrals.

✓ **Getting Started** —tools to organize initial tasks for getting started with practices and systems of school-wide PBS:

- ✶ establishing team membership and getting started —team profile to establish a school-wide leadership team and agreements;
- ✶ actions needed for establishing team membership and getting started;
- ✶ actions needed for identifying positive school-wide expectations;
- ✶ teaching matrix for school-wide expectations;
- ✶ actions needed for developing a plan for teaching school-wide expectations;
- ✶ acknowledgements worksheet —identifies forms of acknowledgement for student use of school-wide expectations;
- ✶ actions needed for developing procedures for encouraging and strengthening student use of school-wide expectations;
- ✶ rule-violation worksheet —identifies definitions, examples and procedures for rule violations;
- ✶ actions needed for developing procedures for violations of school-wide rule; and
- ✶ questions for getting started and action planning worksheet.

✓ **Conducting Leadership-Team Meetings**

- ✶ conducting leadership meetings checklist —facilitates the preparation, conduct and evaluation of meetings; and
- ✶ routines for conducting effective and efficient meetings.

✓ **School-Wide Expectations —Teaching Matrix**

- ✶ teaching expectations-implementation checklist; and
- ✶ teaching matrix —identifies positive behaviors for each expectation/rule in different settings/routines.

✓ **Committee/Group Self-Assessment and Action Planning** — worksheet enables schools to assess and enhance the efficiency, effectiveness and relevance of the committee and team organization of schools.

✓ **Classroom Management: Self-Assessment and Action Planning** —worksheet determines the extent to which effective general classroom-management practices are in place and develops an action plan for enhancement/maintenance.

✓ **Non-Classroom Management: Self-Assessment and Action Planning** —worksheet determines the extent to which effective supervision practices outside of the classroom are in place and develops an action plan for enhancement/maintenance.

✓ **Data Checklists and Forms**

- ✶ discipline referral data self-assessment —worksheet rates the status of discipline-referral data-management procedures and develops an action plan for procedures "not in place";
- ✶ SWIS referral form examples —each form for office-discipline referral and office referral is formatted differently, in size of paper, actual categories and the order of the information to be recorded;
- ✶ readiness checklist —10 requirements for obtaining a SWIS license agreement; and
- ✶ compatibility checklist —tool for ensuring that all necessary categories are being documented on a referral form

✓ **Parent Survey** —in English and Spanish, asks parents to anonymously rate school and family activities, school safety and school climate.

2. Implementer's Blueprint and Self-Assessment

✓ **Sample State/District Leadership PBS Action Planning Template** —provides a three-year timeline of certain activities necessary for implementing a PBS program.

✓ **Action Plan for Completion of Startup Activities** — planning worksheet outlines the major startup activities for the state leadership team.

The OSEP Center on PBIS has an extensive online library that includes research, links to state initiatives and national PBS resource centers, tools, and information about conferences and training opportunities. Rather than recreate their list of national resources and state links, we suggest that you look at the OSEP Center website: www.pbis.org/Library.htm

In addition to their resource lists, below are some additional sources of information on social and emotional development, positive behavioral support, family leadership, and community and school-based mental health. These sites also have links to other valuable resources.

- The UCLA Center for Mental Health in Schools
  http://smhp.psych.ucla.edu/
- Dept. of Child & Family Studies, Louis de la Parte Florida Mental Health Institute
  http://cfs.fmhi.usf.edu/
- The Federation of Families for Children's Mental Health
  www.ffcmh.org
- The National Association of State Directors of Special Education
  www.nasdse.org
- The Center for School Mental Health Analysis and Action
  http://csmha.umaryland.edu/
- The National Association of School Psychologists
  www.nasponline.org

Illinois

The following tools and resources are available either online at www.pbisillinois.org/ or from the Illinois PBIS Network.

Integrating Wraparound Approaches in PBS Schools

✓ **Team Development**

- guiding questions to assist with initial conversations;
- sample questions for family-strength assessment;
- sample questions for school-strength assessment, questions to ask teachers about their schools;
- sample questions for school-based strength assessment, questions to ask teachers about their students;
- strengths-assessment exercise —identifies key stakeholders and the strengths of each within a school; and
- collaborative team-planning form.

✓ **Evaluation and Assessment**

- wraparound start-up checklist —evaluates the progress of each step/action;

- ✶ wraparound planning indicators —evaluates the progress of each planning indicator;
- ✶ implementation survey —evaluates the progress of each implementation task;
- ✶ student referral for comprehensive wrap plan;
- ✶ youth and family checklist —survey evaluates a youth's needs and strengths in the community, home/family and school;
- ✶ educational information form —to be completed by a youth's teacher, survey identifies the youth's current educational placement, classroom functioning and academic performance;
- ✶ parent/primary caregiver satisfaction —survey evaluates a parent's or primary caregiver's satisfaction with the current child and family wraparound team;
- ✶ youth satisfaction —survey evaluates a youth's satisfaction with his/her current child and family wraparound team; and
- ✶ full evaluation dispositional form for students receiving comprehensive plan

General Resources from Illinois

✓ **PBIS School Profile, 2004-2005;**

✓ **Illinois PBIS Implementation Levels for 2005-2006** —details criteria for assessing implementation in schools for each phase;

✓ **PBIS Academic and Behavioral Interventions** —asks for input from each school on interventions they have implemented as a result of their PBIS training and implementation;

✓ **PBIS School Data Summary Form** —includes summary of major office-discipline referrals (ODRs), in-school suspensions (ISSs) and out-of-school suspensions (OSSs);

✓ **PBIS Academic And Behavior Interventions** —collects data from schools on their school-wide/universal, targeted and intensive/wraparound interventions and seeks suggestions for improvements regarding roadblocks and challenges encountered;

✓ **2005-2006 Illinois PBIS Team Implementation Checklist**;

✓ **Parent and Community Involvement** —survey requests information on how parents and community members are involved in implementing PBIS; and

✓ **"Speak Out!! We're Listening"** —asks for quotes/statements about PBIS implementation and impact from various sources, e.g., principal, general education teachers, student, parent, counselor.

New Hampshire

The following tools and resources are available either online at http://nhcebis.seresc.net/ or from the New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS):

✓ **Targeted Team Self-Assessment** —assesses the team's (1) readiness and (2) startup and processes;

✓ **Targeted Intervention Questionnaire**; and

✓ **Family Engagement Checklist** —identifies the status and priority of tasks necessary to engage families in PBS programs.

Maryland

The following tools and resources are available either online at www.pbismaryland.org or from the Maryland State Department of Education:

✓ **Statewide PBIS: The Maryland Model, Implementers Manual** —an example of statewide implementation of PBS;

✓ **PBIS Team Implementation Checklist**, Form A Revised: School Year 2005-06;

✓ **Coach's Implementation Checklist, Form C, School Year 2005-06** —to be completed monthly by the PBIS coach to monitor PBIS implementation activities in a school;

✓ **Coach's Self-Assessment** (Maryland) —designed to assist coaches in identifying current strengths and professional-development goals;

✓ **The School-Based PBIS Implementation Phases Inventory (IPI)** —survey to be completed by coaches twice a year, assesses a school's level of PBIS implementation;

✓ **Maryland Positive Behavioral Interventions and Supports Forms** —identifies who is responsible for filling out all program forms, how often, and to whom each form is sent;

✓ **Cost/Benefit Analysis Worksheet.**

New York

The following tools and resources are available either online at www.emsc.nysed.gov/sss/MentalHealth/PBIS-short.html or from the New York State Education Department:

✓ **Administrator's Commitment Expectations**; and

✓ **Team Implementation Checklist (TIC)**

MATRIX OF FEDERAL ENTITLEMENTS AND BLOCK GRANTS

Matrix of Federal Entitlement and Block Grant Programs to Support Systems of Care for Children with Serious Mental and Emotional Disorders

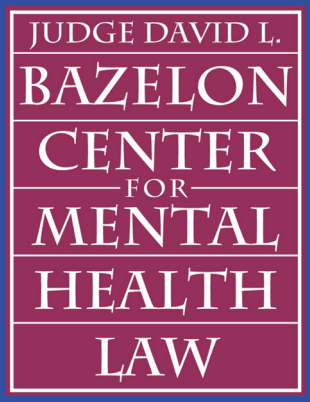
	Title IV-E Foster Care	Title IV-E Training	Title IV-E Administration	Title IV-B/ Promoting Safe & Stable Families Prog.	IDEA, Part B	IDEA, Part C	IDEA Pre-School Grants	Sliver Grants	Vocational Rehabilitation, State Grants	ESEA, Title I used for special education students	Community Development Block Grants	Section 8 Housing	Juvenile Justice & Delinquency Prevent. Form. Grant	Delinquency Prevention Block Grant (Part C)	Medicaid: Clinic Services	Medicaid: Rehabilitation Services	Medicaid: Targeted Case Management	Medicaid: Psychiatric hospital services for children	Medicaid: Home & community-based waiver	Medicaid: Other*	S-CHIP	Community mental health block grant	Substance abuse block grant	Maternal and Child Health Block Grant	Social Services Block Grant	TANF	Child Care Block Grant
ELIGIBILITY																										
Income	X	X	X							X		X			X	X		X	X	X	X			X	X
Severity of child disorder						X	X		X												X					X
Age	X	X	X	X	X	X	X	X																		
Other factors	X	X	X	X																					X	
SERVICES																										
Screening	X		X	X	X	X	X			X		X	X	X	X	X		X			X	X	X	X	X	
Assessment/evaluation/diagnosis	X		X	X	X	X	X			X		X	X	X	X	X		X			X	X	X	X	X	
Anticipatory guidance				X						X		X	X	X	X	X		X			X	X	X	X	X	
Individual, group and family therapy				X	X	X	X	X		X		X	X	X	X	X		X			X	X	X	X	X	
Crisis intervention				X	X	X	X					X	X	X	X	X		X			X	X	X	X	X	
Mobile crisis services				X								X	X	X	X	X		X			X	X	X	X	X	
Medication management				X								X	X	X	X	X		X			X	X	X	X	X	
Prescription medications													X	X							X	X	X	X	X	
Substance abuse outpatient treatment				X	X	X						X	X	X	X	X		X			X	X	X	X	X	
Parental education on child disorder				X	X	X	X			X		X	X	X	X	X		X			X	X	X	X	X	X
Home visits for newborns			X	X		X	X					X	X	X	X	X		X			X	X	X	X	X	
Family services for 0-6				X		X	X					X	X	X							X	X	X	X	X	
Intensive in-home services				X		X						X	X	X		X		X			X	X	X	X	X	
School-based day treatment				X	X		X	X				X	X	X		X		X			X	X			X	
School-based mental health services				X	X		X	X		X		X	X	X		X		X			X	X			X	
Other day treatment				X	X		X	X				X	X	X		X		X			X	X	X	X	X	
Behavioral aide	X			X	X	X	X	X		X		X	X	X		X		X			X	X	X	X	X	
Social skills daily living skills training	X			X	X	X	X	X		X		X	X	X		X		X			X	X	X	X	X	
Therapeutic nurseries/preschools				X		X	X	X						X		X		X			X	X	X	X	X	
After-school programs	X			X	X	X	X	X		X		X	X	X		X		X			X	X	X	X	X	X
Summer day programs	X			X	X	X	X	X		X		X	X	X		X		X			X	X	X	X	X	X
Parent hotlines				X		X		X				X	X	X		X		X			X	X	X	X	X	
Therapeutic recreation				X	X	X	X	X					X	X		X		X				X	X	X	X	
Service team meetings	X		X	X	X	X	X	X					X	X								X	X	X	X	X

Matrix of Federal Entitlement and Block Grant Programs to Support Systems of Care for Children with Serious Mental and Emotional Disorders (continued)

	Title IV-E Foster Care	Title IV-E Training	Title IV-E Administration	Title IV-B/ Promoting Safe & Stable Families Prog.	IDEA, Part B	IDEA, Part C	IDEA Pre-School Grants	Sliver Grants	Vocational Rehabilitation, State Grants	ESEA, Title I used for special education students	Community Development Block Grants	Section 8 Housing	Juvenile Justice & Delinquency Prevent. Form. Gra	Delinquency Prevention Block Grant (Part C)	Medicaid: Clinic Services	Medicaid: Rehabilitation Services	Medicaid: Targeted Case Management	Medicaid: Psychiatric hospital services for children	Medicaid: Home & community-based waiver	Medicaid: Other*	S-CHIP	Community mental health block grant	Substance abuse block grant	Maternal and Child Health Block Grant	Social Services Block Grant	TANF	Child Care Block Grant
Wraparound facilitation	X		X	X	X	X	X	X					X	X		X						X		X	X	
Case management	X		X	X	X	X	X	X		X			X	X	X	X	X		X		X	X		X	X	
Intensive case management/ACT			X	X									X	X		X	X				X	X		X	X	
Supported employment (adolescents)				X	X		X	X	X				X	X							X	X		X	X	
Supported education (adolescents)	X			X	X				X	X			X	X							X	X		X	X	
Supported housing (adolescents)	X			X							X	X	X	X							X	X		X	X	
Education and consultation					X	X				X			X	X		X					X	X		X	X	
Respite services	X			X		X							X	X							X	X		X	X	
Parent-to-parent support groups	X			X	X	X	X						X	X							X	X		X	X	
Engaging natural supports	X		X	X									X	X		X					X	X		X	X	
Transportation	X			X	X	X		X		X			X	X						X		X		X	X	
Inpatient psychiatric hospitalization																		X								
Residential treatment center services**	X			X	X			X									X	X			X					
Crisis residential services**	X			X												X	X									
Group homes**	X			X							X	X				X	X				X	X				
Therapeutic foster care**	X			X												X	X				X	X				
Purchase of goods/opportunities for child	X				X	X		X					X	X							X			X		
Recruitment of personnel	X			X	X	X	X	X					X	X							X	X		X		
Pre-service training	X	X	X	X	X	X		X													X	X		X		
Multi/cross-discipline in-service training	X	X		X	X	X	X	X		X			X	X							X	X		X	X	
Resources for family organization				X									X	X							X					
Resources for family partic. in policy & prog.	X		X	X									X	X							X	X				
Advocacy services			X	X			X						X	X											X	
Mediation of disputes				X	X	X	X	X					X	X											X	
Technical assistance to providers	X		X	X			X	X					X	X					X			X	X			
Management information system	X	X	X	X			X	X					X	X					X			X	X		X	
Provider networking	X			X	X	X		X														X	X		X	
Systems collaboration (agency level)	X		X	X	X			X						X						X		X	X		X	

*Medicaid: Other category includes physician, home health, transportation, administration

** Under Title IV-E, only room, board, and care can be covered; under Medicaid, only services can be covered



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