

# PBIS Forum 16 Practice Brief: Embedding Mental Health Into School-wide Systems of PBIS Interconnected Systems Framework (ISF) Practice Guide

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PBIS Leadership Forum- *Roundtable Dialogue*

December 2016

## Introduction

This paper serves as a summary document from the Mental Health presentation strand and Roundtable Discussion for the *Interconnected Systems Framework* that took place at the 2016 Positive Behavioral Interventions and Supports Leadership Forum in Rosemont, Illinois. It was developed based on input and discussion from presenters and participants at both the sessions and RDQ session. Its purpose is to share strategies to effectively implement ISF by outlining its rationale, procedures for implementation, a site implementation example, frequently asked questions about ISF, and additional resources. The authors aim to provide practitioners, leaders, and policy makers with a useful guide to implement the ISF, so as to best provide mental health services to children, families, and community members.

## Interconnected Systems Framework (ISF)

The **Interconnected Systems Framework (ISF)** provides guidance on the interconnection of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing emotional/behavioral challenges. ISF blends education and mental health systems and resources toward prevention and intervention within a team-based, collaborative multi-tiered framework, allowing for greater efficiency and effectiveness (see Barrett, Eber & Weist, 2013).

## Rationale

The ISF promotes improved processes for increasing the likelihood of positive outcomes for students and addresses critical gaps of each system. Historically, PBIS and SMH systems have operated separately, resulting in disorganized delivery of mental health services and lack of depth in Tiers 2 and 3 and mental health community agency involvement at Tier 1 for PBIS. By joining together, the likelihood of achieving depth and quality in programs at all three tiers is greatly enhanced. Service delivery in isolation does not meet the needs of youth with challenging emotional and behavioral problems. ISF, which systematically joins together practices and resources from PBIS and SMH, facilitates positive outcomes for all youth.

From a public health perspective that covers the continuum from prevention to intensive intervention, a focus on SMH is logical and empirically supported. Almost all children attend school for some time in their lives. Consequently, school is the ideal environment for implementing universal interventions aimed at promoting protective factors associated with resilience and positive emotional development. A mechanism such as ISF that can enhance the effective implementation of mental health services in schools has the potential to make a major contribution to improving outcomes for our children. Likewise, PBIS appears to be a good choice for linkage with SMH. From an implementation science perspective, PBIS is demonstrating current capacity and future growth potential to reach a level of scale that will make a difference. Today, almost one-fifth of all the schools in the country have some type of PBIS component. In terms of its focus, PBIS has always had academic functioning as its core outcome, in line with national goals.

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## **School Mental Health (SMH)**

School mental health initiatives seek to address the significant gap between youth who need and youth who receive mental health supports. Significant numbers of school-aged children and youth, as many as 20% (Leaf et al, 1996; President's New Freedom Commission on Mental Health, 2003), have mental health challenges that warrant intervention. These children and youth require multifaceted academic/behavior and mental health supports which the usual systems within education and mental health have not routinely provided. Despite the promise of the evidence-base for mental health promotion and intervention in schools (Kutash, Duchnowski, & Lynn, 2006), there is, at best, inconsistent and generally limited implementation of empirically supported practices within school districts in North America (Evans & Weist, 2004; Fagan & Mihalic, 2003; Kratochwill, 2008).

## **Positive Behavioral Interventions and Supports (PBIS)**

Schools have been increasingly invested in building multi-tiered systems of support to address the academic and social behavioral needs of more students beyond the application of special education for students with identified disabilities, most commonly named PBIS. These school-based systems of support create a structure and foundation for providing a range of evidence-based mental health interventions often missing from schools and communities. Consistent with an RTI process, these multi-tiered systems of support increase the likelihood that youth will have access to and benefit from mental health interventions. For example, earlier access to less intensive evidence-based academic and behavior interventions promotes better student outcomes across school settings and may reduce the need for more intense supports. Active progress monitoring of these academic and behavioral interventions establishes greater likelihood they are delivered with fidelity, effectiveness and sustainability. Matching the range of academic and social needs within a school involves layering of interventions from a universal curriculum to targeted group instruction and, for some students, adding on highly individualized interventions that are linked to the lower-tiered structures and instruction (Freeman et al., 2006). Systems that support this range of academic and social interventions are ideal for also supporting a range of mental health interventions for universal or individualized implementation.

## **Key Messages of ISF**

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### **Single System of Delivery**

- One committed and functional team with authority guides the work, using data at three tiers of intervention
  - Mental health participates across all tiers
  - Evidence based practices integrated at each tier
  - Symmetry of process at district and building level
  - Plan to build social and emotional capacity across staff
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**Access is NOT enough. All work is focused on ensuring positive outcomes for all children and youth and their families.**

- Interventions matched to presenting problem using data, monitored for fidelity and outcome.
- Teams and staff are explicit about types of interventions students and youth receive
- Skills acquired during sessions are supported by all staff

## Mental Health is for ALL

- Positive school climate and culture serves as protective factor. Social/emotional/behavioral health addressed with same level of attention and concern as is our children's academic and cognitive achievement.
- Social behavior skills taught and reinforced by all staff across all settings, and embedded in all curriculum
- Behavior examples used to explicitly teach what behaviors look like and sound like across school settings

**MTSS is essential to install SMH. ISF is installed and aligned with core features of MTSS framework:**

- Effective **teams** that include community mental health providers
- **Data**-based decision making
- Formal processes for the selection and implementation of **evidence-based practices**
- **Early access** through use of comprehensive screening
- Rigorous **progress-monitoring** for both fidelity and effectiveness
- Ongoing **coaching** at both the systems and practices level

## Workflow Steps for ISF Implementation



*Select District and Schools:* Local political units share high priority for safe, nurturing, learning environments, climates that are conducive to family and community involvement, increased access to quality mental health care and increased local infrastructure that helps address a range of emotional and behavioral problems for all children and youth.

1. Team has support of state /region/local agencies
  - Member of state/regional team is assigned by state/region to meet with team on regular basis and serves as ISF facilitator
2. District and Schools agree to participate – 2-3 schools serve as knowledge development sites.

*Form or Expand District Team:* Identify the local integration team. Membership should include representation from local stakeholders (i.e. school system student services and special education directors, local mental health provider, agency coordinator, law enforcement official/juvenile services coordinator, coalition of

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families representative, family, youth, and community members, local management board representative, social services representative).

- Which voices with mental health expertise within the school system could benefit this team?
- Which voices of mental health agency partners could benefit this team?
- Who are in optimal positions to be social/emotional leaders for the district?
- How will we ensure that multiple stakeholders' voices will remain throughout development and implementation?

*Establish Operating Procedures:* Establish meeting procedures and common way of work, by which roles and functions of members are established. Define how evidence-based practices will be selected. Provide the funding, visibility, and political support needed to fully adopt the ISF system.

1. Team develops mission that is outcome oriented. (e.g. School Completion, eliminating the achievement gap)
2. Team defines regular meeting schedule and meeting process to create an active community of practice that support the sharing and dissemination of information.

*Conduct Resource Mapping*

1. Team conducts needs assessment that identifies existing collaborations and initiatives, utilizing a resource mapping process to determine current activities.
2. Team examines use of school and community based clinicians.
3. Team examines organizational barriers (funding, policy)
  - System in place to help community providers, schools, families and individual student behavior teams address systemic barriers to accessing quality mental health care and /or obtaining desired outcomes.
4. Team establishes measureable goals
  - Goal must include way students and youth and their families are benefiting.

*Develop Evaluation Plan*

1. Identify fidelity tools.
2. Establish a data system and include ways to screen students and youth, track referrals, progress monitor, track fidelity of implementation and outcomes.
  - What data are currently being used to show the effects of PBIS?
  - What data systems are being used?
3. Document economic benefits of program and compute cost/benefit analysis.

*Develop Integrated Action Plan:* Based on data, determine steps to develop a formal process for selecting evidence-based practices, systems for screening students and youth, and for communicating and disseminating activities. Identify steps, specific steps to be taken, who is responsible, and a timeline for completion.

*Write Memorandum of Understanding (MOU):* Determine who will implement the integrated action plan. Include funding sources to cover activities for at least three years. Identify implementation team. Districts and agency must have an explicit conversation about their commitments, roles, and function of staff.

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**ISF Resources & Tools**

<i>Tool</i>	<i>Implementation Level</i>	<i>Description/Purpose</i>	<i>Considerations for Use</i>
<b>Survey on School Readiness for Interconnecting Positive Behavior Interventions and Supports and School Mental Health</b>	School	The purpose of this survey is to evaluate readiness to interconnect PBIS and SMH; that is, delivering SMH services through the PBIS framework. Readiness includes perceptions of all those involved (teachers, students, administrators, family members, etc.), feasibility of implementing changes, and types of available resources.	<p><b>Who:</b> Teachers, Students, administrators, family members</p> <p><b>When:</b> Exploration Phase: Prior to initial implementation</p> <p><b>Access for use:</b> ISF Monograph <a href="https://www.pbis.org/school/school-mental-health/interconnected-systems">https://www.pbis.org/school/school-mental-health/interconnected-systems</a></p>
<b>Selecting Mental Health Interventions within a PBIS Approach</b>	School	When a data indicates a need for a new initiative, this guide, checklist and case examples should be used to determine the best fit and will also guide teams to install systems features like data decision systems as well as training and coaching features that increase intervention fidelity and positive outcomes for children, youth and families.	<p><b>Who:</b> School Community Team who include stakeholders who are responsible for selecting and installing new initiative</p> <p><b>When:</b> Data determines need for new initiative</p> <p><b>Access for use:</b> ISF Monograph <a href="https://www.pbis.org/school/school-mental-health/interconnected-systems">https://www.pbis.org/school/school-mental-health/interconnected-systems</a></p>

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<i>Tool</i>	<i>Implementation Level</i>	<i>Description/Purpose</i>	<i>Considerations for Use</i>
<b>Implementation Guide Topics:</b> <ul style="list-style-type: none"> <li>• <b>Funding</b></li> <li>• <b>Evaluation Tools</b></li> <li>• <b>District Community</b></li> </ul>	District / Community	This guide can be used when topics such as funding, evaluation and integrated teaming becomes a barrier to an integrated approach. The questions promote dialogue around current funding status.	<b>Who:</b> DCLT <b>When:</b> Exploration Phase <b>Access for use:</b> ISF Monograph <a href="https://www.pbis.org/school/school-mental-health/interconnected-systems">https://www.pbis.org/school/school-mental-health/interconnected-systems</a>
<b>Resource Mapping in Schools and School Districts: A Resource Guide</b>	District / Community and School	Resource mapping offers a method to link regional, community, and school resources with an agreed upon vision, organizational goals, specific strategies for addressing problems, and expected outcomes so that youth and families have access to the full array of services that they need. As a result of resource mapping, community partners, school staff, families, and youth have more flexibility, autonomy, choice, and a better understanding of the resources and services that are available within a school and the larger community.	<b>Who:</b> DCLT, SLT <b>When:</b> Exploration Phase to identify and organize resources and services available within community and schools. <b>Access for use:</b> <a href="https://csmh.umaryland.edu/Resources">https://csmh.umaryland.edu/Resources</a>
<b>ISF Action Planning Companion Guide to SWPBIS-TFI</b>	School	Assist schools implementing PBIS and using the Tiered Fidelity Inventory to enhance current implementation to include ISF approach.	<b>Who:</b> Systems Planning Team <b>When:</b> Completed during annual action planning and reviewed quarterly to assess progress toward goals during PBIS/ISF team meetings. <b>Access for use:</b> Upon request to targeted workgroup leaders.

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<i>Tool</i>	<i>Implementation Level</i>	<i>Description/Purpose</i>	<i>Considerations for Use</i>
<b>ISF Implementation Inventory</b>	School	The ISF Implementation Inventory is intended to serve as an efficient and valid assessment of ISF implementation for the purposes of ongoing evaluation and action planning.	<p><b>Who:</b> PIBS/ISF Planning Team</p> <p><b>When:</b> The ISF Implementation Inventory is first completed individual by members of the school leadership and/or PBIS/ISF teams and then reviewed aggregately at a team meeting for discussion and action planning.</p> <p><b>Access for use:</b> Participate in validation study <a href="mailto:spllett@coe.ufl.edu">spllett@coe.ufl.edu</a></p>

### Frequently asked questions

**Q: How do educators effectively implement and support trauma informed practices into their schools? How do they fit into the PBIS/ISF framework?**

**A:** When considering trauma informed practices, it is important to understand what the data show about the prevalence of trauma within the community. That is, schools are encouraged to gather information regarding the percentage of students who have experienced or are experiencing trauma, and design interventions and supports based on those data. School professionals should closely consider the population, characteristics of the community and neighborhood, and then make a clear match to the presenting problem they are observing. Professionals may classify trauma informed practices as “Tier 2 and 3” practices; however, if data suggest that most to all of the population experience trauma, then trauma informed practices may be integrated at Tier 1, and then intensify across the tiers. That is, supports may need to be rearranged based on who is in the population – what is considered a Tier 3 intervention for one school, may be a Tier 1 intervention for another. The data will inform how and where trauma informed practices would be integrated into the community. Supports are customized and shaped based on the need.

The PBIS/ISF framework provides a structure and lens for schools and communities to integrate trauma informed practices into their systems. Therefore, it requires training for school staff to look at and understand trauma interventions and supports through the multi-tiered framework. That is, all staff across the school and community must be knowledgeable and skilled in trauma informed care, when utilized universally. Clinicians and specialists will serve as valuable resources to provide targeted and intensive supports for trauma, but the systems will be most effective when all staff is trained. A suggested training can be found on Wisconsin’s website, which includes modules on teaching school staff and other community partners on trauma informed care (<http://dpi.wi.gov/sspw/mental-health/trauma/modules>).

**Q: Suspension rates and office referrals may not be enough or sufficient to evaluate student progress or outcomes. Are there any other tools to go beyond the traditional data points?**

**A:** Beyond suspension rates and office referrals, there are several other data to gather to evaluate student progress and outcomes. For example, time out of class, attendance rates, grades, visits to the nurse, requests to go to the school counselor, and universal screening data for social-emotional-behavioral needs are all valuable indicators of how students are functioning within school. To measure effectiveness of the ISF framework, the sources listed above will be of great utility, in addition to individuals’ intervention outcome

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goal attainments, screening data, reduction in problem behavior and increases in desired behaviors, perception data from students and families, and acquisition of skills targeted within intervention. Outside of school, data such as number of calls to crisis centers, food pantry access, families' access to community mental health partners, child protection rates, and juvenile justice numbers may provide a sense of general mental health within a community. These sources of information can be analyzed at the individual or aggregate (i.e. universal) levels to inform trends and targets for prevention and intervention.

**Q: What are the expectations for length of treatment or how many episodes of care?**

**A:** First and foremost, access to social skills instruction and clinically-based instructional sessions are not intended to be a “life sentence” for children. All interventions have a designated frequency/dosage with progress monitoring to determine if being effective. Students should not be kept in interventions indefinitely but if results are not achieved in the timeframe designated by the research on the intervention, they should be considered for a different intervention.

Social-emotional-behavioral supports are intended to help children acquire, use, and generalize skills to best navigate their environments. How the interventions are designed and implemented are best determined through a thorough collection and ongoing analysis of data, which will inform the frequency and dosage of support that a child will need. Therefore educators and clinicians, together, should monitor how students are progressing in treatment and determine ongoing need of treatment based on those data and collaborations. In order to collaborate, community partners are best utilized when they are integrated into teams, in which they contribute to the comprehensive plan for the student. Community partners can converse with teachers and school staff, shares with them what they are working on with the student, and provide suggestions on how teachers can support those skills in the classroom, and outside the context of treatment. The teacher can also work with the community partner to help him/her design treatment, based on data and observations from within the classroom and instructional setting.

Further, having a clear understanding of what the therapy or support will include will help to inform how long a child will need to receive support. If the child receives intervention in group or individual sessions, the clinician should provide an explicit description of what will happen, what skills he/she will be using, and how to build the environment surrounding the child to anchor and support those skills. An explicit explanation of the sessions will help all stakeholders understand what skills are addressed, as well as help to demystify what mental health is, and support a whole-student approach. It will help to demystify what clinicians are doing and channel it into the educational arena and explain their role to help educators to understand exactly what goes into mental health support.

**Q: How do schools build teachers' capacity to work with clinical support staff?**

**A:** Building capacity for school staff to work with clinical support staff requires careful planning and allocation of resources, in which schools must set up systems and structures for collaboration. The most effective venue to build capacity is through collaborative teaming in which teachers, school staff, and community partners work together to select and monitor interventions across the tiers. This sets the tone/culture for how a blended system works (different than previously existing separate mental health team/system). In the team setting, educators and community staff work together to collectively design supports for students and integrate their work, to leverage the expertise and resources of each member of the team. Mental health providers need to clearly define the interventions they may be able to provide, including core features of the intervention, dosage/frequency and timeframes and the team decides collectively which interventions will be selected for specific students (Tier 2/3) and how each intervention will be monitored. The team also decides how the specific intervention(s) will be linked to the Tier 1 expectations/lessons in the classroom so the teachers can actively prompt and reinforce the new skills students are learning, thus creating

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a seamless system for transference and generalization back to natural settings. If interventions are to be delivered by a clinician who is not in the school every day, times and routines for communication will need to be established. Clinician availability for teacher consultations and professional development to the school community; participation on universal (as well as Tier 2/3 team meetings); and conducting consults with family meetings to better refine interventions are helpful to creating a culture of “mental health is everyone’s job” in the school.

**Q: What states and regions serve as exemplars of effective ISF implementation?**

**A:** The ISF monograph provides examples of early exemplars at the state, regional, and local level. Scranton, PA, a local example and the Pennsylvania Community of Practice on School Based Behavioral Health, a state example, are one example featured in the monograph. Pennsylvania continues to build capacity at the state, regional, and local level and have other sites who now serve as exemplars, including Bellefonte Area School District and Keystone Central School District. Since its publication, sites across the country have been applying the strategies and tools outlined above in order to implement ISF. The State of NH is applying the ISF structure in several communities, including Laconia School District (See Session D8 presentation from PBIS Forum 2017). A national targeted workgroup participates in almost monthly webinars facilitated by the national ISF leadership team. These recorded webinars feature sites who have demonstrated implementation of a key concept. For example, a site in Concord New Hampshire presented on developing a Memorandum of Understanding and a site in Asheville, North Carolina presented on conducting resource mapping and aligning initiatives. To find links to the recorded webinars, visit <http://www.pbis.org/community/interconnected-systems-framework>.

**Q: What other resources are available related to mental health in schools and the ISF?**

**A:** Participants interested in integrating mental health into their SWPBIS structure, or build a PBIS structure with integrated mental health are encouraged to use the ISF Action Planning Companion Guide to SWPBIS-TFI. At each step of implementation, there are elements of the ISF that can guide teams as they action plan for an integrated system.. It can found at <https://www.pbis.org/resource/1021/isf-action-planning-companion-guide-to-swpbis-tfi>

There are many additional resources available at <http://www.pbis.org/community/interconnected-systems-framework>. Among the resources are the recorded webinars mentioned above, access to the tools mentioned in this RDQ, presentations, and publications.

In addition, participants are welcome to join the targeted workgroup webinars. To join, please email [Kelly.perales@midwestpbis.org](mailto:Kelly.perales@midwestpbis.org) and request to be added to the distribution list. An invitation to join the webinar will be sent about a week prior to the date the webinar will be held. As mentioned, all webinars are recorded and posted.

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## References and Resources

*Readers are also encouraged to access all materials from presentations from the Mental Health strand for additional information and exemplars of ISF in place. <http://www.pbis.org/presentations/chicago-forum-16>*

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