Major Systems for Facilitating Safety and Pro-Social Behavior-
Examining Commitment to Prevention, Equity, and Meaningful Engagement: A
Review of School District Discipline Policies

Rhonda N.T. Nese, Sara C. McDaniel, Shanna E. Hirsch, Ambra L. Green,
Jaffrey R. Sprague, Kent McIntosh, and Barbara McClung

Author Note

Rhonda N. T. Nese 🔟 https://orcid.org/0000-0003-3314-5073

Correspondence concerning this article should be addressed to Rhonda N. T. Nese, Department of Special Education and Clinical Sciences, University of Oregon, 1235 University of Oregon, Eugene, OR 97403-1235, USA. Email: rnese@uoregon.edu.

Abstract

Although there is increasing awareness of policy decisions contributing to disproportionality in exclusionary practices, few studies have empirically examined common elements of discipline policies across the nation. We utilized a methodological review and the Checklist for Analyzing Discipline Policies and Procedures for Equity (CADPPE) to examine the extent to which current policies reflect recommendations from research regarding best practices for encouraging appropriate behaviors and preventing undesired behaviors, as well as correlations between those policies and exclusionary disciplinary outcomes for all students of color and students of color with disabilities. Data came from 147 district discipline policies and disciplinary outcomes (i.e., suspension and expulsion) from all 50 U.S. states and the District of Columbia. The analyses indicated the majority of policies do not include most of the research-based recommendations for preventing the overuse of exclusionary practices. Furthermore, there was no correlation found between CADPPE ratings and the risk ratios for exclusionary discipline for students of color and students of color with disabilities. Implications for policy development and implementation and limitations are provided.

Major Systems for Facilitating Safety and Pro-Social Behavior

Positive Schoolwide Behavior Supports and Interventions

Rhonda N. T. Nese, Sara C. McDaniel, Shanna E. Hirsch, Ambra L. Green, Jeffrey R. Sprague, Kent McIntosh, and Barbara McClung

Need for Coordinated Intervention

School-aged children and youth in the United States may face a number of environmental risk factors , such as high rates of crime, drug use, and poverty (Jenson, 2010). These risk factors have led to a significant public health issue due to high prevalence rates, early onset, and impact of mental health disorders among children and youth (Perou et al., 2013). As many as one in five children and youth have reported significant mental health concerns (e.g., anxiety, depression) in a given year (Perou et al., 2013). In 2011, mental health disorders were included among the five most costly conditions to address in children (Soni, 2011).

Despite recent increases in the availability of community mental health services, most children and youth do not receive them (Merikangas et al.,

2011). In addition, there are significant racial, ethnic, and socioeconomic disparities in access to mental health services. Racially and ethnically diverse students are less likely to receive services than white children (Pires, Grimes, Allen, Gilmer, & Mahadevan, 2013). Around 13% of racially and ethnically diverse children receive mental health services, compared to 31% of white children (Pires et al., 2013). Black children in the child welfare system have less access to counseling than their white peers also in the welfare system (Wells, Hillemeier, Bai, & Belue, 2009). Despite the costliness of the conditions and increased services, the current mental health service delivery model has been insufficient in meeting the needs of children and youth (Pires et al., 2013). Consequently, the lack of an effective service delivery model presents barriers to identifying children and youth with and at-risk for mental health disorders (Green, McKenzie, & Stormont, 2018) and pro- viding needed supports.

Research has demonstrated that many students and educators report feel- ing unsafe at school (e.g., Gregory, Cornell, & Fan, 2012). These feelings of physical and emotional vulnerability are due in part to school climate (Thapa, Cohen, Guffey, & Higgins-D'Alessandro, 2013). In response to school vio- lence, gang violence, and bullying in schools, educators, policy makers, and researchers alike have increasingly advocated for improving school safety. However, efforts to improve school safety have largely focused on reactionary and punitive approaches, such as installing metal detectors, hiring school resource officers in place of counselors, and adopting zero tolerance policies. Many of these approaches have mixed reports of effectiveness, whereas oth- ers (e.g., zero tolerance policies) have proven to be ineffective in reducing school violence and increase discipline disparities among racially and ethni- cally diverse students and their white peers (Skiba et al., 2014). Research has established that positive and preventative practices are effective models to reduce safety issues and produce more supportive environments for students and teachers (Osher, Dwyer, Jimerson, & Brown, 2012; Thapa et al., 2013).

In accordance with Bronfenbrenner's (1979) social ecological model, effec- tive school discipline practices should target individual, relational (e.g., peers, teachers, administrators), community, and societal factors to address overall school climate and increase safety in schools (Thapa et al., 2013). Likewise, the National School Climate Council (NSCC; 2007) identifies four essential characteristics of positive school climate: (1) safety, (2) relation- ships, (3) teaching and learning, and (4) institutional environment. The NSCC (2007) defines positive school climate as follows:

A sustainable, positive school climate fosters youth development and learning necessary for a productive, contributing and satisfying life in a democratic society. This climate includes norms, values and expectations

that support people feeling socially, emotionally and physically safe. People are engaged and respected. Students, families and educators work together to develop, live and contribute to a shared school vision. Educa- tors model and nurture attitudes that emphasize the benefits and satisfac- tion gained from learning. Each person contributes to the operations of the school and the care of the physical environment. (p. 4)

Mental health is critical to student success. An abundance of research has demonstrated that school climate has great impact on a student's mental health (e.g., self-esteem, self-criticism, self-concept) and physical health while affecting a wide range of educational outcomes (Payton, 2008; Way, Reddy, & Rhodes, 2007). When educators work together to improve school climate, students feel safer and experience healthy development, translating into healthy adult relationships and the ability to function in and contribute to society (Cohen, 2006; Devine & Cohen, 2007; NSCC, 2007).

The causes of maladaptive behavior in children and youth are complex and multifaceted. Further, reducing the crime, violence, drug abuse, and dropout associated with challenging behaviors of individuals with or at-risk for mental health concerns can be difficult in schools. However, key protec- tive factors (e.g., positive school climate, supportive adults, cognitive skills) can help improve well-being for students, especially those with higher risk factors, while steering them away from crime, drug use, and other negative outcomes (Jenson, 2010). As such, given that students spend most their time in schools, school personnel are increasingly being called upon to address student mental health concerns. Currently, mental services for students with mental health concerns are often limited, and what exists is often siloed and fragmented (Swain-Bradway, Johnson, Eber, Barrett, & Weist, 2015). As a result, educators can magnify the positive effects of their efforts by implementing mental health interventions not as stand-alone efforts, but rather within empirically sound frameworks that are positive, preventative, and grounded in protective factors. By using coordinated and integrated frameworks, educators can more effectively address the broader contexts (e.g., effects of mental health concerns, teacher practices) associated with developing or maintaining a positive school culture (McIntosh & Goodman, 2016).

The purpose of this chapter is twofold: first, to examine major schoolwide models that can contribute to safety, wellness, and mental health; and sec- ond, to provide suggestions as to ways these models can be aligned or inte- grated, as well as the challenges to doing so. The models and approaches discussed in this chapter include a focus on changing the ecology of the school through using the schoolwide positive behavioral interventions and supports (SWPBIS) framework to facilitate the process of social-emotional learning (SEL).

Challenges and Solutions to Implementing Practices in Schools

Schools are challenging environments for full and sustained implementation, for a range of reasons (McIntosh et al., 2018). In the following section, we describe potential barriers to schoolwide prevention implementation: teacher turnover, intervention fatigue, low fidelity of implementation, limited training and support, and uncoordinated interventions. In addition, we include potential solutions related to these challenges.

Teacher Turnover

Currently, educators are leaving the profession at a high rate. Specifically, 10% of all teachers leave before the end of their first year, and between 40% and 50% of educators leave the classroom within their first five years of teaching (Ingersoll, 2012). High rates of teacher stress (Herman, Hickmon-Rosa, & Reinke, 2018) contribute to increased staff turnover, creating a revolving door that would appear to make schoolwide program implementation an uphill climb.

Teacher turnover can be addressed through team-based implementation. Effective teaming is a critical variable that predicts whether a schoolwide prevention model is sustainable (Coffey & Horner, 2012; McIntosh et al., 2018). Teaming involves attending trainings, creating materials to support implementation, providing professional development, evaluating implementation, and meeting on a regular basis to evaluate schoolwide data (Lewis & Sugai, 1999; Mathews, McIntosh, Frank, & May, 2014; Newton, Horner, Algozzine, Todd, & Algozzine, 2012). Implementing schoolwide prevention, namely SWPBIS, may also lessen teacher burnout and increase levels of efficacy, due to the visible effects on valued outcomes for teachers (Kelm & McIntosh, 2012; Ross, Romer, & Horner, 2012). This is a promising finding, given the link between high teacher burnout and greater intentions to leave the field (Goddard & Goddard, 2006).

Intervention Fatigue

In addition, schools experience an ongoing cycle of the introduction of new interventions every few years, which can be time-consuming and costly (Greenberg, Weissberg, & O'Brien, 2003). According to Greenberg and colleagues (2003), the frequent introduction of new initiatives is a common problem, in which educators are inundated and overwhelmed by multiple, poorly coordinated innovations, causing intervention fatigue, or resistance to novel initiatives (Hume & McIntosh, 2013; Kendziora & Osher, 2016). The prospect of new initiatives can lead teachers to be pessimistic about feasibility of change (McIntosh & Goodman, 2016).

Implementing any new framework or practice requires an investment in time. Therefore, it is not surprising, that teachers report the lack of time as an obstacle to implementation (Klingner, Ahwee, Pilonieta, & Menendez, 2003). It is important for administrators to consider how to allocate (and protect) time for teams to meet and work schoolwide prevention models. With that, a systems-based approach (as recommended by Sugai & Horner, 2002) can help integrate current school practices to maximize academic and social outcomes, working smarter, not harder. Furthermore, the model is built around a school's goals, climate, and culture, rather than investing in a packaged curriculum or product, leading to the allocation of time and resources for school teams to build a comprehensive model while receiving faculty input (Lane, Menzies, Ennis, & Bezdek, 2013). This input allows multiple stakeholders to improve the development, evaluation, and modification of schoolwide prevention models.

Low Fidelity of Implementation

Complex interventions such as schoolwide prevention models contain multiple components that make implementation more difficult compared to simple interventions (Dusenbury, Brannigan, Falco, & Hansen, 2003). That is, schoolwide prevention models incorporate multiple levels of interventions (e.g., Tiers 1–3), across multiple domains (e.g., academic, social-behavioral, mental health), grade levels, providers (e.g., general educators, special educators, interventionists), and settings (e.g., classrooms, hallways, cafeterias). As a result, it can be difficult to implement interventions with fidelity, or as intended by developers. Fidelity is vital to understanding student responsiveness and nonresponsiveness across all tiers of a schoolwide prevention model. For example, if a student engages in challenging behavior, it is important for educators to consider whether they have received a quality Tier 1 intervention prior to determining whether the student's behavior warrants a targeted intervention. In contrast, if an intervention was implemented with fidelity and the student's behavior does not respond, then the student may need (a) a more intense intervention or (b) further evaluation (Bruhn & Hirsch, 2017).

Professional development is one avenue to promote fidelity. Historically, schools have provided professional development as stand-alone workshops. However, isolated professional development sessions tend to have a minimal effect on teacher knowledge or implementation of skills (Darling-Hammond, Wei, Andree, Richardson, & Orphanos, 2009; Wei, Darling-Hammond, & Adamson, 2010). Many education researchers emphasize a well-designed professional development model must incorporate the following practices: (a) collaborative effort to coordinate training, (b) explicit skills instruction, (c) provision of learning opportunities to practice skills, and (d) feedback

delivered through an established infrastructure (Ball & Cohen, 1999; Borko, Koellner, Jacobs, & Seago, 2011; Wei et al., 2010). Ongoing technical assistance and professional development requires thoughtful triangulation of data to determine areas to strengthen. Together this helps teams coordinate trainings. It also helps teams allocate the limited resources to critical areas and support effective coaching.

In addition, as one looks closer at increasing fidelity, administrator support should be considered (Mathews et al., 2014). Within tiered systems, administrator support is perceived as one of the strongest factors related to sustainability of schoolwide practices (Coffey & Horner, 2012; McIntosh et al., 2014). That is, administrators help facilitate the adoption of new practices, allocation of resources, communication of expectations, as well as navigating changes that may occur over time (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Mathews et al., 2014; Strickland-Cohen, McIntosh, & Horner, 2014).

Multitiered Systems of Support

Recent research demonstrates the effectiveness of implementing multiple evidence-based interventions, specifically prevention programs, as part of a unified system (Domitrovich et al., 2010; Ferrer-Wreder, Saint-Eloi, Domitrovich, Small, Caldwell, & Cleveland, 2010; Lonigan et al., 2015). Providing multiple universal interventions can improve outcomes across multiple areas, including social, emotional, and behavioral wellness (Domitrovich et al., 2010). Additive, synergistic effects have been measured on integrated Head Start instruction compared to traditional Head Start programming (Bierman et al., 2008; Bierman et al., 2014; Nix, Bierman, Domitrovich, & Gill, 2013). Although aligning and integrating several interventions introduces challenges in implementation fidelity, efforts to identify common underlying mechanisms of change, creating flexible intervention approaches, and determining the appropriate dosage can both ease implementation of integrated prevention models and increase effectiveness of the intervention (Domitrovich et al., 2010).

The use of multitiered systems of support (MTSS) has grown widely in the last decade. These approaches most often deliver services through three tiers of support: universal, targeted, and intensive (Sugai, Horner, & Lewis, 2009; Tilly, 2008; Walker et al., 1996), in which the universal prevention level targets all students to optimize academic and social functioning and prevent challenges. The targeted level focuses on use of additional evidence-based practices for students who struggle but for whom highly individualized support is not necessary. The intensive level supports students with the most significant needs, often through individualization. The driving principle behind MTSS is that providing preventive support to all students occurs as a first step because it is most efficient and effective, and it allows students with additional needs to be provided supports without the cost of screening

systems, danger of misidentification, and stigma of labeling (Fuchs, Mock, Morgan, & Young, 2003; Walker et al., 1996). Over the years, multiple forms of MTSS have been developed for implementation of academic and behavior supports, with the most well-known MTSS frameworks being academic Response to Intervention (RTI) and schoolwide positive behavioral interventions and supports (SWPBIS). Because of its evidence base and widespread adoption (over 25,000 schools; Center on PBIS), this chapter will focus on SWPBIS as the MTSS framework for implementing other service delivery models in an integrated approach.

SWPBIS is a framework for making schools more effective learning environments by establishing the social culture and behavior supports needed to improve social and academic outcomes for all students (Sugai et al., 2000). In addition to employing evidence-based practices that are organized and delivered within each tier of the model, SWPBIS includes careful integration of data collection, practices, and teaming systems (Sugai, Fallon, & O'Keefe, 2012). A wealth of empirical research conducted over the last 20 years documents the positive effects of adequate implementation of SWPBIS on student academic and behavior outcomes and on organizational health. Specifically, SWPBIS has been associated with decreases in problem behavior referrals (Bradshaw, Mitchell, & Leaf, 2010) and increases in academic achievement (McIntosh, Bennett, & Price, 2011), student social and emotional competencies (Bradshaw, Waasdorp, & Leaf, 2012), and perceived school safety (Horner et al., 2009).

Using Schoolwide Positive Behavioral Interventions and Supports to Implement Coordinated Interventions

As a three-tiered framework for prevention of challenging behavior, improving school climate, and making data-based decisions for students with unwanted behavior, SWPBIS is an opportune vehicle to include coordinated interventions, such as SEL programs, restorative practices, trauma-informed care, and equity-focused interventions (Barrett, Eber, McIntosh, Perales, & Romer, 2018). Two primary approaches to including coordinated interventions within the SWPBIS framework are alignment and integration (McIntosh & Goodman, 2016). These approaches can be implemented at the universal level for schools that may require additional universal intervention, or at the targeted level for schools that require additional layers of intervention at the secondary tier.

Alignment

In the first approach, SWPBIS components are implemented (e.g., three to five positively stated schoolwide expectations, teaching of schoolwide expectations, and reinforcement system) and a separate, but linked, intervention is

implemented alongside SWPBIS to address similar but distinct needs. Aligned interventions that are well suited to complement SWPBIS are positive, preventative, proactive, and contribute to improved school climate. Some examples of complementary interventions that can be aligned with SWPBIS include SEL programs (to improve specific competencies), restorative practices (to address peer conflicts), and equity-focused interventions (to neutralize bias in teacher decision-making). These interventions should serve a specific need of the school and can be implemented with educators (e.g., bias-reduction interventions) or students (e.g., SEL curricula). These interventions can be modified to fit the three-tiered logic of the foundational SWPBIS framework. For example, interventions could be implemented universally with all students in a limited scope (e.g., weekly SEL lessons) and modified to be implemented in a more targeted manner at the secondary tier (e.g., additional small group SEL lessons), and coordinated with intensive, individualized interventions at the tertiary level (e.g., teaching social-emotional competencies as replacement behaviors within a behavior intervention plan). Implementing several SWPBIS-aligned interventions requires careful coordination, evaluation of implementation fidelity across SWPBIS and all interventions, and additional resources. Given the need for more resources, interventions should be added only when necessary, and educators should be provided additional resources to implement SWPBIS and aligned interventions with fidelity.

Integration

The second approach to coordinating implementation of interventions with SWPBIS requires integrated models of prevention, which can address varied and multiple areas of need. Two types of integration can be used to improve efficiency and encourage a synergistic effect: (a) conceptual integration, and (b) component integration. Conceptual integration requires a specific evaluation of common concepts across multiple strategies and interventions. For example, if trauma-informed care calls for classrooms to be made more safe, positive, and predictable, teams can achieve these objectives by implementing SWPBIS and providing brief professional development on identifying students showing signs of traumatization. This approach reduces the need for implementing separate interventions that may divide teacher time. Similarly, SWPBIS does not dictate what consequences should be assigned, so restorative practices, such as the use of a restorative chat could be integrated into the SWPBIS framework as a response within the graduated discipline system. In another example, SWPBIS requires explicit teaching of specifically defined expectations across school settings. This concept could be integrated with a universal SEL approach to improving student

problem-solving and emotional regulation, tying together concepts across domains.

Specific component integration involves carefully inspecting additional interventions for core components that overlap with SWPBIS strategies or other intervention components. For example, trauma-informed care or equity-focused strategies could be added as a teacher component to SWPBIS by providing teachers with strategies for understanding student contexts and backgrounds in an effort to improve equitable and consistent teaching and reinforcement of schoolwide expectations. Similarly, components from restorative practices, such as daily proactive circles, could be used by teachers to revisit or practice schoolwide expectations identified as necessary by discipline data. For example, schoolwide expectations could be reviewed daily on the morning announcements, followed by brief, 15-minute homeroom circles that integrate discussions of schoolwide expectations and help students solve problems and communicate effectively. In another example, SWPBIS components could be integrated with a parent/caregiver training program offered to all parents to improve consistency in proactive, positive disciplinary practices and teaching at home.

A Process for Coordinating Interventions

Presented here are five steps for coordinating interventions such as restorative practices, SEL, and equity-focused interventions within an existing SWPBIS framework: (1) determine the need for additional interventions, (2) identify appropriately matched evidence-based interventions, (3) develop a plan for either aligning additional interventions or integrating intervention components with SWPBIS, (4) provide educators with coordinated training and coaching, and (5) implement using a team-based approach.

Step 1: Determine the need for additional interventions based on ecology or student data. Research regarding the effectiveness of SWPBIS in improv- ing school climate and reducing challenging behavior is well-established (Lewis, McIntosh, Simonsen, Mitchell, & Hatton, 2017; Lewis, Jones, Horner, & Sugai, 2010). However, some schools or school districts may identify a need for additional universal or targeted interventions that may be needed to enhance the existing SWPBIS framework. To determine whether coordinated interventions are necessary, schools should first assess implementation of SWPBIS to determine whether it has been implemented with fidelity. Tools such as the Tiered Fidelity Inventory (TFI; Algozzine et al., 2014) and the Schoolwide Evaluation Tool (SET; Horner, Todd, Lewis-Palmer, Irvin, Sugai, & Boland, 2004) provide a valid marker for implementation. If scores

are below the fidelity criterion, improving implementation may improve outcomes without additional modifications. If school teams are implementing SWPBIS with fidelity, it may examine its data to find specific (e.g., peer conflict) or general (e.g., student populations exposed to community violence) needs. Data to be considered in the decision-making process include schoolwide disciplinary data (e.g., office discipline referrals, suspensions, alternative program placement), attendance data (e.g., tardies, unexcused absences), schoolwide behavioral and/or mental health screeners (e.g., Systematic Screening for Behavior Disorders; Walker & Severson, 1992; Strengths and Difficulties Questionnaire, Goodman, 1997), and school climate and safety surveys (e.g., Georgia School Climate Survey; Georgia Department of Education, La Salle, & Meyers, 2014]). Inspection of these data will help educators to determine the specific need for additional, coordinated interventions. These data will also provide baseline data from which ongoing progress monitoring data can be compared to determine whether interventions have improved student outcomes.

Step 2: Identify appropriately matched evidence-based interventions. After identifying the specific need for coordinated interventions within the existing SWPBIS framework, educators should carefully assess options for evidence-based interventions that address the identified need. Resources such as the What Works Clearinghouse (https://ies.ed.gov/ncee/wwc/) can be used to determine intervention effectiveness for specific programs and interventions within categories that can be matched to the identified need. Once several options for evidence-based interventions have been identified, educators should determine the most useful intervention based on cost, feasibility of implementation, ease of use and required training, and age or grade levels for which the intervention was determined effective.

Step 3: Develop a plan for either aligning additional interventions or integrating intervention components with SWPBIS. Next, careful planning is required to first determine whether the new intervention should be aligned as a layered intervention with the existing SWPBIS framework or whether concepts and components from the new intervention could be integrated within the existing SWPBIS framework. After determining the appropriate approach for coordinating the new intervention, educators should inspect the intervention training and implementation materials (e.g., lesson plans, scripts) to identify commonalities and entry points for coordination between SWPBIS and the new intervention. In many cases, a matrix of interventions, SWPBIS strategies, and the specific components of each may be developed to explicitly determine the most efficient approach for coordinating interventions within the SWPBIS framework.

Step 4: Provide educators with coordinated training and coaching. As previously mentioned, implementation fidelity of any adopted strategies and interventions (a) promotes the effectiveness of the intervention, (b) optimizes the investment in the intervention, and (c) establishes a true lack of response to intervention for students whose targeted behaviors do not improve. To ensure that educators implement interventions with fidelity, it is necessary to provide explicit, coordinated professional development with ongoing coaching. Most newly adopted interventions require an initial training with materials and procedures followed by scaffolded coaching from a trained specialist, with targeted ongoing booster sessions to remind teachers of the core components, implementation procedures, and any new modifications or adaptations since the initial training.

Step 5: Implement using a team-based approach. The final step to effectively coordinating interventions within the existing SWPBIS framework is to implement the new intervention through a data-driven school leadership team. Teachers are required to provide differentiated instruction using multiple practices. Often, their instructional day also includes data collection, committee meetings, and communication with school leadership and caregivers. Specifically, teachers need to understand where the new intervention fits within the existing framework, whether the new intervention is replacing an existing intervention, the expectations for implementation, and a data-based rationale for adopting the new intervention. Similarly, caregivers and community members may also benefit from a description of new interventions. The efforts can be coordinated and communicated by a single school leadership team, such as an existing SWPBIS leadership team serving a new, integrated role. Importantly, this team should include school leaders, those who have been trained to implement, and those in varying and affected roles. For example, if the school counselor will be coaching teachers to implement the new SEL lessons across grade levels, the implementation team should include the counselor and a representative from each grade. Other beneficial team members include parent liaisons, social workers, behavior specialists, SWPBIS coaches, school psychologists, and instructional specialists. The team should meet regularly to evaluate implementation fidelity across teachers and data-based decision-making to determine intervention effectiveness.

Integrating SWPBIS and SEL

Integrating SWPBIS and SEL approaches can address the limitations of each while capitalizing on their strengths (Bradshaw, Bottiani, Osher, & Sugai, 2014). A major contribution of the SWPBIS approach is providing

system-based strategies for managing student behavior, and the major contribution of the SEL approach is providing support and direct teaching of social-emotional competencies for self-discipline. Implementing both together can maximize student outcomes (Barrett et al., 2018; Osher, Bear, Sprague, & Doyle, 2010; Osher et al., 2008).

There are a few examples of effective integration of SWPBIS and SEL, with nearly all focusing on Tier 1 in the MTSS framework. One of the earliest SWPBIS studies evaluated the integration of SWPBIS and Second Step, a widely used SEL program (Sprague et al., 2001), in elementary and middle schools. A quasi-experimental and qualitative research design was used to compare the one-year effects of the intervention. The treatment schools implemented a schoolwide discipline plan based on the SWPBIS approach in addition to the Second Step violence prevention curriculum (Grossman et al., 1997) for one year. Treatment schools showed greater reductions in office discipline referrals.

Other studies have focused on classroom rather than schoolwide integration. Cook and colleagues (2015) conducted a quasi-experimental study in which they assessed the effects of an SEL Curriculum called Strong Kids (Merrell, Carrizales, Feuerborn, Gueldner, & Tran, 2007), Class-Wide PBIS (CWPBIS), and SEL. This study suggested that the combination of SEL and CWPBIS was effective for decreasing both externalizing (i.e. disruptive behaviors) and internalizing (i.e. depression, anxiety) behavior patterns of students. This is in comparison to CWPBIS alone, which was effective for reducing externalizing behaviors and only slightly effective for reducing internalizing behaviors, and SEL, which was effective for reducing externalizing behaviors and moderately effective for reducing internalizing behaviors.

A Case Study of Integrated Multitiered Systems of Support

The following case study provides a real-world example of integrated systems. East Oakland Pride Elementary (EOP) is a school of 355 students located in one of the most impoverished neighborhoods in Oakland, California. Seventy percent of its students are Latino/a/x, and 23% are African American. Academically, roughly 85% of EOP students were performing below grade level in math and English language arts (ELA) in 2016–2017. It has had four principals in the past seven years and a teacher turnover rate of 65%, with only one-third of its teachers returning after three years. Regarding the school's surrounding community, 42% of residents were born outside of the United States. Property values are lower than 71% of California neighborhoods, and median household income is $38,871, with 96% of students at EOP eligible for free and reduced lunch. Neighborhood crime rates

reflected intensive risk, with almost a 1 in 70 chance of becoming a victim of violent crime, as compared to 1 in 255 in California as a whole.

Leadership and Teaming

In 2016, things began changing at EOP when Michelle Grant was hired as the principal. To her credit, Principal Grant has developed a core team that is both loyal and skilled. Her Tier 2 Team (called Coordination of Services Team or COST) meets regularly and is staffed by a diverse team, including a community school manager, mental health clinician, after-school program manager, special education teacher, restorative justice (RJ) facilitator, family advocate, and grade-level lead teachers. EOP was one of only a few of Oakland Unified School District's (OUSD) 87 schools to achieve 100% completion of the Student Risk Screening Scale (SRSS; Drummond, 1994), a universal screener for behavior, due to principal leadership and follow up. Principal Grant, a former teacher and teacher leader at this school, brings social capital and has built relational trust through a successful transition from classroom teaching to site leadership. Respected by her former colleagues, her team works well together, addressing significant challenges without losing hope. This team has buoyancy and often laughs together, prompted by its leader.

Practices

Using the Tiered Fidelity Inventory to measure PBIS implementation, EOP scored 77% fidelity at Tier 1 PBIS after two years. In addition to continued teaching of its schoolwide expectations, this year their PBIS team focused on strengthening its student acknowledgement systems. Their plan included morning assemblies with the principal, as well as family and special awards assemblies and events for improved attendance, academics, and behavior.

Professional development is grounded in RJ practices, universal screening, understanding the functions of student behavior, and implementing pre-referral interventions for minor unwanted behaviors. Staffwide RJ training has been ongoing and has focused on restorative conversations and building staff community. Site supports include a full-time RJ facilitator who, in addition to addressing and facilitating harm circles, provides RJ classes during teacher prep periods in efforts to provide each student weekly opportunities for SEL in restorative circle format. RJ circle practices at Tier 1 teach SEL as well as build community among students and staff with the goal of embedding OUSD's adopted CASEL's SEL standards within academic instruction. EOP also implements Responsive Classroom, an evidence-based classroom SEL program. The school uses RJ as its approach in response to office discipline referrals and when students experience interpersonal conflict.

Data

EOP's Coordination of Services Team reviews academic data as well as attendance and discipline referrals for referred students. It also employs the SRSS to identify students for early behavior intervention supports. The team meets twice per month and invites teachers to attend to get consult on at risk students. The team organizes interventions using an MTSS framework, with examples that include a girls group, ELL pull-out groups for newcomer students, and mental health counseling for students in need of individualized intervention. Community partners are contracted to provide additional behavior support using a push-in approach to classrooms (i.e., supporting teachers in their implementation). Committed to ensuring equity, Principal Grant is willing to try multiple interventions before referring students for exclusionary discipline or special education eligibility determinations.

Outcomes

Student outcomes show considerable improvement over two years of integrated MTSS systems. Effects over this time include a reduction in out-of-school suspensions from 53 to 1 and a reduction in office discipline referrals from over 1,000 to just 16. Chronic absences have decreased by almost five percentage points. In addition, no students from EOP were referred for special education determination for Emotional Disturbance in the past two years. EOP represents an early adopter of Oakland's efforts to align PBIS, RJ, and SEL within an integrated MTSS framework, and these results provide an indication of its promise.

Conclusion

This chapter examined the strengths and challenges of implementing schoolwide models that can contribute to safety, wellness, and mental health, and suggested ways that they can be aligned or integrated. The two major approaches included SWPBIS and SEL, both of which are widely implemented, and likely many schools are already integrating the two approaches in some manner. SWPBIS provides an evidence-supported framework for building a common vision, common language, and a set of explicit procedures and systems for ensuring consistency in practice based on team-oriented implementation and data-based decision-making. SEL curricula can contribute evidence-based, developmentally appropriate teaching and support strategies for developing self-discipline and additional social and emotional competencies. It is when these two approaches are well integrated that schools are most likely to achieve the aims of improving academic

achievement, reducing problem behavior, and promoting positive mental health development for children and youth.

References

Algozzine, B., Barrett, S., Eber, L., George, H., Lewis, T., Putnam, B., . . . Sugai, G. (2014). *School-wide PBIS tiered fidelity inventory.* OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Retrieved from https://www.pbis.org/Common/Cms/files/pbisresources /SWPBIS%20Tiered%20Fidelity%20Inventory%20%28TFI%29.pdf

Ball, D., & Cohen, D. (1999). Developing practice, developing practitioners: Toward a practice-based theory of professional education. In L. Darling-Hammond & G. Sykes (Eds.), *Teaching as the learning profession* (pp. 3–32). San Francisco, CA: Jossey-Bass.

Barrett, S., Eber, L., McIntosh, K., Perales, K., & Romer, N. (2018). *Teaching social-emotional competencies within a PBIS framework.* OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Retrieved from https://www.pbis.org/Common/Cms/files/pbisresources /TeachingSocialEmotionalCompetenciesWithinAPBISFramework.pdf

Bierman, K. L., Domitrovich, C. E., Nix, R., Gest, S., Welsh, J. A., Greenberg, M. T., . . . Gill, S. (2008). Promoting academic and social-emotional school readiness: The Head Start REDI program. *Child Development, 79*, 1802–1817.

Bierman, K. L., Nix, R. L., Heinrichs, B. S., Domitrovich, C. E., Gest, S. D., Welsh, J. A., & Gill, S. (2014). Effects of Head Start REDI on children's outcomes one year later in different kindergarten contexts. *Child Development, 85*, 140–159.

Borko, H., Koellner, K., Jacobs, J., & Seago, N. (2011). Using video representa- tions of teaching in practice based professional development programs. *Zentralblatt für Didaktik der Mathematik/International Reviews on Mathematical Education, 43*(1), 175–187.

Bradshaw, C. P., Bottiani, J. H., Osher, D., & Sugai, G. (2014). The integration of positive behavioral interventions and supports and social and emotional learning. In M. D. Weist (Ed.), *Handbook of school mental health: Research, training, practice, and policy* (pp. 101–118). New York, NY: Springer Publishing Company.

Bradshaw, C. P., Mitchell, M. M., & Leaf, P. J. (2010). Examining the effects of schoolwide positive behavioral interventions and supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions, 12*, 133–148. doi:10.1177/1098300709334798

Bradshaw, C. P., Waasdorp, T. E., & Leaf, P. J. (2012). Effects of school-wide positive behavioral interventions and supports on child behavior problems and adjustment. *Pediatrics, 130*(5), e1136–e1145. doi:10.1542 /peds.2012-0243

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA.: Harvard University Press.

Bruhn, A. L., & Hirsch, S. E. (2017). From good intentions to great implementation. *Emotional and Behavioral Disorders in Youth, 17* (3), 64–70.

Coffey, J. H., & Horner, R. H. (2012). The sustainability of schoolwide positive behavior interventions and supports. *Exceptional Children*, *78*(4), 407–422.

Cohen, J. (2006). Social, emotional, ethical, and academic education: Creating a climate for learning, participation in democracy, and well-being. *Harvard Educational Review, 76*, 201–237, 285.

Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly, 30*, 166–183. doi:10.1037/spq0000102

Devine, J., & Cohen, J. (2007). *Making your school safe: strategies to protect children and promote learning.* New York: Teachers College Press.

Domitrovich, C. E., Bradshaw, C. P., Greenberg, M. T., Embry, D., Poduska, J. M., & Ialongo, N. S. (2010). Integrated models of school-based prevention: Logic and theory. *Psychology in the Schools*, *47*(1), 71–88.

Domitrovich, C. E., Cortes, R. C., & Greenberg, M. T. (2007). Improving young children's social and emotional competence: A randomized trial of the Preschool PATHS curriculum. *Journal of Primary Prevention, 28*, 67–91.

Drummond, T. (1994). *The Student Risk Screening Scale (SRSS).* Grants Pass, OR: Josephine County Mental Health Program.

Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research, 18*(2), 237–256.

Fallon, L. M., O'keeffe, B. V., Gage, N. A., & Sugai, G. (2015). Brief report: Assessing attitudes toward culturally and contextually relevant schoolwide positive behavior support strategies. *Behavioral Disorders*, *40*(4), 251–260.

Ferrer-Wreder, L., Saint-Eloi, H., Domitrovich, C. E., Small, M. L., Caldwell, L. L., & Cleveland, M. J. (2010). Is more better? Outcome and dose of a universal drug prevention effectiveness trial. *Journal of Primary Prevention, 31*, 349–363.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature* (FMHI Publication #231). Tampa: University of South Florida, The National Implementation Research Network.

Fuchs, D., Mock, D., Morgan, P., & Young, C. (2003. Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities Research & Practice, 18*, 157–171.

Georgia Department of Education, La Salle, T. P., & Meyers, J. P. (2014). *The Georgia Student Health Survey 2.0.* Atlanta: Georgia Department of Education.

Goddard, R., & Goddard, M. (2006). Beginning teacher burnout in Queensland schools: Associations with serious intentions to leave. *Australian Educational Researcher, 33*, 61–75. doi:10.1007/bf03216834

Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*, 581–586.

Green, A. L., McKenzie, J. M., & Stormont, M. (2018). Prevention of behavior problems through increasing culturally responsive pedagogy in early childhood settings. *Perspectives on Early Childhood Psychology and Educa- tion, 3*(1), 61–88.

Greenberg, M. T., Weissberg, R. P., & O'Brien, M. E. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist, 58*, 466–474.

Gregory, A., Cornell, D., & Fan, X. (2012). Teacher safety and authoritative school climate in high schools. *American Journal of Education, 118*, 401–425. doi:10.1086/666362

Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P.-Y., Asher, K. N., Beland, K., . . . Rivara, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*, 1605–1611. doi:10.1001/jama.277.20.1605

Herman, K. C., Hickmon-Rosa, J. E., & Reinke, W. M. (2018). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes. *Journal of Positive Behavior Interventions, 20*, 90–100. doi:10.1177/1098300717732066

Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esparanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions, 11*, 133–144.

Horner, R. H., Todd, A., Lewis-Palmer, T., Irvin, L., Sugai, G., & Boland, J. (2004). The school-wide evaluation tool (SET): A research instrument for assessing school-wide positive behavior support. *Journal of Positive Behavior Interventions, 6*, 3–12. doi:10.1177/10983007040060010201

Hume, A. E., & McIntosh, K. (2013). Construct validation of a measure to assess sustainability of school-wide behavior interventions. *Psychology in the Schools, 50*, 1003–1014. doi:10.1002/pits.21722

Ingersoll, R. (2012). Beginning teacher induction: What the data tell us. *Phi Delta Kappan, 93*(8), 47–51.

Jenson, J. M. (2010). Advances in preventing childhood and adolescent problem behavior. *Research on Social Work Practice, 20*, 701–713. doi:10.1177/1049731509349105

Kelm, J. L., & McIntosh, K. (2012). Effects of school-wide positive behavior support on teacher self-efficacy. *Psychology in the Schools, 49*, 137–147. doi:10.1002/pits.20624

Kendziora, K., & Osher, D. (2016). Promoting children's and adolescents' social and emotional development: District adaptations of a theory of action. *Journal of Clinical Child & Adolescent Psycholog, 45* (6), 797–811.

Klingner, J. K., Ahwee, S., Pilonieta, P., & Menendez, R. (2003). Barriers and facilitators in scaling up research-based practices. *Exceptional Chil- dren*, *69*(4), 411–429.

Lane, K. L., Menzies, H. M., Ennis, R. P., & Bezdek, J. (2013). School-wide systems to promote positive behaviors and facilitate instruction. *Journal of Curriculum and Instruction, 7*, 6–31. doi:10.3776/joci 2013.v7n1p6-31

Lewis, T. J., Jones, S. E. L., Horner, R. H., & Sugai, G. (2010). School-wide positive behavior support and students with emotional/behavioral disorders: Implications for prevention, identification and intervention. *Exceptionality*, *18*(2), 82–93.

Lewis, T. J., McIntosh, K., Simonsen, B., Mitchell, B. S., & Hatton, H. L. (2017). School-wide systems of positive behavior support: Implications for students at-risk and with emotional/behavioral disorders. *AERA Open, 3*(2), 1–11.

Lewis, T. J. & Sugai, G. (1999, Feb). Effective behavior support: A systems approach to proactive schoolwide management. *Focus on Exceptional Children, 31*(6), 1–24.

Lonigan, C. J. (2006). Development, assessment, and promotion of preliteracy skills. *Early Education and Development, 1*, 91–114.

Lonigan, C. J., Phillips, B. M., Clancy, J. L., Landry, S. H., Swank, P. R., Assel, M., . . . Barnes, M. (2015). Impacts of a comprehensive school readiness curriculum for preschool children at risk for educational difficulties. *Child Development, 86*, 1773–1793.

Mathews, S., McIntosh, K., Frank, J. L., & May, S. (2014). Critical features predicting sustained implementation of school-wide PBIS. *Journal of Positive Behavior Interventions, 16*, 168–178. doi:10.1177/1098300713484065

McIntosh, K., Bennett, J. L., & Price, K. (2011). Evaluation of social and academic effects of school-wide positive behaviour support in a Canadian school district. *Exceptionality Education International, 21*, 46–60.

McIntosh, K., & Goodman, S. (2016). *Integrated multi-tiered systems of support: Blending RTI and PBIS*. New York: Guilford Press.

McIntosh, K., Mercer, S. H., Hume, A. E., Frank, J. L., Turri, M. G., & Mathews, S. (2013). Factors associated with sustained implementation of school-wide positive behavior support. *Exceptional Children, 79*, 293–311.

McIntosh, K., Mercer, S. H., Nese, R. N. T., Strickland-Cohen, M. K., Kittelman, A., Hoselton, R., & Horner, R. H. (2018). Factors predicting sustained implementation of a universal behavior support framework. *Educational Researcher, 47* (5), 307–316.

McIntosh, K., Predy, L. K., Upreti, G., Hume, A. E., Turri, M. G., & Mathews, S. (2014). Perceptions of contextual features related to implementation and sustainability of school-wide positive behavior support. *Journal of Positive Behavior Interventions, 16*, 29–41. doi:10.1177/1098300712470723

Merikangas, K. R., Jin, R., He, J.-P., Kessler, R. C., Lee, S., Sampson, N. A., . . . Zarkov, Z. (2011). Prevalence and correlates of bipolar spectrum disorder in the World Mental Health Survey Initiative. *Archives of General Psychiatry, 68*, 241–251. doi:10.1001/archgenpsychiatry.2011.12

Merrell, K. W., Carrizales, D., Feuerborn, L., Gueldner, B. A., & Tran, O. K. (2007). *Strong kids: A social and emotional learning curriculum for students in grades 3–5*. Baltimore: Brookes Publishing.

National School Climate Council (NSCC). (2007). The School Climate Challenge: Narrowing the gap between school climate research and school climate policy, practice guidelines and teacher education policy. Retrieved November 21, 2018, from https://www.schoolclimate.org/themes/school climate/assets/pdf/policy/school-climate-challenge-web.pdf

Newton, J. S., Horner, R. H., Algozzine, B., Todd, A. W., & Algozzine, K. (2012). A randomized wait-list controlled analysis of the implementation integrity of team-initiated problem solving processes. *Journal of School Psychology, 50*, 421–441.

Nix, R. L., Bierman, K. L., Domitrovich, C. E., & Gill, G. (2013). Promoting children's social-emotional skills in preschool can enhance academic and behavioral functioning in kindergarten: Findings from Head Start REDI. *Early Education & Development, 24*, 1000–1019.

Osher, D., Bear, G. G., Sprague, J. R., & Doyle, W. (2010). How can we improve school discipline? *Educational Researcher, 39*, 48–58. doi:10.3102/0013189X09357618

Osher, D., Dwyer, K. P., Jimerson, S. R., & Brown, J. A. (2012). Developing safe, supportive, and effective schools: Facilitating student success to reduce school violence. In S. R. Jimerson, A. B. Nickerson, M. J. Mayer, & M. J. Furlong (Eds.), *Handbook of school violence and school safety: International research and practice* (2nd ed., pp. 27–44). New York: Routledge.

Osher, D., Sprague, J. R., Weissberg, R. P., Axelrod, J., Keenan, S., Kendziora, K., & Zins, J. E. (2008). A comprehensive approach to promoting social, emotional, and academic growth in contemporary schools. In A. Thomas & J. P. Grimes (Eds.), *Best practices in school psychology V*. Bethesda, MD: National Association of School Psychologists.

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., . . . Parks, S. E. (2013). Mental health surveillance among children—United States, 2005–2011. *MMWR Surveillance Summaries, 62*(Suppl 2), 1–35.

Pires, S. A., Grimes, K. E., Allen, K. D., Gilmer, T., & Mahadevan, R. M. (2013). *Faces of Medicaid: Examining children's behavioral health service utilization and expenditures*. Hamilton, NJ: Center for Health Care Strategies.

Podolsky, A., Kini, T., Bishop, J., & Darling-Hammond, L. (2016). *Solving the teacher shortage: How to attract and retain excellent educators.* Palo Alto, CA: Learning Policy Institute.

Ross, S. W., Romer, N., & Horner, R. H. (2012). Teacher well-being and the implementation of school-wide positive behavior interventions and supports. *Journal of Positive Behavior Interventions, 14* (2), 118–128.

Skiba, R. J. (2014). The failure of zero tolerance. *Reclaiming Children and Youth, 22,* 27–33.

Skiba, R. J., Chung, C.-G., Trachok, M., Baker, T. L., Sheya, A., & Hughes, R. L. (2014). Parsing disciplinary disproportionality: Contributions of infrac- tion, student, and school characteristics to out-of-school suspension and expulsion. *American Educational Research Journal, 51,* 640–670. doi:10.3102/0002831214541670

Soni, A. (2014). *The five most costly children's conditions, 2011: Estimates for U.S. civilian noninstitutionalized children, ages 0-17.* Statistical Brief #434. April 2014. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from http://www.meps.ahrq.gov/mepsweb/data_files/publica-tions/st434/stat434.pdf

Sprague, J. R., Walker, H., Golly, A., White, K., Myers, D. R., & Shannon, T. (2001). Translating research into effective practice: The effects of a universal staff and student intervention on key indicators of school safety and discipline. *Education and Treatment of Children, 24,* 495–511.

Strickland-Cohen, M. K., McIntosh, K., & Horner, R. H. (2014). Sustaining effective practices in the face of principal turnover. *Teaching Exceptional Children, 46*(3), 18–24.

Sugai, G., & Horner, R. H. (2002). The evolution of discipline practices: School-wide positive behavior supports. *Child and Family Behavior Therapy, 24,* 23–50.

Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., . . . Ruef, M. (2000). Applying positive behavioral support and functional behavioral assessment in schools. *Journal of Positive Behavior Interventions, 2,* 131–143.

Sugai, G., Horner, R., & Lewis, T. (2009). *School-wide positive behavior support implementers' blueprint and self-assessment.* Eugene, OR: OSEP TA-Center on Positive Behavioral Interventions and Supports.

Swain-Bradway, J., Johnson, J., Eber, L., Barrett, S., & Weist, M. D. (2015). Interconnecting school mental health and school-wide positive behavior support. In S. Kutcher, Y. Wei, & M. D. Weist (Eds.), *School mental health* (pp. 282–298). Cambridge, UK: Cambridge University Press. doi:10.1017/CBO9781107284241.023

Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research, 83,* 357–385.

Tilly, W. D., III. (2008). The evolution of school psychology to science-based practice: Problem solving and the three-tiered model. In A. Thomas &

J. Grimes (Eds.), *Best practices in school psychology V* (pp. 17–36). Bethesda, MD: National Association of School Psychologists.

Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., . . . Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4*, 194–209.

Walker, H. M., & Severson, H. H. (1992). *Systematic screening for behavior disorders* (2nd ed.). Longmont, CO: Sopris West.

Way, N., Reddy, R., & Rhodes, J. (2007). Students' perceptions of school climate during the middle school years: Associations with trajectories of psychological and behavioral adjustment. *American Journal of Community Psychology, 40*, 194–213. doi:10.1007/s10464-007-9143-y

Wei, R. C., Darling-Hammond, L., & Adamson, F. (2010). *Professional development in the United States: Trends and challenges.* Dallas: National Staff Development Council.

Wei, R. C., Darling-Hammond, L., Andree, A., Richardson, N., & Orphanos, S. (2009). *Professional learning in the learning profession: A status report on teacher development in the United States and abroad.* Dallas, TX. National Staff Development Council.

Wells, R., Hillemeier, M. M., Bai, Y., & Belue, R. (2009). Health service access across racial/ethnic groups of children in the child welfare system. *Child Abuse & Neglect, 33*(5), 282–292.