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Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 201: WHEN SCHOOL MENTAL HEALTH IS INTEGRATED WITHIN A MULTI-TIERED SYSTEM OF SUPPORT: WHAT'S DIFFERENT

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This is the second of a series of three Fact Sheets on the Interconnected Systems Framework (ISF) developed through a collaboration between the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). The Interconnected Systems Framework (ISF) is an implementation framework developed by national leaders in the fields of PBIS and School Mental Health to advance a more effective and efficient system of social emotional and behavioral health in schools. Recognizing the shared contributions and value of both PBIS and SMH, the interconnected approach is a process guided by key stakeholders with authority to develop a unified response that specifically addresses the needs of the population they serve. Leaders engaged in this integrated process are guided by the core features of a multi-tiered system of support. The purpose of this series to deepen knowledge and understanding of the ISF by highlighting key features illustrated by case examples that reflect the diversity of school communities in the region and demonstrate how data-based decision making occurs in a local context. This fact sheet will focus on the core features of an ISF approach.

ISF Applies the Core Features of MTSS

The ISF enhances the multi-tiered system of support (MTSS) core features to intentionally include and integrate mental health and wellness. This is accomplished through the inclusion of a broader range of partners, a wider scope of data, and the expansion of interventions to address internalizing mental health issues such as anxiety, depression and trauma. Applying the MTSS features systematically to the expanded continuum of interventions is a deliberate and defining aspect of the ISF process. The following brief provides a short description of how each MTSS feature is enhanced and positioned within the ISF and considerations for getting started:

1. An Integrated Team Process

Leadership teams are key to implementation of evidence-based practices (EBPs) in school systems. But too many teams can decrease the system's ability to work efficiently. Since social/emotional health is a critical part of reaching academic outcomes, one of the key elements of effective implementation is to establish one set of integrated teams.

Within an integrated approach, the District and Community Leadership Team makes funding and personnel decisions and explicitly describes the roles and function of teams in a Memorandum of Understanding or service agreement. This allows financial support and district commitment for school and community providers to operate as one team.

PBIS Positive Behavioral
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Big Idea. An integrated approach starts with a District Community Leadership Team (DCLT) who develops a strategy for training and supporting school level implementers. School-level systems teams are organized around tiers and have time to establish common language, working agreements, shared vision, and common understanding of MTSS. Community partners, including family and student representatives, with clearly defined roles, are active participants and leaders.

Considerations for Getting Started. Look for opportunities to expand or merge existing teams with similar goals. For example, if there is a school climate and safety team, mental health team, and PBIS team, leadership can combine these efforts into one standing team at Tier 1. The following questions can help the DCLT examine the effectiveness of their current teaming structure.

Guiding Questions

- How are we currently supporting our students, staff and families? Is our response adequate? Timely? Effective? Efficient?

- How would our teams work more effectively if we had one set of teams to address social-emotional-behavioral and academic needs of our students?

- What is currently working and what are the barriers to improving an integrated effort?

2. An Expanded Use of Data

In an ISF process, teams make decisions about how to improve mental well-being using school data (e.g., attendance, grades, discipline data) as well as community data (e.g., poverty, homelessness, domestic violence, substance use) as indicators of mental health. From school wide prevention efforts to intensive, individualized interventions, the teams review relevant school and community data to determine the prevention and intervention

approaches needed to most efficiently meet the needs of all students.

Big Idea. Leadership Teams continuously review relevant community data, along with school data as they establish measurable goals that include mental health outcomes (school climate data, family and student surveys, screening data). The team uses screening data to uncover the mental health needs of their students. Teams strengthen their school-wide prevention approaches as they review relevant school and community data.

Considerations for Getting Started. School teams can review traditional school data sources (e.g. office referrals, out of school suspension and attendance), as well as data that indicates social, emotional, and mental health of students and how life outside of school impacts their overall health and wellbeing. These data sources can include nurse visits, child welfare contacts, universal screening, juvenile justice interactions, neighborhood demographics, and family/student surveys. Reviewing data prior to the start of the school year will help the team strengthen school wide prevention efforts that are matched to the specific needs of the incoming students.

3. Team-based Selection of All Evidence Based Practices

Within an MTSS, teams utilize formal processes for selecting a continuum of EBPs based on likelihood of desired impact on identified needs. An integrated framework expands this formal process for selection of EBPs to include the use of both school and community data in this process and to purposefully include all clinical services/ interventions in the team selection process. This may be a change for school personnel who may not be experienced in the use of community data to select school-based interventions. This may also be a change for community mental health clinicians who may not be used to selecting their mental health interventions through a team process that includes educators.

Big Idea. School Employed and Community Employed Staff use community and school data to assess the needs of young people in their school community and, together as an integrated team, *select EBPs* that match specific needs.

Considerations for Getting Started. Leadership Teams need to invest in a formal routine when adding new EBPs. The protocol below (Runge, 2017) helps formalize the process by having each team member evaluate the EBPs or intervention being considered using the 12 guiding questions. Next, the coach facilitates consensus-building during a team meeting to determine which intervention will be added to their continuum. Protocol to identify mental health EBPs within the PBIS Framework follows.

? Guiding Questions

Addressing the Need in the School and Community

- Does the EBP explicitly address the identified needs?

- Does the EBP match the age level needs of the students?

- How strong is the evidence-base for the EBP?

Capacity to Implement with Fidelity

- Are the necessary resources and expertise to support initial implementation accessible, including training, coaching, and performance feedback?

- Are the necessary resources and expertise to sustain implementation accessible, including ongoing training, coaching, and performance feedback?

- Does the EBP have established fidelity measures, and are the resources accessible to implement the fidelity measures?

EBP = Evidence-Based Practice

- Is the expected school-level return on investment to implement the EBP with fidelity viewed as sufficient to warrant implementation?

- Is there sufficient commitment and resources to sustain implementation with fidelity over time?

Contextual Fit in School and Community

- Can the data system of the EBP integrate/align with the extant PBIS data systems?

- Does the EBP align with the cultural and linguistic characteristics in the school and community?

- Does the EBP fit with extant district and state priorities and initiatives?

- Does the EBP fit the organization structure in the targeted school(s)?

Scoring. For each question, assign a score of (1) = Low, (2) = Medium, or (3) = High per EBP. Total scores should be used to guide review, discussion and ultimate decision-making by the relevant team. Use of numerical scores devoid of discussion is discouraged.

4. Using Comprehensive Screening for Early Identification

PBIS implementers may be using office discipline referral data as well as well as attendance and grades to identify students at-risk of school failure. Over the past decade, an increasing number of schools have begun a formal screening beyond these data points to better identify students at first sign of need. In the ISF, districts are encouraged to adopt a structured and comprehensive universal screening for uncovering internalizing as well as externalizing needs of children. Rather than having a separate screening process for mental health needs, an integrated screening process looks for early indication of anxiety, depression, and impact from a traumatic life experience, as well as conduct problems. A related component of comprehensive universal screening is that all the adults who work with children and adolescents, including teachers and other school staff,

understand mental health challenges, know how to recognize them, and know what to do if they are concerned.

Big Idea. Screening for social, emotional, and behavioral concerns, both internalizing and externalizing, allows students to be identified early and linked to the appropriate interventions.

Considerations for Getting Started. It is recommended that the DCLT select the screener to be used district-wide. When choosing a screener, leadership should ensure that the tool identifies both internalizing and externalizing behavioral concerns of students. As many screening tools are available, DCLTs should engage in a selection process that compares the (a) evidence of each tool, (b) resources (e.g., staff time, technology, cost) needed to implement, (c) fit with other district initiatives and priorities, and (d) readiness and capacity to implement. There are both cost and no-cost options available, but the fit for the district needs and capacity is imperative.

5. Tracking Fidelity and Impact

Often schools implementing PBIS are tracking fidelity and outcomes for behavioral interventions across the tiers, but interventions delivered by mental health clinicians may be monitored separately, differently, and with less rigor. In an integrated system, interventions for anxiety and depression and trauma are monitored for fidelity as well as outcome, following the same standards and rigor as applied to reading and behavior interventions. School-based teams benefit from the expertise of clinicians who can explicitly describe mental health interventions and the integrated team can pursue the most efficient method for assessing fidelity as well as effectiveness of each intervention.

Big Idea. Schools and community organizations are accountable to their stakeholders and have an obligation to report the fidelity and effectiveness of their implementation.

Considerations for Getting Started. Once the DCLT has decided to launch a new intervention, the team has the task of determining how to accurately assess the extent to which the intervention is being implemented with fidelity. This information will be needed to help the DCLT deploy training and coaching resources more effectively. Choosing fidelity measurement tools and processes is an essential step in developing their evaluation plan. The team will be considering how the new fidelity tool fits with other measures and processes already in place. The following questions can assist the DCLT in determining how to measure fidelity as part of the installation of a new intervention.

Guiding Questions

- When and how often will the teams assess implementation fidelity?

- What tool will the teams use to assess implementation fidelity?
- For this intervention, what is an acceptable level of implementation fidelity?
- What will the DCLT do if implementation fidelity is below this acceptable level?

6. Professional Development: Training, Coaching, and Feedback

School-and community-employed mental health staff traditionally receive different professional development based on their job role. For example, teachers typically have not had access to information about mental health conditions such as anxiety and depression; mental health clinicians working in schools are often not versed in the Tier 1 and lower level Tier 2 interventions associated with PBIS. In an ISF, the education and mental health staff are integrated for professional development. The expanded continuum of behavioral/ mental health interventions are supported through ongoing coaching and technical assistance so that interventions can be implemented accurately. Blended professional development on teaming behaviors, use of

data, and related MTSS skills should be established routines for all staff in an interconnected system.

Big Idea. School-employed and community-employed staff receive professional development on school-wide PBIS practices, effective mental health integration into their school-wide PBIS, as well as mental health awareness and the basics of behavioral health and wellness.

Considerations for Getting Started. The DCLT will develop a training and coaching plan that includes development of a master training calendar and funding for staff to attend training series. Coaching is a set of responsibilities, actions, and activities that bridge training and implementation through supportive facilitation and provision of appropriate resources and is associated with more successful district implementation. As the district community leadership team begins installing an integrated approach, ongoing coaching from both district and community-based coaches will be necessary for building capacity. Training and coaching activities should create the space and culture for learning the language and operations of the other system(s) by allowing ample time for dialogue and openness to new ways of working. The training and coaching plan will include steps for building local capacity by increasing the number of staff with social-emotional and behavior expertise and ensuring personnel have an understanding of their roles within the interconnected system.

Case Example

In one school district, the team identified an increase in the prevalence of students who were experiencing adverse childhood experiences (ACES) (Felitti et al., 1998). When the team examined community data from their local behavioral health center, they found many students in their school had family members who were incarcerated, addicted to substances, and were either victims or perpetrators of domestic violence. After careful review of available social-emotional programs, the team, including youth and families, selected one to use with elementary students that emphasized coping skills, emotional literacy, self-control, and interpersonal problem solving. For secondary students, they selected a curriculum with evidence of effectiveness to prevent substance use, cope with anxiety, and improve self-regulation and social awareness. After the district team selected curricula, the school teams were provided team trainings and time to review their school data to select specific lessons that taught coping skills, emotional regulation, or social awareness.

Professional Development Opportunities

Through a series of trainings, meetings, and activities, your team can learn more about the core features of MTSS and how the framework guides the overall process.

- Develop fluency by listening to an introductory webinar that will assist your team in developing a common understanding of MTSS. Resource: Webinar # *35 ISF Overview*

- Learn more about aligning multiple initiatives by reading The Technical Guide for Alignment which provides a structure to the alignment process and builds competencies across team members who apply the concept of alignment to district level initiatives - *Alignment Brief*

- Develop your understanding for using MTSS for students with internalizing social emotional needs. Resource: Article - *Improving MTSS for Students with "Internalizing" Emotional/ Behavior Problems*

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