School Systems to Promote Positive School Mental Health:

Understanding the Interconnected Systems Framework (ISF) for Integrating Mental Health Within a Multi-tiered System of Behavioral Supports in Schools

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Goal today:

• Describe the Interconnected Systems Framework (ISF)
• Clarify the features of School-Wide Positive Behavior Interventions and Supports (SWPBIS)
  School Mental Health (SMH) in the context of the ISF
• Describe emerging examples of ISF
• Share Implementation Tools
Relationships and Youth Connectedness

ESSENTIAL to children’s well being.

• A sample of 2,022 students (999 boys and 1,023 girls) ages 12-14 years was measured at two time points twelve months apart on school connectedness and mental health symptoms (general functioning, depression, and anxiety symptoms). After adjusting for any prior conditions that could have led to mental health problems, the authors of the study reported stronger than previous evidence of the association with school connectedness and adolescent depressive symptoms and a predictive link between school connectedness to future mental health problems.

• 22 Early studies suggest that there are substantial percentages of violent youth who do not perceive themselves to be liked by classmates and who report loneliness.

(Clin, 2006 Adol Psychology)
Belonging

“I feel like I belong”

60% of students agree/strongly agree

40% disagree/strongly disagree
Shifting the Thinking

We have not been successful requiring kids to adapt to school. PBIS Framework allows us to adapt school to fit the needs of our kids.

From “What’s wrong with you to....”
“What happened to you?”

PBIS process allows us to ...Examine current condition.
Structures/Systems/Policy that fosters current status. FBT
Probable future....
Preferred Future...
Rally around the data.
Describe in measureable way- establish common ground and anchor to everyday teacher behaviors

What kind of school do you want your school to be?
Competing Delivery Systems?

The use of effective interventions without implementation strategies is like serum without a syringe; the cure is available but the delivery system is not.”

—Fixsen, Blase, Duda, Naoom, & Van Dyke, 2010
ISF in development
Current Resources

– ISF White Paper (Barrett, Eber and Weist, 2012)
– ISF Monograph (Sept 2013)
– ISF Blueprint (Jan 2014)
– ISF webinar recordings
• Define the common goals of SMH and PBIS
• Discuss the advantages of interconnection
• Identify successful local efforts to implement collaborative strategies and cross-initiative efforts
• Define the research, policy, and implementation agendas to take us to the next action level
Current Tools

• Dialogue Guides (IDEA partnership)
• 4 Simple Questions (IDEA partnership)
• Implementation Guides (Funding, Team, Evaluation)
• Knowledge Development Surveys
• Readiness Checklist
• Resource Mapping
• Consumer Guide for Selecting MH practices
History-Rationale

• Sparse availability of MH providers in schools
• Labels and ‘places’ confused with interventions
• Separate delivery systems (Sp.Ed., Mental health, etc)
• Minimal accountability for outcomes for most vulnerable populations
Why Partnership Are Needed

• One in 5 youth have a MH “condition”
• About 70% of those get no treatment
• School is “defacto” MH provider
• JJ system is next level of system default
• Suicide is 4th leading cause of death among young adults
SMH and PBIS
Common Purpose

• Schools supporting/promoting MH of ALL students
• Prevention, early access, interventions commensurate with level of need (vs label)
• School personnel feel confident and competent in identifying and intervening with accuracy and effectiveness
Logic

– Youth with MH needs require multifaceted education/behavior and mental health supports
– The usual systems have not routinely provided a comprehensive, blended system of support.
– Supports need to be provided in a clustered and integrated structure,
– Academic/behavior and mental health supports need to be efficiently blended
Promotion and Prevention

Simple and complex supports require integrated systems with foundation of a school-wide system

• Schools and community serve as protective factor
• problem-solving teams with school/family/youth/community voice
• use of data for decision-making (screening/selection and monitoring/outcomes)
• layers supports from the foundational/universal to the more complex
School-Wide Systems for Student Success: A Response to Intervention (RtI) Model

Academic Systems

Tier 3/Tertiary Interventions 1-5%
• Individual students
• Assessment-based
• High intensity

Tier 2/Secondary Interventions 5-15%
• Some students (at-risk)
• High efficiency
• Rapid response
• Small group interventions
• Some individualizing

Tier 1/Universal Interventions 80-90%
• All students
• Preventive, proactive

Behavioral Systems

1-5% Tier 3/Tertiary Interventions
• Individual students
• Assessment-based
• Intense, durable procedures

5-15% Tier 2/Secondary Interventions
• Some students (at-risk)
• High efficiency
• Rapid response
• Small group interventions
• Some individualizing

80-90% Tier 1/Universal Interventions
• All settings, all students
• Preventive, proactive

Adapted from “What is school-wide PBS?”
OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports.
Positive Behavior Intervention and Support (www.pbis.org)

- Decision making framework to guide selection and implementation of best practices for improving academic/behavioral functioning
- Data-based, measurable outcomes, evidence-based practices, systems to support effective implementation
Implementation Framework

• We organize our resources
  – Multi-Tier Mapping, Gap Analysis

• So kids get help early
  – Actions based on outcomes (data!), not procedures

• We do stuff that’s likely to work
  – Evidence-Based interventions

• We provide supports to staff to do it right
  – Fidelity: Benchmarks of Quality

• And make sure they’re successful
  – Coaching and Support
  – Progress monitoring and performance feedback
  – Problem-Solving process
  – Increasing levels of intensity
Core Features of a Response to Intervention (MTSS) Approach

• Investment in prevention, screening and early intervention for students not at “benchmark”

• Multi-tiered intervention approach

• Use of progress monitoring and problem-solving process at all 3-tiers
Primary Prevention: School-/Classroom-Wide Systems for All Students, Staff, & Settings

Secondary Prevention: Specialized Group Systems for Students with At-Risk Behavior

Tertiary Prevention: Specialized Individualized Systems for Students with High-Risk Behavior

~80% of Students

~15%

~5%

SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT: What is meant by “layering” interventions?
The Context

• Over 20,000 schools engaged in implementation of SWPBIS (MTSS) prevention based system
• Current focus on capacity to scale-up
• MTSS as platform to install effective interventions for youth w/or at-risk of EBD
The Context (cont.)

• Emphasis now on scaling with expansion and connection to other systems
  – i.e. academic, juvenile justice, mental health, child welfare, systems of care

• Emphasis on deliberate actions that foster connections w/families & community
BIG Ideas...

• How Multi-tiered Systems of Support (MTSS) can enhance mental health in schools
• Installing SMH through MTSS in Schools
• The Interconnected Systems Framework (ISF)

SMH + MTSS = ISF
Development of ISF

- 2002-2007: Site Development with PBIS Expansion (informal and independent)
- 2005 CoP focus on integration of PBIS and SMH
- 2008: ISF White Paper: formal partnership between PBIS and SMH
- 2009-2013 Monthly calls with implementation sites, national presentations (from sessions to strands)
- 2009-2011 Grant Submissions
- June 2012-September 2013 ISF Monograph
- Monograph Advisory group
ISF Defined

– ISF provides **structure** and **process** for education and mental health systems to interact in most effective and efficient way.

– ISF is guided by **key stakeholders** in education and mental health system who have the **authority** to reallocate resources, change role and function of staff, and change policy.

– ISF applies strong interdisciplinary, cross-system **collaboration**.
ISF Defined

– ISF uses the tiered prevention logic as the overall organizer to develop an action plan.

– ISF involves cross system problem solving teams that use data to decide which evidence based practices to implement.
ISF Defined (cont)

- ISF involves ongoing progress monitoring for both fidelity and impact.
- ISF emphasizes active involvement by youth, families, and other school and community stakeholders.
Structure for Developing an ISF: Community Partners Roles in Teams

- A District/Community leadership that includes families, develops, supports and monitors a plan that includes:
  - Community partners participate in all three levels of systems teaming: Universal, Secondary, and Tertiary
  - Team of SFC partners review data and design interventions that are evidence-based and can be progress monitored
  - MH providers form both school and community develop, facilitate, coordinate and monitor all interventions through one structure
Traditional ↔ Preferred

- Each school works out their own plan with Mental Health (MH) agency;
- District has a plan for integrating MH at all buildings (based on community data as well as school data);
Traditional  ➔ Preferred

- A MH counselor is housed in a school building 1 day a week to “see” students;

- MH person participates in teams at all 3 tiers;
Traditional

• No data to decide on or monitor interventions;

Preferred

• MH person leads group or individual interventions based on data;
Tier I: Universal/Prevention for All

Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students

- School Improvement team gives priority to social and emotional health
- Mental Health skill development for students, staff, families and communities
- Social Emotional Learning curricula for all
- Safe & caring learning environments
- Partnerships: school, home & community
- Decision making framework guides use of and best practices that consider unique strengths and challenges of each school community
MH/PBIS: An Expanded Tier One

• Universal screening for social, emotional, and behavioral at-risk indicators
• Universal screening for families who may request assistance for their children
• Teaching social skills with evidence-based curricula to all students
• Teaching appropriate emotional regulation and expression to all students
• Teaching behavioral expectations to all students
• Mental health professionals are part of the Tier 1 systems team, providing input and progress monitoring data
• Opportunity to review community data and expand Tier 1 intervention options based on data
Tier 2: Early Intervention for Some

*Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns*

- Systems Planning Team coordinates referral process, decision rules and progress monitors
  - Array of services available
  - Communication system: staff, families and community
- Early identification of students at risk for mental health concerns due to specific risk factors
  - Skill-building at the individual and groups level as well as support groups
- Staff and Family training to support skill development across settings
MH/PBIS: An Expanded Tier Two

• Mental health/community professionals part of secondary systems and problem solving teams
• Working smarter matrix completed to ensure key resources are both efficient and effective (i.e., initiatives are aligned and combined such as “bully prevention”, “discipline”, “character education”, “RtI behavior”, etc.)
• Groups co-facilitated by school staff and community partner (example – guidance counselor and community provider clinician)
• Opportunity to expand the continuum of interventions based on data (i.e. trauma informed interventions)
• Out-reach to families for support/interventions
Interconnected Systems Framework

Tier 3: Intensive Interventions for Few Individual Student and Family Supports

- Systems Planning team coordinates decision rules/referrals and progress monitors
- Individual team developed to support each student
- Individual plans have array of interventions/services
- Plans can range from one to multiple life domains
- System in place for each team to monitor student progress
MH/PBIS: An Expanded Tier Three

• Mental health professional(s) part of tertiary systems team
• FBA/BIP and/or person-centered wraparound plans completed together with school staff and mental health provider for one concise plan, rather than each completing paperwork to be filed
• Quicker access to community-based supports for students and families
What have we learned?

• 10 Knowledge Development Sites
• Survey
### Stages of Implementation

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<thead>
<tr>
<th>Focus</th>
<th>Stage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Should we do it</td>
<td>Exploration/Preparation</td>
<td>Decision regarding commitment to adopting the program/practices and supporting successful implementation.</td>
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<tr>
<td></td>
<td>Activities</td>
<td></td>
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<tr>
<td>Getting it right</td>
<td>Installation</td>
<td>Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct baseline data, develop plan.</td>
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<td>Initial Implementation</td>
<td>Roll-out the practices, work out details, learn and improve before expanding to other contexts.</td>
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<tr>
<td>Making it better</td>
<td>Full Implementation</td>
<td>Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.</td>
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<tr>
<td></td>
<td>Sustainability/Continuous</td>
<td>Make it easier, more efficient. Embed within current practices.</td>
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<tr>
<td></td>
<td>Regeneration</td>
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Common Purpose
Setting Event

• Funding Source: Grant, Foundation
• Crisis, Event
• New leadership
• Rallying around a data point
  – Global Information System (protective/risk factor ratio- churches to liquor outlets)
  – 360 view of our children and youth

Trauma, poverty, homelessness, crime rate, disability, other community factors
Exploration Phase
Systems Features that Created the Pathway

**Common Implementation Framework:** PBIS framework is in place and expansion effort is embraced by educators and community mental health providers.

**Authority:** Key Opinion Leaders with decision making authority have political will to examine current condition and make change organizational structures that promote efficiency and effectiveness (job descriptions, use of staff, teaming structure, data systems).

**Equal Priority:** Key Opinion Leaders promote social emotional behavioral health alongside academic achievement to achieve socially important outcomes.

**Flexible Funding:** Fee for service includes opportunity for service providers to be paid for direct care and to serve on cross systems planning teams.

**Structured Processes:** Innovative tools such as Self Assessment, Resource Mapping, Dialogue Guides used to broaden knowledge and create common vision and generate solutions across range of stakeholders, educators and service providers.

**Local Demonstration Sites** Knowledge development sites established to learn about innovation and professional learning communities established to support staff.

**Overwhelming Sense of Common Purpose:** All members rally around a common purpose and common data point with a commitment for improving the lives of children and youth.
4 Simple Questions: IDEA Partnership

• Who cares about this issue and why?
• What work is underway separately?
  Sort by
  • Organization/Group
  • Initiative Document or Tool
  • Unique Vocabulary/difference in perspective
  • Value to Our Common Interest
• What shared work could unite us? DATA point
• How can we deepen our connection?
  – *Interactions must be ongoing*
Exploration Phase
What data was used to assess need?

**Student Outcomes Determined:** Measurable Student outcome measures (grades, special ed referral attendance, ODR, suspension, truancy, expulsion) linked to effort

**Fidelity Measures:** ISF team examines current use of fidelity tools (Team Implementation Checklist, School-wide evaluation tool, Benchmarks of Quality, Benchmarks for Advanced Tiers)

**Social Validity:** Focus groups, satisfaction surveys and other perception data used to assess need, progress monitor effort and demonstrate impact

**Mental Health Data** Overall review of current condition included State and District level academic and behavior data as well as community demographic information, psychiatric hospital emergency room visits, and outpatient clinic information.

**Cost Benefit Analysis:** Economist provide health and economic benefit on investment.

**Community data:** Additional data provided to provide team with 360 view of student and youth need (demographic, #of students receiving MH services, in jj instructional time for access to services, calls to crisis center)

**Workforce data** (ratio of service providers/support staff to student, skill/competency assessment) team reviews extent to which staff have skills and support required to implement with fidelity
Broader View: Geographic Information System

- Mapping of the locations of the schools in relation to
  - community-based resources (e.g., libraries, churches, hospitals, community centers)
  - risks (e.g., alcohol outlets, crime).
  - community level census data (e.g., income of surrounding zip codes)

- Examine some macro-level factors related to Impact of health
- Enrich the information available to the schools, as well as the research on community-level correlates of school climate.
Other Datasets

Positive Assets
• Parks & Playgrounds
• Hospitals
• Community Centers
• Recreation Centers
• Vacant housing
• Community
• Core service agencies
• Disadvantage

Potential Risk Factors
• Alcohol Outlets
• Crime
• Libraries
• Religious Buildings
• Fast food outlets
• Lottery outlets

Disadvantage
• Census (income, family structure, population)
Exploration Phase:
What current Practices are in place?
Are they effective?

Community Mapping/Asset Mapping- webinar

• Current inventory
• Anchor to Framework
• Who is being served?
• Do staff have skills and support to do with fidelity?
• Do students and families benefit?
Installation Phase: Systems

What resources are required?
How can structures and staff be repositioned?

Memorandum of Agreement: Team develops clear role and function for all implementers (leaders willing to shift in role/allocation of time) agreements around resources and financial obligations established.

Co-coordination: Community MH providers and Educators co-lead and serve on teams across the tiers.

Multi-year Action Plan: measurable goals/outcomes established with clearly defined implementation strategies and process for tracking progress.

Single point of access: Structure and process streamlined and formalized to ensure common strength based approach and availability of services across all child serving agencies.

Decision rules for accessing supports installed across district and community.

Request For Assistance common process created and used by educators and community providers.

Expand Additional sites added to original demo sites and knowledge gathering and transfer continues.

Workforce Development Cross training and training capacity led, developed and taught by school and community based providers.

Systems Coaching co-led by school and community providers with implementation science experience.
Main Components

- Assessment
- Interventions Selection
- Intervention Progress Monitoring
Assessment

1. An assessment has been conducted to determine the need, risk and intensity of the services. These may include the following depending on the presenting problem and the level of risk student presents with.
   - Strengths assessment, i.e.; strengths and difficulties questionnaire (Goodman, 1997)
   - Functional behavioral assessment
   - Social skills assessment, i.e.; (SSIS, SRS)
   - Mental health functioning rating scales, i.e.; Self-Report Youth Inventories
   - Risk assessment
   - Diagnostic assessment

2. Results of the assessment indicate the strengths and skill deficits of the student

3. Assessment results are reviewed at the appropriate continuum of behavior support team (universal, tier II, tier III)
   - To determine the appropriate school based intervention and/or
   - Referral, in conjunction with the school team, to a more qualified mental health professional if needed to assess risk
Intervention Selection

Selection of the intervention:

1. matches strengths and skill deficits of the student/s
2. allows clear and measurable outcomes
3. allows school teams to build on current successful strategies
4. matches the developmental level of the student/s
5. matches the expertise of the provider
6. is culturally appropriate or adapted to meet linguistic/cultural appropriateness of the student
7. emphasizes the SW-PBS problem solving logic: Data, Practices & Systems
8. involve families and outside supports
9. Provides for generalization
Intervention Progress Monitoring

The implementation of the mental health intervention allows
1. the assessment of implementation fidelity  
   YES / NO
2. an ongoing measurement of data based progress monitoring  
   YES / NO
3. data based progress monitoring information to be reported and reviewed at the appropriate continuum of behavior support team (universal, tier II, tier III)  
   YES / NO