

Children's Mental Health Prevention & Early Intervention:

Schools on the Front Lines Utilizing Positive Behavior Support

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Classroom teachers are usually the first to notice when a child is exhibiting potentially serious behavioral health issues, and accordingly, schools have the potential to be on the front lines of identifying and treating children's behavioral problems. However, only a few schools have established systematic approaches to take this knowledge and connect the child and family to resources which could alleviate the problems before they become severe and threaten the child's success in school.

A successful program can be built around the well established concept of Positive Behavior Support (PBS) which is a framework for collaboration between schools and mental health agencies that addresses behavioral problems both from an educational and mental health perspective and leads to successful results in terms of increased school success as measured by grade performance, graduation rates and attendance and reduced need for special education, child welfare, and juvenile justice interventions.

PBS provides a comprehensive array of supports tailored to the needs of all students, focused on preventing the occurrence and escalation of behavioral health problems. PBS has been shown to be effective in improving schools' learning environments, addressing the social-emotional needs of children, reducing discipline problems, and reducing behavioral health problems among children for whom an effective approach has not otherwise been found.

This report provides an introduction to PBS for community mental health organizations. Topics covered include the benefits of PBS for schools, mental health agencies and children; milestones for PBS implementation; and strategies for financing PBS. For information on how to access additional PBS resources and guides, see the Appendix.

What is Positive Behavior Support?

Positive Behavior Support (PBS) is a collaborative approach to improving children's mental health and reducing behavioral problems in schools. It is not a specific curriculum or intervention; rather, it is a set of guiding principles designed to address behavioral issues and improve children's social-emotional functioning. At its core, PBS is built on the principles of prevention, cross-system collaboration, and data-supported practices. Different communities may select different strategies for implementing PBS; however, when fully implemented at a school-wide level, PBS programs share the following key features:

- **Prevention for All Students:** Behavioral expectations are defined and taught to all students in the school. Rewards are provided for following expectations and displaying good behavior. For problem behavior, there is a clearly defined and consistently implemented spectrum of consequences. This universal level of prevention is sufficient to improve outcomes for most students and assists in identifying students with patterns of problem behavior who may need more specialized interventions.
- **Specialized Interventions for Students with Greater Levels of Need:** Students with patterns of problem behavior are monitored for clues to effective interventions and supports. The information is used for ongoing decision-making or individualized interventions by a specialized cross-system support team with community mental health and family involvement. (See more details in the table below.)
- **Collaboration and Support from Community Partners:** The PBS initiative has strong commitment and support from families, the mental health system, the school district, the state, and the community.
- **Ongoing Training:** School staff, families, PBS support team members, and other individuals involved participate in ongoing training and technical assistance. This includes training for mental health providers in evidence-based practices that have been shown to be effective for children. It also includes training for school staff on identifying and referring children with special needs.
- **Data Collection/Evaluation:** Robust data collection activities help the school monitor outcomes, show the value of the program, and build support among stakeholders.

PBS allows for flexibility in the specific prevention and intervention activities implemented by schools. Activities are divided into three tiers depending on the student’s level of need:

Tier	Targeted to:	Core Elements
1	All students (this level of prevention will be sufficient for roughly 80% of students)	<ul style="list-style-type: none"> • Behavioral expectations defined and taught • Continuum of rewards/reinforcement for appropriate behavior • Continuum of consequences for problem behavior • Continuous active supervision/monitoring across all school settings • Monitoring, collection, and use of data for decision-making
2	Students requiring early interventions to keep problem behaviors from becoming habitual (approx. 5-15% of all students)	<ul style="list-style-type: none"> • Early assessment of those exhibiting at risk behaviors • Continuous progress monitoring for students with at-risk behavior • System for increasing structure and predictability • System for increasing contingent adult feedback • System for linking academic and behavioral performance • System for increasing home/school communication • Collection and use of data for decision-making
3	Students presenting the most challenging behavior (approx. 3-7% of all students)	<ul style="list-style-type: none"> • Functional Behavioral Assessment • Team-based comprehensive assessment and intervention • Linking of academic and behavior supports • Individualized interventions focusing on: (a) prevention of problem contexts; (b) instruction on functionality equivalent skills and instruction on desired performance skills; (c) strategies for placing problem behavior on extinction; (d) strategies for enhancing contingent reward of desired behavior; and (e) use of negative or safety consequences if needed

		<ul style="list-style-type: none"> • Establishment of local behavioral expertise • Collection and use of data for decision-making
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Adapted from: Bazelon Center for Mental Health Law, “Way to Go: School Success for Children with Mental Health Care Needs” and OSEP Center on PBIS, “Is School-wide Positive Behavior Support an Evidence-based Practice?” (see Appendix).

The expertise of mental health professionals is needed at all levels of PBS implementation. The most successful PBS programs co-locate mental health providers in schools; however, at a minimum, mental health providers should be included in the cross-system support team that provides individualized interventions, assists in the rollout of PBS, and guides ongoing decision-making.

Benefits of PBS to Mental Health Agencies, Children, and Schools

Community mental health providers are key participants in PBS initiatives. PBS can help providers improve their clients’ health and more effectively utilize available resources in the mental health system. Specific benefits include:

Better School Environments. Evidence indicates that PBS, when backed up by effective mental health services for children in need, may improve the school’s learning environment.ⁱ PBS also reduces discipline problems by 20-60%ⁱⁱ and has been shown in some cases to reduce bullying by fostering a culture of respect.ⁱⁱⁱ PBS can also reduce inappropriate special education referrals, meaning that teachers can more effectively address students’ educational needs.^{iv} In addition, PBS often leads to greater family participation in school and in the child’s education.

Improved Academic Outcomes. PBS has also been shown to positively affect students’ academic success as measured by improved engagement, grades, and test scores. PBS can lead to improved academic outcomes and improved test scores, helping schools meet the standards of No Child Left Behind.^v

Early Identification of Children with Behavioral Needs. With its focus on a universal level of prevention for all students in school, PBS allows for the early identification of students who are in need of individual attention or specialized services.^{vi} Early identification of students with behavioral and emotional disturbances is crucial for improving care and outcomes for these students.

Improved Health Outcomes through Prevention and Early Intervention. PBS contributes to improved health outcomes by facilitating quick and effective interventions for children exhibiting problem behavior. By preventing problems from occurring or from worsening, PBS contributes to children’s improved social and emotional functioning. It reduces the number of children with minor needs entering the mental health system, leaving mental health providers with more time and resources to treat those with more severe problems.^{vii}

Greater Access to Mental Health Services for Students and Families. PBS provides opportunities for frequent contacts between mental health professionals and students and their families. The relationships established with students and families through PBS can help reduce the stigma surrounding mental illness and can reduce

families' reluctance to seek care in a specialized setting. Because the school setting eliminates some of the financial and logistical barriers that reduce families' access to mental health centers, students and families are more likely to take advantage of services.^{viii}

Improved Care for More Children in More Settings. By participating in PBS, mental health professionals can see students in multiple settings over longer periods of time, enabling them to better assess the student and his or her family. School personnel provide additional important information to providers about students' behavior and functioning. Moreover, while many existing reimbursement policies limit mental health professionals to providing care for only the most high-needs students, this model allows them to reach students with lower levels of need before their issues escalate.^{ix}

Milestones for PBS Implementation

Following are several of the major milestones in initiating and carrying out a PBS collaboration.^x The Appendix includes a list of detailed resources, checklists, and implementation guides with further guidance on this topic.

1. **Initiating the Collaboration:** PBS relies on a successful partnership between the state, the school system, the mental health system, private health insurers, the community, and families. Committed leaders should be enlisted from each of these groups at both the state and local level. Regular communications and a clear definition of the project scope and goals are critical to laying the foundation of a sound collaboration.
2. **Planning for Implementation:** A poorly planned initiative can lead to failure and future reluctance to change. Collaborators should take advantage of the wealth of research and technical assistance that exists for implementing PBS. Drafting a statement of purpose and procedural guidelines/expectations can help ensure that all partners have a common understanding of the project and can help frame the planning process.
3. **Beginning the PBS Rollout:** Collaborators should be prepared to readjust and make changes as implementation begins. There are many fully developed guidelines and tools for implementation, but the PBS team should be flexible and creative in adapting these tools to their own initiative. Partnerships with mental health agencies, wraparound services, students themselves, families, and the community are important to maintain as PBS rolls out and can provide significant value to the project.
4. **Conducting Training and Technical Assistance:** Ongoing training and technical assistance (TA) are vital to ensuring the integrity of PBS adoption and to maintaining momentum behind the initiative. Training and TA also provide staff members an opportunity to further their learning and internalize the values of PBS. Cross systems training is particularly important so that school and mental health professionals can maximize their ability to appropriately respond to children in need.
5. **Collecting Outcomes Data, Evaluating Success:** Outcomes measurement helps PBS initiatives build and maintain support from key stakeholders over time. It can also help win over people who were initially doubtful of the approach and can be used as a tool in soliciting funding for the project.

- 6. Planning for Sustainability:** Often, the funding source that is used to begin a PBS initiative may be time-limited, leaving the state or school district searching for new funding after only a few years. Collaborators should plan from the beginning for sustainable funding.

Financing School-Based Mental Health Prevention and Early Intervention Built Around PBS

As noted above, a central consideration in planning for PBS is finding a sustainable source or sources of funding. Schools and mental health agencies should consider the following when developing a PBS program:

Health Insurance Reimbursement for Behavioral Health Services: In many cases, health insurance will pay for the care that children need once they have been identified as having a behavioral health problem. However, for all but the most serious cases, that care will not be regularly accessed unless it is offered on campus at schools (due to the scheduling efforts, efforts involved with locating a therapist, and the stigma frequently associated with a family seeking mental health care on its own).

Schools can usually make available the space for such care, but there is still a need for the health plan to be willing to make school-based therapists part of its network or for one or more of the therapists who are part of each health plan's network to spend all or part of their time offering services at schools. Community mental health providers can offer a bridge solution to this dilemma, as many community providers have relationships with health plans and may already be operating school-based programs through other funding.

Finding Funding for Prevention and Evaluation Activities: A more complex set of issues arises in developing the funding for the universal prevention and evaluation activities which do not qualify as medically necessary services. For children enrolled in Medicaid, the Early and Periodic Screening Diagnosis and Treatment (EPSDT) provisions of federal law suggest that states must conduct such prevention and evaluation activities. A partnership between the school, community mental health providers, the state Medicaid agency, and health plans could develop a way to capture the state and federal funding already dedicated to that program and make it available for these school-based activities.

For children with private insurance, health plans or states could enact similar policy requirements to ensure that schools or school based providers are reimbursed for these early identification and treatment efforts based upon the savings that could result from these efforts.

Exploring the Possibility of a Medicaid Waiver: With the new healthcare reform law's increased emphasis on prevention and early intervention, states could make the case that universal prevention and some at-risk protective activities could be justified activities under a Medicaid waiver. Waivers must be cost-neutral to the federal government, and these types of interventions have the potential to lower costs by keeping children from becoming severely emotionally disturbed to a level that there is a risk of out of home placement. Out of home placement would qualify the child for Medicaid and child welfare, both of which bring significant federal costs per child. Although there is a need for more definitive research to document the potential savings from

such efforts, many schools are currently conducting these activities and may be able to provide data to support such a proposal.

Additional Sources of Funding: In its report “Way to Go: School Success for Children with Mental Health Needs,” the Bazelon Center for Mental Health Law identified a comprehensive list of reliable federal funding streams for PBS. These funding streams may be combined, or “braided,” across systems to achieve full financing of PBS that is sustainable over the long term. Several sources of federal funding include:

- **Education Programs:** Individuals with Disabilities Education Act (Part B state flexible funds; Early Intervening flexible funds; and Section 651 formula grants); No Child Left Behind Act (Improving Academic Achievement of the Disadvantaged; Innovative Programs); Elementary and Secondary Education Act (Title I flexible funds)
- **Healthcare Programs:** Medicaid; Children’s Health Insurance Program, Mental Health Block Grant, Substance Abuse Prevention and Treatment Block Grant, Maternal and Child Health Block Grant
- **Social Service Programs:** Social Services Block Grant, Temporary Assistance for Needy Families, Title IV-E (Foster Care; Child Welfare Training; Promoting Safe & Stable Families)
- **Justice Programs:** Juvenile Justice and Delinquency Prevention (State Formula Grants; Community Prevention Grants)

In addition, there are a number of time-limited or discretionary programs that may be available. PBS initiatives have also received funding from state and local general revenue funds, health department prevention funds, private health insurance, managed care companies, community hospitals, charitable foundations, and other community sources. See the Appendix for additional resources on developing a financing strategy for PBS.

For more information, please contact Rebecca Farley, Policy Associate, National Council for Community Behavioral Healthcare, at RebeccaF@thenationalcouncil.org or 202.684.7457 ext. 235.

Appendix:

A Guide to Useful Resources for PBS Implementation

“Way to Go” Report and Fact Sheets: Much of the information in this report was adapted from “Way To Go: School Success for Children with Mental Health Needs, a report from the Bazelon Center for Mental Health Law. The full report is [available for purchase](#) online. The Bazelon Center has also made available several fact sheets with basic information on PBS and the roles of states, communities, families, and mental health agencies in PBS implementation. All fact sheets and checklists are available free for download on [Bazelon’s website](#):

- Fact Sheet #1: Why States and Communities Should Implement School-wide Positive Behavior Support Integrated with Mental Health
- Fact Sheet #2: Positive Behavior Support: What it is and Why it Works
- Fact Sheet #3: Effective Mental Health Services Integrated with Schools: What Works
- Fact Sheet #4: Families: A Critical Role in PBS Integrated with Mental Health
- Fact Sheet #5: Making Strides at the State Level: Policies for Implementation
- Fact Sheet #6: Making Strides at the Local Level: Policies for Implementation
- Checklist for Local Advocates of School-Wide Positive Behavior Support Integrated with Mental Health

Research and Evidence Base: The Office of Special Education Programs (OSEP) has published a document with detailed information about the evidence-supported benefits of PBS. The document, [“Is School-wide Positive Behavior Support an Evidence-based Practice?”](#) includes citations for dozens of academic articles studying various aspects of PBS effectiveness and implementation.

Technical Assistance Center: The OSEP [Technical Assistance Center](#) on Positive Behavioral Interventions and Supports is a collaboration between the U.S. Department of Education and 11 technical assistance centers across the United States. The Center provides resources and technical assistance to encourage large-scale implementation of PBS, including organizational models, demonstrations, dissemination, and evaluation tools needed to implement PBS with greater depth and fidelity across a variety of contexts. The Center’s website includes a resource catalogue for its broad array of resources on every aspect of PBS research and implementation.

Financing Strategies for School Based Mental health Prevention and Early Intervention Built Around PBS: The Bazelon Center’s “Way to Go Report” (see above) includes an extensive section on funding sources for financing PBS initiatives. Additional useful information about strategies for financing a range of PBS-related services can be found on the OSEP Technical Assistance Center website (see above). A report from the Research and Training Center for Children’s Mental Health at the University of South Florida, [“Effective Financing Strategies for Systems of Care,”](#) provides guidance and examples of financing for collaborative or wraparound approaches that include school-based approaches.

ⁱ Bazelon Center for Mental Health Law, “Way to Go: School Success for Children with Mental Health Needs.” Washington, D.C.: May 2006. Available for purchase online at [http://www.bazelon.org/News-](http://www.bazelon.org/News-Publications/Publications/List/1/CategoryID/19/Level/a/ProductID/11.aspx?SortField=ProductNumber,ProductNumber)

[Publications/Publications/List/1/CategoryID/19/Level/a/ProductID/11.aspx?SortField=ProductNumber,ProductNumber](http://www.bazelon.org/News-Publications/Publications/List/1/CategoryID/19/Level/a/ProductID/11.aspx?SortField=ProductNumber,ProductNumber)

ⁱⁱ Ibid. (p. 4)

ⁱⁱⁱ Ibid. (p. 5)

^{iv} Ibid. (p. 22)

^v Ibid. (p. 5)

^{vi} Ibid. (p. 59)

^{vii} Ibid. (p. 6, 59)

^{viii} Ibid. (pp. 59-60)

^{ix} Ibid. (pp. 59-60)

^x Adapted from Ibid. (pp. 29-60)