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School Behavioral Health

Interconnecting Comprehensive School Mental Health and Positive Behavior Support

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Foreword

My work in the disability field began over three decades ago with an early career position as a paraprofessional. I subsequently have held positions as a special education teacher, mental health provider, consultant, and researcher. My commitment to the particular population of children and adolescents with emotional and behavioral problems began early on, as I was challenged by intervention limits, the excessive use of punitive procedures, and the lack of advocacy for this group of students.

Much has changed over the past 30 years. Highly punitive procedures that were conventional as recently as a decade ago have become far less standard, in favor of approaches that endeavor to understand the causes of problem behavior as well as the role of childhood experiences, such as trauma. Many schools have adopted universal screening procedures, with efforts to discover *all* students who might need behavioral and mental health support. Tiered systems of support in schools are on the rise, promising efficient and effective intervention matched to student needs. Preventive and instructional programs are being introduced to children at a young age, with follow-through efforts as children age. Finally, the education field has recognized and embraced the importance of research- and evidence-based programs and practices.

Still, outcome data do not bode well for our efforts. Little change is evident across many indicators of progress. Students with emotional and behavioral problems continue to surpass all other disability groups across measures of disciplinary referrals, suspensions, grade retention, and school dropout. Suicide rates among adolescents have seen a recent acceleration, according to data from the Centers for Disease Control and Prevention. And, poor outcomes endure into adulthood, with unemployment and underemployment, limited enrollment in postsecondary education, and high rates of involvement with the criminal justice system.

The presumably favorable shift in the nature of positive intervention approaches, the earlier onset of preventive efforts, and the adoption of more rigorously researched intervention strategies and programs does not seem to align with the persistently poor outcome data for students with social and emotional needs. So, how do we explain the incongruent data? I believe one explanation is that we have overwhelmingly focused on prevention. We have seen a recent surge in implementation of

interventions targeted at the universal (tier 1) level. Intervention at this level brings about much contentment, as large decreases in problem behaviors (e.g., disciplinary referrals) ensue. While these efforts should be applauded, they often occur at the expense of the population of students with more intensive needs. This lack of attention to problems of greater concern and severity is exacerbated by the persistent aversion and stigma toward behaviors (internalizing and externalizing) that leach the boundaries of conventional school behavior.

So, how do we move forward? Indeed, we must continue (and perhaps expand) early prevention and intervention efforts. There is ample evidence from rigorous research studies that tiered and preventive systems of support work. For instance, school-wide efforts, such as Positive Behavioral Interventions and Supports (PBIS), have a substantial impact. These efforts need to be further expanded to all school settings. Most importantly, in spite of PBIS, teachers continue to struggle with students who exhibit emotional and behavioral problems in their classrooms, the setting where students spend most of their school day. This is just one area where attention should be directed. There is an abundance of evidence that pre-service training and in-service support and induction programs are deficient for preparing teachers to support students with challenging behaviors. This must be improved.

At the same time, school- and program-wide data cannot obscure the outcome data for students with the most intensive needs (tier 3). The data must be parceled, which will compel us to direct attention to also improving intervention for students with more intensive needs at tier 3. Moreover, there are no data to suggest that mental health problems can be entirely eliminated for a variety of risks and environmental reasons. This is supported with convincing models of illness and disease that have been approximated in medicine, public health, and other fields. We must consider intervention a routine practice. At the same time, there is compelling evidence that emotional and behavioral problems can be greatly reduced.

This brings us back to the topic of school behavioral health. The efforts we have undertaken over the past several decades are undeniably insufficient. As yet, the pieces have not come together to forge a meaningful impact. And, as this book attests, the answer is not simple. What this book offers is a blueprint for moving forward. The authors spell out the collective effort that is needed to accomplish the important goal of providing comprehensive and effective school behavioral health services.

To do so, the authors lay out five themes: (a) building partnerships between education, families, mental health, and other youth-serving systems; (b) developing effective school-wide approaches; (c) promoting cultural responsiveness and humility; (d) improving the quality of services and increasing the use of evidence-based practices; and (e) improving implementation support for evidence-based practices. In addition to these five theme areas, three priority populations – students connecting to child welfare and juvenile justice systems and from military families – are addressed. The authors take a deep dive, rely on community members with unique expertise, and explore issues in a way that has not been previously seen.

Three unique features of the book render it of great value to our field. First, the five themes and three priority populations are jointly addressed. For many years, we

have seen efforts to tackle a single theme. For instance, researchers and practitioners have illustrated ways to build partnerships between education, families, mental health, and other youth-serving systems. More recently, attention has been paid to school-wide approaches, culturally responsive and humble interventions, and evidence-based practices. This book brings the themes together within a common framework, with the underlying premise that all themes are essential for successful school behavioral health.

Second, diverse stakeholders were convened to contemplate the five themes and three priority populations and consider ways to move our field forward. While we often speak to the need to consider opinions from a variety of stakeholders with an interest in and commitment to children's behavioral health needs, seldom do we accomplish this feat. Real (logistics, time) and perhaps perceived (territorial) barriers make this a challenge. In this book, the voices of many stakeholders emerge. These include sometimes overlooked groups, including youth and their families involved with juvenile justice, child welfare, and the military. The issues distinctive to these various groups and the related systems that provide services and supports demand unique consideration, as offered in this text.

Finally, this book confronts barriers and generates potential solutions in a way that has not been previously accomplished. The perspectives of multiple stakeholders, particularly direct care providers, are evident. The rich and deep analyses that transpired from the focus group format heighten our understanding of real obstacles and propose practical solutions. Each chapter draws in pertinent research and reflects upon current practice as experienced by those in the field.

This book will be of great value to a range of individuals, including pre-service personnel, in-service practitioners, program and school administrators, families, researchers, and others. The authors, innovative thinkers, dedicated practitioners, and exceptional researchers assembled an equally talented group of collaborators. The result is thoughtful considerations and recommendations that should serve as a critical launching point for advancing school behavioral health in a way that will yield meaningful outcomes.

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Glossary of Acronyms

AAPCSH	American Academy of Pediatrics Committee on School Heath
ACF	Administration for Children and Families
ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychological Association
BH	Behavioral Health
BHOP	Behavioral Heath Optimization Program
CONUS	Continental US
CW	Child Welfare
DJJ	Department of Juvenile Justice
DMH	Department of Mental Health
DoD	Department of Defense
DSS	Department of Social Services
DV	Domestic Violence
EB	Emotional/Behavioral
EBD	Emotional/Behavioral Disorder
EBP	Evidence-Based Practice
ED	Emotional Disability
EFMP	Exceptional Family Member Program
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
FHC	Family Health Clinic
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IS	Implementation Support
ISF	Interconnected Systems Framework
JJIY	Juvenile Justice-Involved Youth
LbC	Leading by Convening
MCE	Modular Common Elements
MCY	Military-Connected Youth

MFLC	Military Family Life Counselor
MH	Mental Health
MI	Motivational Interviewing
MOS	Military One Source
MTF	Military Treatment Facility
MTSS	Multi-Tiered Systems of Support
NLTS	National Longitudinal Transition Study
OCONUS	Outside the Continental US
OSEP	Office of Special Education Programs
PBIS	Positive Behavioral Intervention and Supports
PCM	Primary Care Managers
PCORI	Patient-Centered Outcomes Research Institute
PCS	Permanent Change of Station
PTSD	Post-Traumatic Stress Disorder
RTI	Response to Intervention
SBH	School Behavioral Health
SES	Socioeconomic Status
SBMI	School-Based Motivational Interviewing
SC	South Carolina
SES	Socioeconomic Status
SMH	School Mental Health
SOP	Standard Operating Procedure
SSBHC	Southeastern School Behavioral Health Community
US	United States
USC	University of South Carolina
Y-AP	Youth-Adult Program

Advancing Effective School Behavioral Health

Mark D. Weist, Kathleen B. Franke, and Robert N. Stevens

Beginning in 2012, teams from the University of South Carolina (USC), state Departments of Education and Mental Health, and the South Carolina (SC) Association of Positive Behavior Supports began to meet to try to expand and improve, and make school behavioral health programs in the state more coherent and impactful. Early on, it was agreed the term school behavioral health (SBH) would be used to convey clinicians from the mental health system joining schools' multitiered systems of support (MTSS) toward greater depth and quality in programs/services delivered at Tier 1 – promotion/prevention, Tier 2 – early intervention, and Tier 3 – more intensive intervention.

A decision was made to develop a community of practice (see Wenger, & Snyder, 2000) for SBH in SC, reaching out to diverse stakeholders with a vested interest in these programs, beginning to convene regularly, and moving from discussion to dialogue to collaboration and policy change/resource enhancement, toward capacity building of effective programs throughout the state. The community connected stakeholders in education, youth-serving systems (e.g., mental health, child welfare, juvenile justice, disabilities, primary health care, allied healthcare services, family, and youth advocacy) from every county in SC and its first conference was held in Columbia, SC, in 2014. Following this meeting, a website and listserv were established, and a second conference was held in Charleston, SC, in 2015. During this conference, the diverse stakeholders, students with emotional/behavioral (EB) concerns, and families participated in a research forum. Together, the participants

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