

An Investment in School-based Children's Mental Health is a
Wise Investment in America's Future
Children's Mental Health Day
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at the Southeastern Regional Educational Resource Center
In Honor of Jane Knitzer
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Opening

Distinguished members of Congress and other guests, I am humbled by your kind invitation to discuss the importance of investing in children's social, emotional and mental health on national Children's Mental Health Awareness Day alongside such prominent panelists as Laurel Stine, Kathryn Power, and Goldie Hawn. I feel honored to have the opportunity to describe how your strategic investments in positive behavioral interventions and support, the integration of schools and mental health systems, and systems of care over the past decade has improved access to effective school and community-based mental health interventions and resulted in improved outcomes for children and families across New Hampshire. Your investments in school and mental health care reform have improved school climate, enhanced family engagement, reduced problem behaviors, suspensions, expulsions, and dropout rates, recovered lost time for teaching and learning and improved academic achievement.

I feel blessed to work with some of our country's most caring and competent teachers and service providers who make every day at school, as the late psychologist Nicholas Hobbs suggested, "a successful and joyous one for children." I especially want to thank my colleagues at the New Hampshire Center for Effective Behavioral Interventions and Supports at the Southeastern Regional Education Resource Center, the New Hampshire Department of Education, the New Hampshire Department of Health and Human Services, NAMI-NH, and the NH Parent Information Center, among others for all their efforts.

So let me begin my formal remarks by thanking you for investing in America's future by supporting legislation that addresses the challenges our schools face on a daily basis --

challenges that must be addressed if schools are going to achieve the promise of supporting all children including those with mental health needs in developing social competence and achieving academic success in school, and ultimately enjoying the high quality of life they deserve. Challenges such as the following:

- At a preschool in Manchester, NH, young children engaged in 608 incidents of fighting/physical aggression, 326 incidents of defiance/disrespect, 165 incidents of abusive language, and 98 incidents of leaving the area without permission in one school year.
- At a Head Start program, a four year old boy we'll call Angel exhibited so many acts of aggression (hitting peers & teachers, throwing objects, knocking over furniture) and other challenging behaviors (148) that his classmates avoided him out of fear and applauded when he was absent.
- 1st and 2nd graders on the playground at recess at an elementary school in Southern NH exhibited 214 instances of physical aggression in a six month period.
- At one elementary school, the relationship between the single mother of a 3rd grader named Robert with diagnoses of ADD and bi-polar disorder who exhibited behaviors such as yelling, leaving the area without permission and occasionally knocking things off tables when angry was so adversarial that she threatened to sue the school if they tried to restrain her child.
- An 8th grade girl we'll call Cathy at a middle school in the northern part of NH with a history of disruptive behaviors such as yelling, hitting, pushing, destruction of property, and theft was sent to the office or suspended 10 times in the first two months of school with no change for the better.

In response to challenges such as these, New Hampshire has leveraged resources from a number of federal agencies and programs such as IDEA part B funding from the US Department of Education, Office of Special Education and Rehabilitation Services (OSERS), grants for the Integration of Schools and Mental Health Systems from the US Department of Education, Office of Safe and Drug Free Schools (OSDFS), and System of Care grants from the US Department of Health and Human Services, Substance Abuse Mental Health Services Administration (SAMHSA). These resources were used to support six complementary state-wide initiatives -- *Positive Behavioral Interventions and Supports-NH (PBIS-NH)*, *Rehabilitation and Empowerment for Natural Supports, Education and Work (RENEW)*, *Community Alliance Reform Effort-NH (CARE NH)*, *Mental Health and Schools Together-NH (MAST-NH)*, *Achievement in Dropout Prevention and Excellence (APEX)*, and *NH Professional Development for Excellence in Education (NH RESPONDS)*. These initiatives were designed to provide innovative evidenced-based behavior and mental health supports to children and adolescents in school and community settings. This federal, state and local investment has improved access to safe, positive and productive school climates in which students like Angel, Robert, and Cathy can experience social, emotional, behavioral and academic success. The investment has also improved access to family driven community-based interagency and wraparound supports that meet the needs of their families.

Jane Knitzer and her colleagues, in *Unclaimed Children Revisited*¹, the recent report on the status of children's mental health policy in the United States, said it best, "The needs of children and youth who experience mental health difficulties, as well as the needs of

¹ *Unclaimed Children Revisited: The Status of Children's Mental Health Policy in the United States*
Janice L. Cooper, Yumiko Aratani, Jane Knitzer, Ayana Douglas-Hall, Rachel Masi, Patti Banghart, Sarah Dababnah

their families, cannot be addressed adequately without solid policy foundations at both state and federal levels.” If Knitzer were here today she would join me in arguing that your investment in children’s mental health is wise and strategic public policy. I implore you to address the public interest by acting boldly and strategically in three specific ways – First, support school based solutions like PBIS by voting for the *Positive Behavior for Effective Schools Act*. Second, support schools and mental health system integration by voting for the *Mental Health in the Schools Act*. Third, support systems of care by voting for the *Reauthorization of the Substance Abuse Mental Health Services Administration*.

There are three important reasons to act boldly to address the need through legislation.

The first is because mental health disorders in children are a major public health concern.

Instead of flourishing, far too many of our nation’s children are suffering -- suffering from a mental health concern or disorder that puts them at-risk for missing out on the American dream and the good life. In fact, despite recent and significant advances in mental health care and evidence-based practices in schools, mental health problems and behavioral problems in our children are shockingly common.

The second reason to act boldly is because it begins early and the effects can last a lifetime.

Early childhood educators in New Hampshire are increasingly finding two types of children in their classrooms – those who arrive ready for school success with an emerging social competence and those at-risk for school failure due to risk factors such as poverty, abuse and neglect, homelessness, parental mental health issues and substance abuse,

medical conditions or because they exhibit challenging behavior.² Early childhood educators know that without early and effective interventions, many of these children, especially those with externalizing problems, are likely to persist and lead to a downward spiral of school failure, poor employment opportunities and poverty in adulthood.⁹

The third reason to act boldly is because the cost of inaction to children and families is great.

The costs of failing to respond to the needs of children with mental health needs and their families in terms of human suffering and wasted potential are enormous. Left untreated, children with mental health needs like Angel, Robert, and Cathy are less likely to succeed in school and life than virtually any other group of American children.

In addition to the human costs of inaction, there are financial costs as well. It is estimated that that children with mental health disorders cost taxpayers billions of dollars a year in health care, education and related costs.

There are six important reasons why New Hampshire has invested in Positive Behavioral Interventions and Support for the past 7 years

The first reason is because maintaining a safe and positive instructional climate is a critical responsibility of schools.

Safe schools and those with positive climates are higher achieving schools. Students in schools which have positive climates, create a sense of belonging, and teach social and emotional skills are associated with increases in reading, writing and mathematics grade

² National Research Council and Institutes of Medicine, 2000; Rimm-Kaufman, Pianta, & Cox, 2000; Squires & Bricker, 2007

and scores on achievement tests.³ These findings make it absolutely clear that social-emotional development and academic achievement are interdependent.

The second reason is because there are three types of students in schools and they require a differentiated approach.

Schools are challenged to address the wide range of diversity that exists in students. One type of diversity is social and emotional diversity. Evidence suggests there are three types of youth in schools with respect to social and emotional development – the majority of students who develop typically (80-90%), some 10-15% of students who are at risk for developing behavior or mental health disorders, and the 3-7% of students who have existing behavior or mental health disorders.

In order to successfully address the full range of behavioral diversity schools face and to address the needs of children with mental health challenges, a three-tiered approach to school discipline is required which (1) teaches appropriate behaviors rather than relying on punishment, (2) matches the level of intervention resources to the level of behavioral challenge presented by students, and (3) integrates multiple systems of support across home, school, and community.⁴

Schools using a three-tier approach organize their evidence-based behavioral practices and systems into an integrated collection or continuum in which students experience supports based on their behavioral responsiveness to intervention. These tiers have been referred to as primary, secondary, and tertiary prevention.⁵ Three-tiered prevention logic requires that all students receive supports at Tier 1, the universal or

⁴ Walker, et al., 1995

⁵ Walker, et al., 1995

⁶ While applied to all students, the emphasis here is on reaching the approximately 80-90% of students who do not have serious behavior problems or mental health needs.⁷ The purpose of universal strategies is to maximize achievement, deter problem behavior, and increase positive peer and adult interactions.

Tier 2, secondary prevention, is aimed at the roughly 5-10% of students or subgroups considered at risk for developing behavioral disorders or mental disorder and who are unresponsive to Tier 1 supports alone.⁸ These students enter school with significant risk factors typically do not respond to universal prevention strategies alone. A three-tier approach includes a systematic screening process for identifying students at-risk of developing a behavioral disorder early before their behavior becomes entrenched and chronic and more intensive behavioral supports in the form of group or other interventions such as a Check In Check Out programs with an adult, social skills instruction, or academic tutoring. The goals of secondary prevention are to (1) decrease opportunities in which high-risk behaviors might be fostered and (2) establish effective and efficient prosocial repertoires that would increase student responsiveness to universal interventions.⁹

⁶ Sugai & Horner, 1999

⁷ OSEP Center on PBIS, 1999

⁸ Greenberg, Domitrovich, & Bumbarger, 2001; Sugai, Horner, & Gresham, 2002

⁹ Sugai, et al., 2002

Tier 3, tertiary prevention, addresses the remaining 1-5% of students who are displaying symptoms or behaviors related to ED or a mental disorder.¹⁰ The goal of tertiary interventions is to reduce the frequency, intensity and complexity of students' maladaptive behavior patterns and provide them with suitable, efficient and effective replacement behaviors that will compete with their more maladaptive ones. Students with intensive needs are provided with a highly individualized plan based on a functional assessment of their behavior.

One scientifically-validated three-tier approach that addresses prevention, early identification and intervention, uses evidence-based systems, practices and data, and leads to improved behavioral and academic outcomes is Positive Behavioral Interventions and Supports (PBIS). PBIS refers to a culturally responsive set of evidenced-based interventions designed to achieve socially important behavior change and improve academic achievement.¹¹ PBIS is NOT a packaged curriculum, intervention, or practice, but IS a decision making framework that guides selection, integration, and implementation of the best scientifically-based academic and behavioral practices for improving important student academic and behavior outcomes for all students.

Using systems to support adults, practices to support students and data for decision-making, PBIS has arguably grown in epidemic proportions like no other school reform effort in educational history. With implementation occurring in more than 9,000 schools in 46 states, PBIS has crossed what Gladwell (2002) called the *Tipping Point* and is likely to remain a platform for initiating and sustaining school reform in the foreseeable

¹⁰ Greenberg et al., 2001; Sugai, et al., 2002

¹¹ US Department of Education, 2000

future. Recent data from Fixsen (2009) suggest that PBIS is the most replicated evidence-based intervention in the history of schooling.

The third reason is because PBIS has been proven to be effective in both schools and preschools.

Research and program evaluations have shown that schools implementing PBIS with fidelity experience improvements in school climate, reductions in problem behaviors leading to office referrals, suspensions and expulsions, fewer dropouts, increased opportunities for academic engaged time and gains in student achievement.¹² Research in early childhood has also shown that program-wide positive behavior supports is producing positive outcomes for children, families, and the programs.¹³

The fourth reason is because the three-tiered framework aligns beautifully with the public mental health framework and an integrated approach based on interagency partnerships.

The implementation of the 3-tier PBIS system of primary prevention for all students, secondary prevention for those at-risk and tertiary interventions for those with intense needs aligns well with the public health framework and supports an integrative approach for education, child care agencies and families to engage on behalf of children and youth. Linking and integrating mental health agencies and personnel to all 3-tiers of PBIS has been recommended by the American Academy of Pediatrics (2004) and research supports the effectiveness of these collaborations.¹⁴

¹² Bradshaw, 2006; Horner, Sugai, Eber, Phillips, & Lewandowski, 2003; Horner, Sugai, Todd & Lewis-Palmer, 2005; Horner, et al., 2004; Luiselli, Putnam, Handler, & Feinberg, 2005; Muscott, Mann, & LeBrun, 2008; Nelson, Martella, & Marchand-Martella, 2002; Scott & Barrett, 2004

¹³ Dunlap, Fox, & Hemmeter, 2004; Fox, Jack, & Broyles, 2005; Muscott, Mann & LeBrun, 2008; Stormont, Covington-Smith, & Lewis, 2007

¹⁴ Scott & Eber, 2003

The fifth reason is because the principles and practices of PBIS are consistent with federal education mandates.

The principles and practices of PBIS are consistent with federal education mandates in the No Child Left Behind Act and the Individuals with Disabilities Education Act of 2004 for implementation of practices grounded in research.

The sixth reason is because PBIS emphasizes family engagement

PBIS places a particular emphasis on the relationship between school and home, making educators and family members prominent agents in transforming students' educational experiences. Not surprisingly, PBIS draws on a robust research literature to validate its emphasis on home-school partnerships.

How have PBIS-NH and the Related Initiatives Benefitted NH Children and Families?

Positive Behavioral Interventions and Supports-NH (PBIS-NH), which was sponsored by New Hampshire Department of Education, Bureau of Special Education and the New Hampshire Center for Effective Behavioral Interventions and Supports, and related initiatives have paid dividends for the people of NH and children with mental health needs. Some of those outcomes include:

- PBIS has been comprehensively supported in 152 public and private preschools and K-12 schools in NH, reaching more than 44,000 children and 25% of NH public schools.
- NH CEBIS has worked alongside 1,500 educators that have completed the full 3-year cycle of training and technical assistance in every region of the state. Program evaluation data suggests that educators value it. For example, Barbara Condon, a classroom teacher, Mastricola Elementary School, Merrimack, NH remarked, "I was very skeptical about this program at first. I thought, here we go again – another initiative.

But I can honestly say that teaching is much easier with PBIS in place – I am now sold on this approach.” Similar comments have come from others such as Cori White, a behavior specialist at Horne Street School, Dover, NH: “I can’t begin to describe the incredible difference PBIS has made at Horne Street School. I have been teaching and working with students for 25 years. The PBIS system has helped me to integrate my training and experience to design and implement effective behavioral supports on a school-wide, classroom, small group and individual basis. Every year the program gets better and better.”

- More than 80% of these schools have implemented PBIS with fidelity each year.
- Schools report improved school climates; Staff and Administration feel supported by the systems approach. For example, Sikander Rashid, Principal, Cutler Elementary School, Swanzey, NH has stated: “PBIS has had an enormously positive effect on our school climate. Cutler is often talked about as an exemplary school in our district, and its overall environment justifies such talk.” Kathleen Custer, retired principal, James Masticola Elementary School, Merrimack, NH stated: “With PBIS, as the students move through the grade levels they find that the rules are the same, the cues are the same and the consequences are the same. By the time they reach grade four, students are able to self-monitor their behaviors and work out many of the conflicts that previously required so much teacher time.”
- PBIS has produced a sustained pattern of reductions in office discipline referrals, suspensions and expulsions with concurrent increases in time spent learning and teaching. For example, Cohort 1 implementation resulted in a 28% reduction in major problem behaviors, a 31% reduction in in-school and a 19% reduction in out-of-school

suspensions. Cohort 2 implementation resulted in an 11% reduction in major problem behavior and a 45% reduction in out-of-school suspensions. Cohort 3 implementation resulted in a 32% reduction in major problem behavior and a 23% reduction in out-of-school suspensions.

- All told, these reductions recovered 1,235 days of teaching and 3,014 days of learning time.
- Of 27 elementary, middle and multi-level schools analyzed over a 2-year time frame, 24 (89%) showed improvement in mean reading scores and 11 (41%) showed improvement in mean math scores on the NH state achievement test. More importantly, 16 (59%) made gains in reading proficiency levels and 14 (52%) made gains in math proficiency levels.
- Remember the preschool with some many behavioral problems. As a result of PBIS, they reduced incidents of fighting/physical aggression by 85% from 608 to 94, defiance/disrespect by 90% from 326 to 34, and abusive language by 89% from 165 to 17 over a two-year period.
- Remember the elementary playground problems? PBIS implementation reduced aggression/fighting from 214 to 70.
- Remember the middle school that experienced 468 instances of problem behavior in the first six weeks of school – implementing PBIS reduced all documented major problem behaviors by at least 50% in a six-week period following implementation of an instructional intervention delivered in advisory periods that focused on teaching respectful behavior. Disruptions dropped from 130 to 65; defiance/disrespect from 145

and inappropriate verbal behavior and abusive language from 47 to 14.

- PBIS has helped improve family engagement. “My children love this school – the school has been a phenomenal support for me and my kids. I can communicate with the school staff about anything. When you have the support you need, you succeed.” Parent of a Student at South Meadow Middle School, Peterborough, NH

Remember Robert’s mom? Lisa Duvall and the Bennington elementary school staff now have an excellent and collaborative relationship. She attends team meetings and fully supports the school. Robert is also exhibiting much improved behavior and learning.

- PBIS, RENEW and APEX have reduced dropout rates in five of the seven high schools (71%)

- Students with intense needs involved in PBIS, RENEW and APEX have experienced school success through individualized supports such as function-based behavior support, wraparound, mentoring, extended learning opportunities and job coaching. Remember Angel? His behavior problems reduced from 148 to 68 in one year a 54% reduction and while playing musical chairs, a classmate put her head on his shoulders. Remember Robert? Because of the work in PBIS in family engagement, the strong relationship that the school social worker had with mother, and the creation of a function-based behavior plan not only is Robert being successful in school, but his mother and the school team have become real partners.

How Best Can You Continue to Support these Investments?

PBIS and sister initiatives in NH have improved the lives of children and their families and bode well for your bold and strategic action. Therefore, I urge Congress to continue strategic investments by:

Supporting the *Positive Behavior for Effective Schools Act*. This legislation provides schools with the flexibility and technical assistance needed to implement, expand, and sustain the use of PBS to improve the learning environment for all students and to help identify and support those students who require targeted and intensive interventions. It also re-establishes that schools can use Title 1 funds for social and behavioral support.

Supporting the *Mental Health in the Schools Act*. This legislation is designed to better address the needs of students with mental health disorders in our nation's schools by increasing funding and expanding the scope of the Safe Schools – Healthy Students program. I also urge you to increasing funding and expanding the scope of the Integration of Mental Health and Schools program.

Supporting the *Reauthorization of the Substance Abuse Mental Health Services Administration*. This critical public health agency, with a focus on mental health and addiction services, has provided support for innovative programs that address the needs of children with mental health disorders and their families. It is time for Congress to recognize the importance of this agency by moving forward with reauthorization legislation.