



CENTER FOR SCHOOL MENTAL HEALTH

*Committed to strengthening policies and programs in school mental health
to improve learning and promote success for America's youth*

PERSISTENTLY DANGEROUS SCHOOLS: ROLES FOR SCHOOL MENTAL HEALTH

The Need for Decreasing Aggressive and Delinquent Behaviors in Schools

Due to increased concerns regarding the safety of our nation's schools and accountability standards set forth in the No Child Left Behind (NCLB) Act of 2001, school administrators, both at the local and state levels, are in need of effective strategies to reduce violence and behavioral issues in their schools. In a recent national study of high school students, 33% of youth reported being in a physical fight one or more times in the prior 12 months; 17% reported carrying a weapon (e.g., gun, knife, or club) on one or more of the 30 days preceding the survey¹; and an estimated 30% of 6th to 10th graders in the United States reported being involved in bullying as a bully, a target of bullying, or both.² These types of behaviors can lead to classroom disruption, less instruction time, decreased learning opportunities for perpetrators, and increased administrative time and resources spent on discipline.³ Often youth who accrue repeated suspensions or expulsions end up entering the juvenile justice system, resulting in lower educational achievement compared to their peers.⁴ In addition, increased numbers of long term student suspensions and expulsions pave the way for schools to be labeled "Persistently Dangerous Schools (PDS)" under the NCLB Act, potentially encouraging student transfers, possible loss of federal and state funding, and the ultimate threat of school closure.

With an increased national focus on student achievement, school administrators are faced with balancing time and resources between academics and discipline. Therefore the question

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becomes, how do schools effectively address issues of violence and behavior problems, while maintaining high academic standards and student achievement? Using Maryland's school system as an example, this brief will offer alternatives to traditional approaches to decreasing violence in schools and highlight areas where school mental health can team with school administrators to produce effective change. School mental health refers to the provision of a full continuum of mental health promotion and intervention by school and community providers through strong school-family-community partnerships.

Why Suspensions/Expulsions are Not the Answer

Alarming, the number of suspensions and expulsions are on the rise not only for violent behaviors but also for nonviolent offenses such as disrespect, insubordination and poor attendance. As an example, Maryland's suspension rates are given in the box below.

In Maryland:

- **Nearly 60% of suspended students were repeat offenders in the 2005-2006 school year.**
- **Of the 126,870 suspensions in Maryland for the 2005-2006 school year,**
 - **71% were males**
 - **61% were African American students**
 - **23% were students with disabilities and/or receiving special educational services**
 - **37% were suspended under the disrespect/insubordination category**

Source: Maryland Department of Education (2006). *Maryland public school suspensions by school and major offense category.*

According to Maryland's Annual Suspension and Expulsion report, 126,870 suspensions occurred to 72,609 students during the 2005-2006 school year, meaning that of those suspended or expelled, 57% were repeat offenders. Maryland also reported that more than three quarters of those students who were suspended received no education while out of school, which for repeat offenders equates to significantly lower opportunities for academic achievement.⁵ Studies have shown that discipline strategies focused on suspension and expulsion may actually lead to repeat

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offenses, escalated violence, and more chronic delinquent behavior.^{3,4} Suspensions are fiscally draining and are time consuming endeavors for school administrators and staff. In a powerful example presented by Milt McKenna (2007), a Maryland SWPBS leader, if one office referral takes fifteen minutes for an administrator to process, for one Maryland Middle School with a reduction of 955 suspensions, that would result in 14,325 minutes or 239 hours or 40 days of that administrator's time that could be recovered and reinvested.^{4b}

In addition, suspended students rarely receive educational services while out of school, leading to decreased educational success.⁴ Incarcerated youth may face even greater challenges, related to length of stay incarcerated and curriculum available within the juvenile services setting. It can be difficult for incarcerated youth to follow the same curriculum they had at their zone school and in turn, it can be challenging for schools to figure out how to give course credit for classes taken while incarcerated (incarcerations may not correspond to standard school district semester and course credit regulations). Zero-tolerance legislation may impede reentry altogether and can leave the juvenile facility with no clear school entity with a history of working with the child to turn to for communication about the child.⁶ Given the challenges of suspended, expelled, and incarcerated youth, schools need to address issues of behaviorally difficult youth on two fronts, both on the prevention front and on the transition front of reintroducing youth suspended, expelled and incarcerated back into school.

Research shows that compared to the general student body, those students suspended or expelled are more likely to be eligible for free or reduced lunch, have a learning disability or have been diagnosed with emotional or behavioral disorders. Helping suspended students to be more successful academically can have positive results. Academic achievement has been linked to reduced rates of recidivism and improved behavioral outcomes.⁴ Factors such as student's health and mental health needs, learning disabilities, and behavioral functioning all play

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important roles in student academic and social outcomes. Developing systems in schools that can help to facilitate the implementation of positive behavioral interventions, identify and provide effective interventions to students at moderate to severe risk of emotional and behavioral problems, and reduce the number of students missing vital educational opportunities due to suspensions and expulsions is critical to creating safe environments that support student achievement.³

Current Policies Related to Creating Safe School Environments

Schools are under added pressure to reduce aggressive and delinquent student behaviors due to increased accountability related to student performance and school safety adopted under NCLB and outlined in the Unsafe School Choice Option (USCO). Not only does the reauthorized Elementary and Secondary Education Act (ESEA), now labeled NCLB, establish higher standards of teacher quality and student performance but it also mandates that parents of students who become a victim of violence at school or attend a school identified as PDS have the opportunity to transfer their child to an alternative school.⁷ Although definitions of persistently dangerous schools vary by state, all individual schools receiving Title I funding are required to comply with state labeling criteria and develop action plans to address issues of violence if they meet state PDS criteria.⁷ An example from Maryland of a PDS definition is provided below.

Maryland's PDS definition: "a school in which each year for three consecutive years the total number of student suspensions for more than 10 days or expulsions for violent offenses equals 2 ½% or more of the total number of students enrolled in the school." Currently six Baltimore City schools carry PDS labels with sixteen more on the watch list that could be assigned the label next year if numbers do not improve.

It is in the best interest of schools to be proactive in regard to violence prevention by restructuring discipline policies and creating links to resources for those students at increased risk for the emotional and behavioral problems that result in school discipline.

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USCO compliance began in the 2003-2004 school year, with fifty-two out of the 91,000 public schools qualifying for PDS labels.⁸ Currently (2006-2007 school year), only six states out of fifty have reported having “persistently dangerous schools.”⁹ While the intent of the federal USCO policy was to provide students with safer school environments, many mental health professionals, school systems and community members are concerned that the violence will only escalate in schools where the label is applied. Further, there is a concern that schools are underreporting incidents of violence to escape the scarlet letters “PDS.”¹⁰ Maryland is an example of a state in which long-term-suspension and expulsion rates are the driving force behind schools obtaining the PDS label.

Although PDS labels can have significant negative impacts on schools, they also have the potential to drive the development of new policies and programs. For example, under NCLB, states have the option to reallocate Safe and Drug Free School funds towards prevention efforts to decrease violence in schools as a direct result of PDS labels. In addition, Local Education Agencies (LEAs) that govern schools with PDS labels are required to submit corrective action plans to State Education Agencies (SEAs). This in particular is an opportunity for LEAs to tap into evidenced-based approaches that focus on violence prevention, are school-wide, and link students with integrated services both within the school and with outside community resources. One example of such a data driven approach is the School Wide Positive Behavioral Support (SWPBS) model being supported by the Office of Special Education Programs (OSEP) through a national technical assistance center (www.pbis.org).

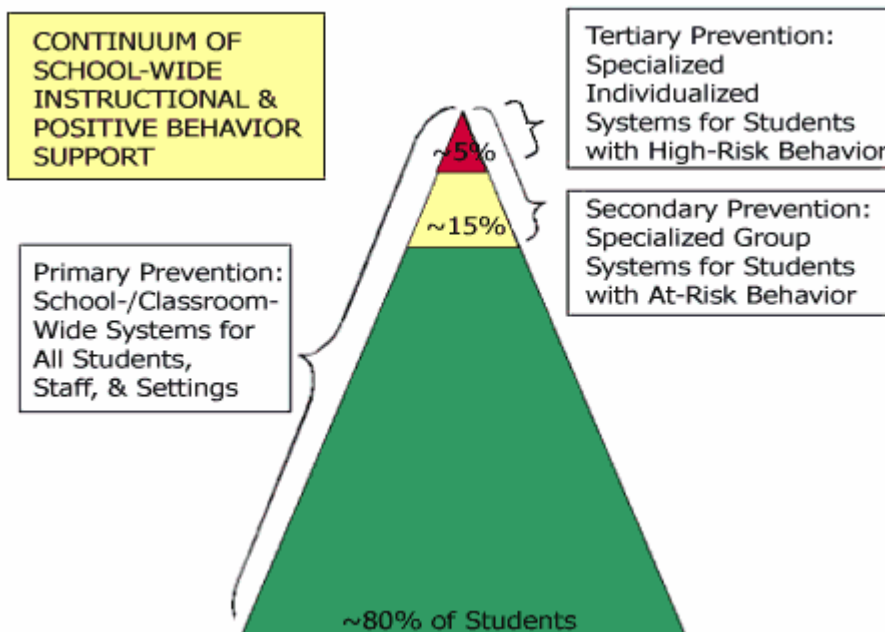
SWPBS has been built on two important goals: 1) to increase the capacity of systems (schools, districts, states, regions) to promote school environments that maximize academic and social behavior outcomes for **all** students and 2) to enhance individualized student behavior support by establishing school climates that are effective, efficient, relevant and durable.¹¹ This

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school-wide approach encourages school staff to promote and support positive behavior in the classroom and larger school environment and to use reporting measures such as office referrals to begin to identify children with more serious behavioral problems.¹¹ SWPBS is structured on a pyramid approach (See Figure 1), where universal positive behavior interventions are implemented school-wide. It is estimated that in a typical school, 80% of students (the green zone) will respond favorably (reduced office referrals, improved school climate) to the implementation of this approach. More intensive supports may be needed for youth at greater risk for problem behaviors (10-15%; yellow zone) and for youth with more severe emotional and behavioral needs (5%; red zone).¹¹

For more information on SWPBS and how it is being implemented across the country and in Maryland visit – www.PBIS.org and www.pbismaryland.org.

Figure 1.



Role of School Mental Health Programs and Services

School-wide initiatives such as SWPBS are developed and implemented by interdisciplinary teams comprised of teachers, school administrators, school behavioral health specialists, and parents. School Mental Health (SMH) programs in combination with school-wide initiatives such as SWPBS offer the potential to create a broader continuum of care for youth and link those with moderate to severe emotional and behavioral problems with needed in-school and community resources.¹² SMH is a framework that reflects core elements of a full continuum of high quality, evidence-based mental health programming in schools, which includes mental health promotion, prevention, early identification and intervention, crisis intervention, teacher consultation, school staff professional development and resource sharing. Community and university-based school mental health programs expand on or augment services that already exist in schools—for example, the work of school psychologists, social workers, counselors, and educators that focuses on assessing and improving children’s emotional and behavioral functioning.¹³ Expanded school mental health programs offer the opportunity for community and school staff to come together in improving success for all students.

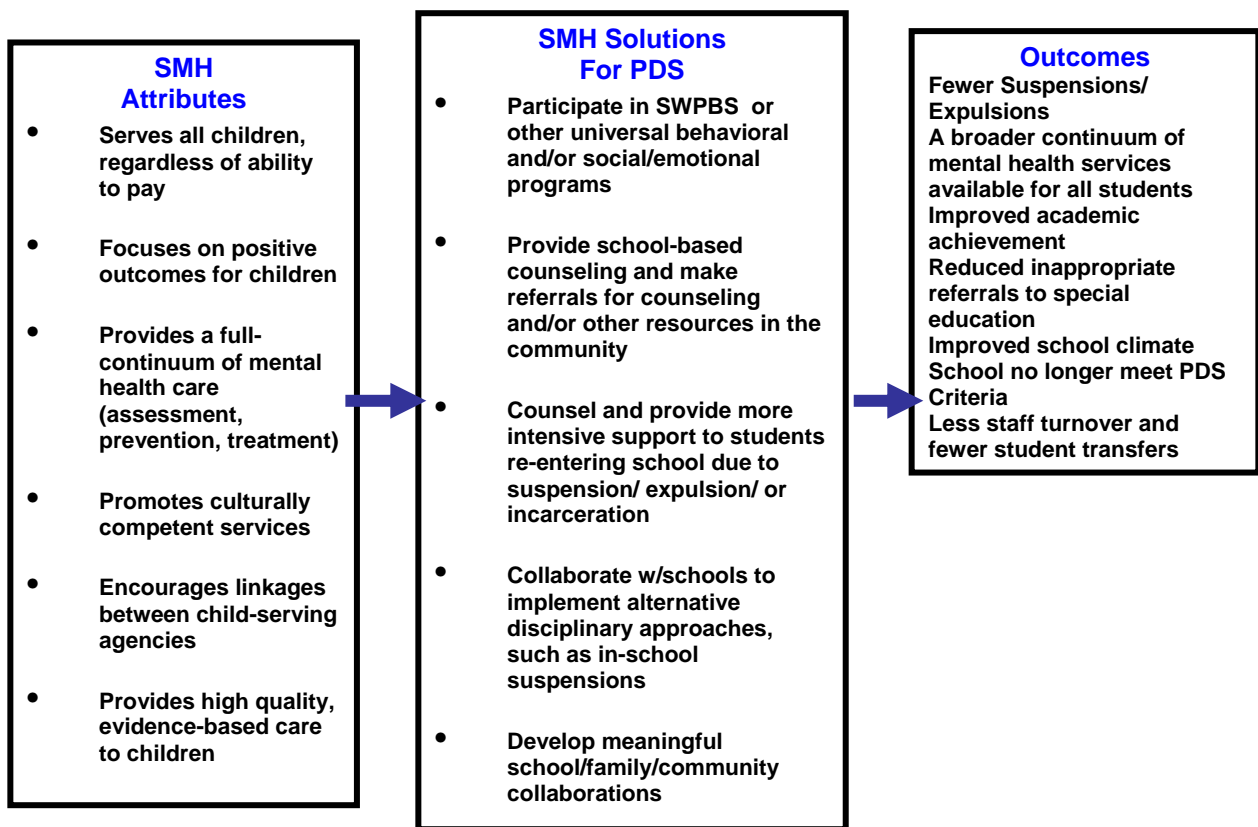
School mental health programs are well positioned to work with individual schools and LEAs to help reduce the rate of suspensions and expulsions that may contribute to the PDS label. As seen in Figure 2, there are particular attributes of SMH programs that have led to outcomes important for schools who have received or who are in jeopardy of acquiring the PDS label, including reduced student behavioral issues, increased academic achievement, reduced inappropriate referrals to special education, and improved school climate.^{14,15,16} Schools offer unparalleled access to youth as a point of engagement for addressing their educational and highly related emotional, behavioral and developmental needs.^{17,18} Schools who have incorporated high-quality, evidenced-based SMH programs have seen improved student outcomes.^{14,15,16}

Outcomes such as these in combination with alternative approaches to discipline (i.e., SWPBS), offer schools the improved potential for change and ultimately reduce the odds of PDS labeling.

Figure 2 highlights how school mental health programming and services has a natural synergy with reducing factors associated with a PDS label.

Figure 2.

Prevention/Deletion of PDS Labels: How SMH Programs Can Help



Schools often lack the staffing and infrastructure support necessary to ensure a full continuum of mental health supports, resulting in a fragmented and ineffective approach.^{19,20} Infrastructure necessities for SMH programs include reliable referral mechanisms and support, support for training, supervision, on site coaching, school-community collaboration and resource sharing.²¹ In addition, infrastructure related to the development and maintenance of quality assurance and process evaluation are vital to the efficacy and sustainability of such efforts.²²

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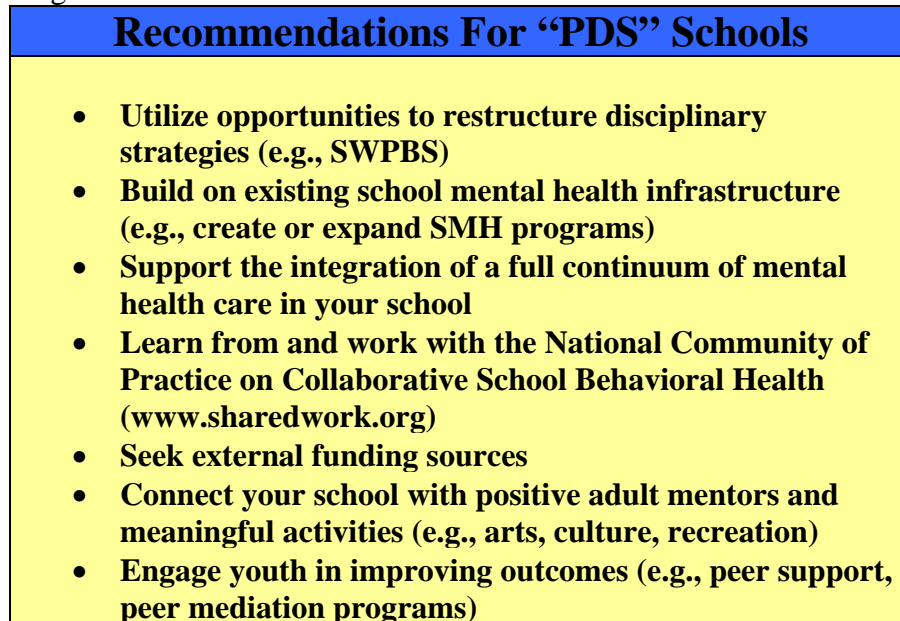
With strong collaboratives in place involving schools, SMH, community mental health agencies, universities, and local and state governments, funding opportunities through dedicated budget lines, local/state/or federal grants, and third party reimbursement can be blended together to support a wide spectrum of services and supports to all students. For example, in Maryland, funding to support the advancement of school mental health system structure and services has included funding from core service agencies, local management boards, local and state educational systems, local and state health departments, local/state/federal grants and contracts, private foundation support, and third party billing.

An example of a recent funding opportunity in Maryland to better connect school mental health and high risk schools, can be found in the Open Society Institute – Baltimore Chapter. This chapter recently funded a \$1.5 million initiative to reduce Baltimore’s high number of school suspensions and expulsions through projects that expand school mental health services and other programs effective in reducing aggressive, destructive behaviors. University of Maryland’s SMH program, one of four initial grantees, is connecting with SWPBS initiatives in the school to advance mental health programming within a PDS labeled middle school. Initiative staff is working to better integrate mental health services for students with more intensive mental needs and are collaborating with SWPBS and other school teams to identify youth in need of services and to improve school climate. The initiative has dedicated significant resources to advancing the professional development curriculum for school staff—mental health identification and referral as well as effective classroom management of children with mental health concerns is a priority for the professional development training series. Based on experiences from the grant, including parent, teacher, and student focus groups, as well as clinician and administrator feedback, a primary focus of the second year of funding for the grant

will be on developing a peer mediation program to help resolve conflicts before they escalate into more serious violent acts and suspensions.

Better integrating a full continuum of high quality evidence-based school mental health programs and services into schools with universal behavioral programs offers numerous opportunities to begin to improve student academic and behavioral outcomes. Other recommendations for PDS schools have been highlighted in this brief and are summarized in Figure 3.

Figure 3.



Expanding SMH Roles Nationally:

Much of the recent successful integration of funding streams, programs and initiatives seen in Maryland’s schools have benefited from involvement with the National Community of Practice on Collaborative School Behavioral Health, made possible through the IDEA Partnership and the Center for School Mental Health (CSMH) at the University of Maryland School of Medicine. Through a shared vision from state representatives, national organizations, national technical assistance centers and advocacy groups from various levels of policy, research

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and practice, the national community and its affiliated practice groups are helping to make the concept of a continuum of mental health care in schools a reality. In 2006, 12 states were awarded funding from the IDEA Partnership (*a collaborative organization dedicated to improving outcomes for students and youth with disabilities by joining state agencies and stakeholders through shared work and learning*) to develop partnerships to better integrate school and mental health systems to better support our youth. Through such partnerships, states hope to bridge the differences across education and mental health to better support youth. Continuing and strengthening the Community of Practice on Collaborative School Behavioral Health²³—through additional funding and through recognition of resulting work—can provide schools systems with a systematic approach to behavioral health, which in turn has the potential to assist in increasing educational achievement. In this way, schools could battle the “PDS” label on two fronts; 1) preventing behavioral problems and 2) creating alternatives to suspensions and expulsions through identification and treatment.

¹ CDC Youth Violence Fact Sheet, 2006; <http://www.cdc.gov/ncipc/factsheets/yvfacts.htm>

² Nansel et al, 2001.

³ Advocates for Children and Youth (2006). School suspension: Effects and Alternatives. Issue Brief, 3(6).

⁴ National Evaluation and Technical Assistance Center for the Education of Children and Youth Who are Neglected, Delinquent, or At Risk. (2006). NDTAC Issue Brief: PBIS.

^{4b} Mckenna, M. (2007). *PBIS in Maryland*. Enhancing School Success: Effective Behavioral Health Programs and Strategies Conference, Cumberland, Maryland, June 13, 2007.

⁵ Open Society Institute (2007). Op-Ed: Too Many Suspensions Maryland Public Schools Need To Turn To Alternative Punishments. Washington Post (February 11, 2007).

⁶ CSMHA, School reentry of juvenile offenders. Issue Brief (August 2006).

⁷ www.ed.gov. (2006). Unsafe School Choice Option Regulations

⁸ Nealis, L. (2003). Persistently dangerous schools and other problematic NCLB provisions. *NASP Communique*, 32(3).

⁹ MD State Education website

¹⁰ www.schoolsecurity.com

¹¹ See generally, OSEP Center on Positive Behavioral Interventions and Supports, www.pbis.org

¹² Sugai, G., Horner, R.H., Dunlap, G., Hieneman, M., Lewis, T., Nelson, C.M., et al. (2000). Applying positive behavior support and functional behavioral assessment in schools. *Journal of Positive Behavior Interventions*, 3, 131-143.

¹³ Weist, M.D., Evans, S.W., & Lever, N.A. (2003). *Handbook of school mental health programs: Advancing practice and research*. New York, NY: Kluwer Academic/Plenum Publishers.

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- ²³ IDEA Partnership website: www.ideapartnership.org. Shared agenda: A cross-state community of practice on school behavioral health, 2005.

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