INSTALLING AN INTERCONNECTED SYSTEMS FRAMEWORK AT THE DISTRICT/COMMUNITY LEVEL:
Recommendations and Strategies for Coaches and District Leaders

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Introduction

This Practice Guide describes and illustrates how district/community leaders can embed mental health supports within the PBIS framework to create a unified and comprehensive system of social-emotional-behavioral (SEB) supports in schools. One district’s experience building such an Interconnected System Framework (ISF) is portrayed including how they engaged community partners, families and school personnel. The logic of implementation science (Fixsen, et al., 2005) is used as an organizing structure to guide districts through the change process with a focus on sustainability. This exemplar district demonstrates how the sequential movement to a single system of SEB support happens over time, focusing on continuous improvement. Technical assistance strategies and tools for coaches guiding the ISF process in districts/communities and schools are included (for more information on the ISF process, see the ISF resources listed at the end of this Guide).
Context

Even before the unprecedented force of the COVID-19 pandemic, schools were increasingly aware of social-emotional-behavioral (SEB) health as a critical component of students’ academic and post-school success. For decades, national mental health data has indicated climbing prevalence rates of anxiety and depression in youth, frequently exacerbated by trauma that is often generational in communities (Bor, et al., 2014; DeAngelis, 2019). The prolonged uncertainty, fear, and social isolation from the world pandemic, combined with social unrest and community violence, has only exacerbated the mental health crisis for schools and communities (Weir, K., 2020).

As schools find themselves front and center in addressing these critical needs, they often reach out to community providers to assist, resulting in a proliferation of co-located school-based mental health systems, which are often disconnected from other school-based SEB initiatives. The Interconnected Systems Framework (ISF) is a process to create a more streamlined approach to school mental health and wellness by connecting all SEB efforts through one system, while eliminating barriers inherent in systems that previously have operated separately (Eber, et al., 2020).

As schools begin working toward such an interconnected system, they need to secure active leadership from those with authority to change policy, braid funding streams, and re-position personnel and procedures at the school level. Hence, this organizational change should be initiated and led by executive-level governance from education, mental health, and other partnering agencies through a district/community leadership structure. This district/community leadership team guides the change by first exploring what the shift to an integrated system of SEB support would entail, and making decisions on how to move forward by allocating or repurposing resources to support the movement from co-located school mental health to a system that can more efficiently meet the needs of a greater range of youth and families. One of the most important functions of the leadership team is to work on alignment of related SEB initiatives/programs. Rather than merely adding new initiatives

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**ISF Key Messages**

1. Single System of Delivery
2. Mental Health is for All
3. Access is Not Enough
4. MTSS Features are Essential
or additional personnel, the leadership teams focus on changing and aligning system features and routines to focus on efficiency, effectiveness and sustainability. The following sections summarize the ISF process from exploration to implementation, highlighting one exemplar district’s experiences.

Exploration to Adoption

As school districts explore the possibility of interconnecting mental health into their PBIS framework, they typically begin by examining current partnerships and initiatives/programs, developing a shared understanding of the ISF among key stakeholders, and ultimately making a decision to adopt or not. Although the process for each district will unfold differently, taking a closer look at one district’s experience can help coaches and district leaders make purposeful decisions regarding their own ISF installation.

In Chippewa Falls Area Unified School District, a Wisconsin district of 5,000 students, exploration of the ISF was prompted by a desire to expand mental health services and funding to support the needs of more students. District leaders reached out to their National and State PBIS technical assistance providers who introduced them to the ISF concept as a systemic approach for meeting all students’ mental health needs effectively. At the time of their outreach, the district had existing partnerships with seven different community agencies, a unique situation for a district of this size. Although they did not have a District Leadership Team guiding their PBIS implementation, they did have a designated PBIS Coach who worked closely with the Director of Student Services, guiding the PBIS efforts in the schools while also coordinating the caseload activity of community clinicians in schools. Supported by technical assistance providers, the coach decided to initiate individual meetings with each mental health partner agency, sharing key messages about integrating mental health into their existing PBIS framework. The coach explained the desire to build on existing efforts with teams and intervention procedures in schools, thus aligning all SEB initiatives through one system. These initial conversations with agency leaders addressed how partnerships could be strengthened and leveraged, including discussions about what would be different when working through an integrated model. This dialogue was intended to create a shared understanding across agencies and set the stage for an initial meeting with representatives from the district and the community agencies.

At their first meeting, school and agency leaders agreed to adopt the ISF process and formalize their district/community leadership team structure. Based on their previous meetings with each agency, they developed a shared vision and mission statement...
and reviewed changes to their Memorandum of Understanding (MOU). The most significant change to the MOUs involved community clinician participation on school-based PBIS teams with an understanding that not all changes were expected in all agencies and schools at the same time. The leadership team agreed to invest the entire school year to plan the launch of the interconnected system in selected schools. They created an action plan to guide the installation, sharing community and school data to ensure their actions were linked to specific prevention and intervention needs. For example, the team discussed community data as well as universal screening data indicating a need for teaching social-emotional competencies to all students. They also discussed their capacity to increase instructional dosage through small groups for some students, and highly intensive individual supports for a smaller number of students. Over the next two years, this interagency leadership team expanded to include multiple stakeholder voices, including eight family members, a focus on funding and the necessary system supports for successfully integrating the school mental health program into the PBIS framework. These supports include ongoing coaching to school teams and strengthening communication channels with teachers, families, and clinicians to adapt to the interconnection of PBIS and mental health.

The executive-level team of district/community leaders and families is a critical component of ISF and needs to be in place before initiating any school changes. Transitioning to this integrated leadership structure may happen more quickly for districts that already have an established leadership body than for those creating one for the first time. As the team becomes established, it functions to prevent or remove barriers, including problem solving issues around funding, allocating resources, and streamlining policies and procedures. In addition to setting up formal structures for key stakeholders to meet regularly, establishing an ISF involves continuously assessing the extent to which systems are effective, and allocating or repositioning resources as needed to achieve maximum impact on student outcomes. (To learn more about the installation of an ISF through a district/community leadership structure, see Chapter 4 of the ISF Monograph Advancing Education Effectiveness: Interconnecting School Mental Health and PBIS, Volume 2: An Implementation Guide)

### Installation to Implementation

After district/community leaders and partners decide to move forward with the development of an ISF, they begin considering what system features need to be established or strengthened before schools begin the deliberate move towards a single SEB support system. For example, the Chippewa Falls team developed an integrated professional development plan to increase competence and confidence in both educators and agency partners to work in tandem to address an expanded range of SEB needs.

Furthering the integrated approach, the Chippewa Falls leadership team adopted a co-coaching model with the PBIS coach from the school district partnering with an employee of a mental health agency also assigned to function in a coaching role. This arrangement proved...
beneficial as coaches could identify barriers from the school perspective and share challenges and proposed solutions with the district/community leadership team. For example, coaches became aware that resource allocation was not the same from agency to agency in each school, creating a struggle in some schools. Some agency partners had enough time/funding to participate in team meetings to support the schools effectively. Others appeared to be more limited in their availability to provide similar support. As a result of the integrated coaching model, this concern was quickly brought to the leadership team. It was decided that one central agency would manage and coordinate rate setting for all partner agencies in a “managed care” type of approach.

For Chippewa Falls, as with other districts, moving from a co-located model to an integrated model happens over time with purposeful and intentional communication, requiring patience and a strong commitment from both school and community partners. (See Figure 1: ISF Timeline-Chippewa Falls). A district/community leadership team’s essential functions include prioritizing needs and action steps while ensuring clear and ongoing communication among stakeholder groups including families, teachers, school and community clinicians and all school/district and agency leaders. As previously mentioned, Chippewa Falls adjusted existing MOUs to allow and support clinicians from community agencies to participate in school level systems teams while sharing and using data to make decisions about youth supports. The leadership team also decided to develop a specific communication plan with various stakeholder groups, seeking to expand understanding and commitment to the expanded model for mental health in schools through the ISF. For example, the team decided to send information to all families about the ISF and how it can enhance mental health supports in schools. They included a parent survey that asked about their interest in joining the leadership team. Twelve families responded with interest in participation, and Chippewa Falls was able to add eight family members to their district/community leadership team in the spring of 2019.

**Enhance MTSS Features**

The ISF deliberately applies the logic and features of multi-tiered systems of support (MTSS) to all mental health supports as they are integrated into the PBIS school.

### Steps to Install an ISF

1. Establish an exploration team
2. Assess current status
3. Enhance MTSS routines and procedures
4. Develop an integrated action plan

### MTSS Features

1. Leadership Teams
2. Use of Data
3. Team Selection Process
4. Early Access
5. Measure Fidelity & Outcomes
6. Team-based Coaching
framework in schools. These include teams using data to select interventions and monitor for fidelity and outcomes. Universal screening and coaching are also important features. In Chippewa Falls, the integrated coaching model guides continuous improvement over time and routinely reviews the district’s universal screening protocol to ensure early access. Additional MTSS features to be considered by the district/community leadership team include a formal process for school teams to select evidence-based interventions and ensure progress monitoring of both outcomes and fidelity are in place for all interventions.

Moving towards this deliberate integration of teams and applying MTSS features typically includes examining how interventions are currently selected, monitored and assessed for effectiveness. For example, schools with a co-located school mental health program tend to be less specific about how interventions for anxiety and depression are described and evaluated, often describing all interventions as only ‘therapy’ or ‘counseling’, making it more challenging to monitor progress or outcomes specific to each intervention. This type of service delivery often results in weak evaluation protocols, such as considering the number of referrals for mental health services as a primary outcome. Focusing on the ISF key message “Access is not enough”, school leaders are encouraged to be as precise about describing and

Figure 1: ISF Timeline—Chippewa Falls

<table>
<thead>
<tr>
<th>Date</th>
<th>Phase of Installation</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2017</td>
<td>Exploration</td>
<td>Chippewa Falls reached out to the network for technical assistance on how to expand their services and funding sources</td>
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<tr>
<td>Fall 2017</td>
<td></td>
<td>Key district leaders learn about the Interconnected Systems Framework</td>
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<tr>
<td>Fall 2017</td>
<td></td>
<td>District coach reaches out to each individual mental health agency to explain about ISF</td>
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<tr>
<td>Winter 2018</td>
<td></td>
<td>District leaders reach out to engage agencies and schools in ISF dialogue</td>
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<tr>
<td>Winter 2018</td>
<td>Adoption</td>
<td>First District Community Leadership Team (DCLT) meeting</td>
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<tr>
<td>Winter 2018</td>
<td></td>
<td>Shared mission and vision established</td>
</tr>
<tr>
<td>Sept. 2018</td>
<td></td>
<td>Re-design of the Memorandums of Understanding (MOUs)</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>Installation</td>
<td>Survey sent to family and community members explaining the ISF and asking about interest and participation</td>
</tr>
<tr>
<td>Fall 2019</td>
<td></td>
<td>Additional family representatives join the DCLT</td>
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<tr>
<td>Fall 2019</td>
<td></td>
<td>Combined Professional Development Opportunities (school, agency partners, community members)</td>
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<tr>
<td>Dec. 2019</td>
<td></td>
<td>Community agency clinicians begin participating on school-based systems planning teams</td>
</tr>
<tr>
<td>Fall 2019</td>
<td>Implementation</td>
<td>Co-Facilitate Tier 2 Group Interventions (school clinician &amp; partner agency clinician)</td>
</tr>
</tbody>
</table>
evaluating mental health support outcomes as they are about academic interventions. Measuring how many students had access to reading instruction would not be an adequate measure of reading instruction, as schools would want to know which students actually acquired the skills through reading instruction and which reading interventions were effective for specific students’ reading problems. The same specificity need to be applied to all SEB interventions, including mental health supports provided individually by clinicians.

Part of clinician participation on teams should include (a) becoming more specific in describing the ‘counseling’ interventions proposed for students, (b) team selection of specific interventions, and (c) determining how to measure student response specific to the various interventions. For example, a clinician may propose a Cognitive Behavioral Therapy (CBT, see Jaycox, et.al., 2018) intervention that teaches a student to recognize when she needs to ask for help and/or apply a specific coping strategy instead of fleeing a situation that invokes fear. This more specific dialogue allows the team to plan how teachers can support the CBT approach in the classroom and how progress will be measured for that student. As schools expand their team-based discussion and decision-making about support for internalizing mental health issues (e.g., anxiety and depression), teachers and other school staff become more fluent about effective interventions for a broader range of mental health issues. These interventions can extend beyond individualized services and be provided and supported at the classroom level as well. The following section describes technical assistance strategies for guiding school teams to (a) discuss and describe all mental health interventions with the same specificity as they do with interventions for externalizing behaviors and academics, and (b) progress monitor those interventions using data to assess fidelity and student outcomes.

**Suggested Technical Assistance Strategies**

The following technical assistance strategies are intended to deliberately integrate school mental health clinician functions within existing multi-tiered teams that guide behavioral supports. Specifically, these activities are intended to increase the application of MTSS Features to all individualized SEB supports through the following changes to the teaming structures and routines:

1. Clinicians no longer have separate meetings to select and monitor interventions but instead engage with teachers and other school staff to select and monitor interventions through one set of teams. (Note: Clinicians may want to repurpose their current ‘mental health’ meetings as a form of peer clinical supervision where fidelity and accuracy of different evidence-based practices are discussed.)

2. The integrated system moves from a referral (which implies a ‘hand off’ of a student from one team to another) to a request for assistance process, further delineating decision-making through a single set of teams that include both agency and school staff.

3. All interventions, including individualized supports provided by clinicians, are specifically described to include dosage, frequency and the assessment process; progress monitoring, fidelity and outcome measures are agreed upon by teams before initiating interventions.
TECHNICAL ASSISTANCE ACTIVITY #1:

1. To prepare clinicians for the further application of MTSS features through one set of teams, the co-coaches (from the school district and mental health agency) can guide clinicians to assess their current process for designing and monitoring/assessing interventions by using the School Level Intervention Mapping Tool. The coaches guide the clinicians to (a) list each intervention currently being provided individually to students by either agency or school staff, and (b) identify the status of MTSS features per intervention (e.g., entrance criteria, how impact and fidelity are assessed, percent of students responding, etc.). This review of interventions will allow the clinicians to discuss and plan how to adjust practices to ensure there is clarity of each intervention (e.g., technique, dosage/frequency, assessment methods, etc.).

2. To address any barriers identified in the above activity, coaches can use the Changing Role of Clinician Discussion Guide for problem-solving through the District/community leadership team. For example, reexamining MOUs for clarity about addressing confidentiality and funding will eliminate clinician's perceived barrier of not being able to discuss skills being taught or how they are monitoring progress of outcomes within interventions.

TECHNICAL ASSISTANCE ACTIVITY #2:

The coach can guide the district/community team (including building representatives and some clinicians) to identify how the request for assistance process is different from the current referral structure and the potential for teams to ensure a rapid response to all student needs. District and community leaders and coaches can review and discuss the Sample Request for Assistance Form, Step 4B of the Installation Guide provides prompts and guiding questions to support the team as they establish the request for assistance process. Because this will most likely be a shift for school and community staff, professional development and ongoing coaching will be needed.

TECHNICAL ASSISTANCE ACTIVITY #3:

Guided by an experienced coach or technical assistance provider, the district and community leaders can identify the data sources and target goals for all individualized interventions provided across the district schools.

1. At the system level, using the Tiered Fidelity Inventory (Algozzine, et al. 2014) teams will ensure the correct proportion of students who are receiving Tier 2 and Tier 3 interventions. Items 2.10 and 3.16 of the Tiered Fidelity Inventory (TFI) focus specifically on the goal of between one and five percent of students receiving Tier 3 interventions and between five and fifteen percent of students receiving Tier 2 interventions. Coaches can guide teams through problem-solving on how to achieve a balanced and efficient multi-tiered approach.

2. Leaders and coaches can use the Tier 2/Tier 3 Tracking Tool with school teams, along with the Team Initiated Problem Solving (TIPS) process to develop data decision rules for deciding when students need a higher level intervention; what data point(s) they will progress monitor during the intervention period; and what data threshold will let them know when the student is ready to exit the intervention.
Conclusion

Developing a strong district/community team with a wide range of stakeholders is an essential strength of the Chippewa Falls experience with ISF. Their history with PBIS across the district, including an established coaching structure, prepared them for expanding team-based leadership and rigorous use of data at the building level. Before taking steps towards an ISF, Chippewa Falls was already tracking general outcomes (e.g., attendance, grades) for students receiving supports from community mental health agencies. Their commitment to continuous improvement has helped them recognize the importance of applying the same level of data-based decision-making to interventions provided by school-based clinicians and agency partners. Following the technical assistance activities described above, they will be able to track outcomes specific to the interventions provided, allowing clinicians and teams to be more accurate about monitoring and improving intervention effectiveness. Through the further application of ISF, students with or at-risk of conditions, such as anxiety and depression, will be identified earlier and receive supports sooner and in natural settings such as the classroom.

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Additional Resources

Recorded Overview of ISF (video)²

Fact Sheet—Interconnected Systems Framework 101: An Introduction⁸

Fact Sheet—Interconnected Systems Framework 201: When School Mental Health is Integrated within a MTSS: What’s Different¹⁰

Fact Sheet—Interconnected Systems Framework 301: Installing an Integrated Approach¹¹

References


Embedded Hyperlinks

2. https://drive.google.com/drive/folders/1-5eB45VaOKdgTpbfCl6qZnT3bxdk9Mi
3. https://drive.google.com/file/d/10QWAtkJ8vd2xDsOwmesFwKw5lslK0NZ/view?usp=sharing
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