Development of an Interconnected Systems Framework for School Mental Health

(a work in progress)

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Context

Over the past two decades, there has been a great deal of attention on the development of models for mental health in schools, including social emotional learning, school-wide prevention systems and more timely and effective treatment options for youth with more intensive mental health challenges. Leaders from two national centers with compatible approaches to this issue, the National PBIS Center and the Center for School Mental Health (at the University of Maryland) are working collaboratively to establish a framework inclusive of the experiences and knowledge of both national centers. This draft concept paper, a work in progress, is one step towards the development of an interconnected framework for communities and schools to use as they work in partnership to build more responsive and effective systems that connect mental health and schools.

During the next 18 months, we have been sharing this draft framework and concept paper through national meetings, conferences and learning communities to solicit feedback, including examples that align with the framework's guiding principles as we finalize a brief monograph. The goal was to obtain broad input from stakeholder groups as well as to promote a dialogue to operationalize the concept of an interconnected systems framework inclusive of mental health and education, and guided by youth and families.

The Centers would like to recognize and extend appreciation to the contributions of the Illinois Children's Mental Health Partnership (ICMHP), represented by Colette Lueck and Lisa Betz from the Illinois Department of Human Services Division (I-DHS) of Mental Health who developed the initial framework, key components and interconnected systems visual.

Background

Innovations in education and in child and adolescent mental health are growing rapidly; for example, in relation to Response to Intervention (RTI), and the related development of School-Wide Positive Behavior Support (SW-PBS) in education, and the move to

strong Family Engagement and Empowerment, and Systems of Care within mental health. Importantly, innovations in these systems are increasingly linked together through school mental health (SMH) programs and services. SW-PBS has pioneered systematic strategies to promote positive student behavior through data based decision making, providing an outstanding framework from which to enhance mental health promotion and intervention. Foundational to this work is a 'shared agenda' in which families, schools, mental health systems, and other youth serving community systems are working together to build a full continuum of multi-tiered programs and services for students and their families in general and special education. These programs and services reflect integrated strategies to promote student wellness and success in school, and reduce both academic and non-academic barriers to learning and school success. SW-PBS has developed a three tiered model of providing services reflecting the social and behavioral component of RtI and consistent with a public health approach to school mental health promotion and intervention. The intent of this brief concept paper and figure (attached) is to promote enhanced collaboration toward system integration among families, youth serving agencies, and initiatives that connect to schools. It is believed that this enhanced collaboration will improve program efficiencies, further enhance data-based decision making, increase the likelihood of evidence-based promotion and intervention, improve student- and school-level outcomes, and boost policy support for school mental health.

Figure 1 amplifies key themes in this *Interconnected Systems Framework for School Mental Health.* Guiding principles for this Interconnected Systems Model include:

1. Programs and services reflect a "shared agenda" with strong collaborations moving to partnerships among families, schools, and mental health and other community systems.
2. The three-tiered Figure 1 represents systems and progress monitoring features of the multi-tiered Interconnected System Framework.
3. At all three tiers, programs and services are for students (and their families) in special and general education, with close collaboration between these two systems within schools.
4. Tier 1 represents systems that support ALL youth; Tier 2 represents systems that additionally support some students (typically 10-15%) and Tier 3 represents systems that provide an additional level of support to a few youth (typically 1-5%).
5. Tier 2 and Tier 3 interventions are anchored in Tier 1 interventions and are natural extensions or scaled-up versions of Tier 1. For example, students who do not sufficiently respond to SW-PBS Tier 1/universal interventions receive preventive and supportive interventions at Tier 2, and students whose problem behavior persists despite Tier 1 and Tier 2 intervention, receive intervention at Tier 3.
6. The three tiers represent system structures for providing interventions-- the tiers do not represent youth.
7. At all three tiers of programs and services, emphasis is on data-based decision making and on the implementation of evidence-based promotion and intervention.
8. There is strong training, coaching and implementation support for all efforts.

9. All aspects of the work are guided by youth, families, school and community stakeholders with an emphasis on ongoing quality assessment and improvement.
10. The functioning of school teams is critical to all efforts, and are emphasized and supported strongly.
11. Prevention is an underlying principle at all 3 tiers with Tier 1 focused on preventing occurrences of problems, Tier 2 preventing risk factors or early-onset problems from progressing, and Tier 3 reducing the intensity and duration of symptoms. Prevention is aligned conceptually and operationally to promotion of health, mental health and wellness. For example, a Tier 3 (individualized) intervention to reduce anxiety, promotes health and wellness and increases that student's participation in programs and activities in Tiers 1 and 2.
12. Interventions across the 3-tiered model are not "disorder" or "diagnosis" specific but rather are related to severity of emotional and behavioral challenges that may be present (with or without mental health diagnosis or special education identification). As part of ongoing quality assessment and improvement efforts, there is appropriate caution about labeling students, and training and increased understanding of the impacts of such labeling.

The Three Tiers Defined

***Tier 1/Universal*-** Interventions that target the entire population of a school to promote and enhance wellness by increasing pro-social behaviors, emotional wellbeing, skill development, and mental health. This includes school-wide programs that foster safe and caring learning environments that, engage students, are culturally aware, promote social and emotional learning and develop a connection between school, home, and community. Data review should guide the design of Tier 1 strategies such that 80-90% of the students are expected to experience success, decreasing dependence on Tier II or III interventions. The content of Tier 1/Universal approaches should reflect the specific needs of the school population. For example, cognitive behavioral instruction on anger management techniques may be part of a school-wide strategy delivered to the whole population in one school, while it may be considered a Tier 2 intervention, only provided for some students, in another school.

***Tier 2/Secondary*-** Interventions at Tier 2 are scaled-up versions of Tier 1 supports for particular targeted approaches to meet the needs of the roughly 10-15% of students who require more than Tier 1 supports. Typically, this would include interventions that occur early after the onset of an identified concern, as well as target individual students or subgroups of students whose risk of developing mental health concerns is higher than average. Risk factors do not necessarily indicate poor outcomes, but rather refer to statistical predictors that have a theoretical and empirical base, and may solidify a pathway that becomes increasingly difficult to shape towards positive outcomes. Examples include loss of a parent or loved one, or frequent moves resulting in multiple school placements or exposure to violence and trauma. Interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive and geared towards skill development and/or increasing protective factors for students and their families.

Tier3 /Tertiary- Interventions for the roughly 1-5% of individuals who are identified as having the most severe, chronic, or pervasive concerns that may or may not meet diagnostic criteria. Interventions are implemented through the use of a highly individualized, comprehensive and developmental approach that uses a collaborative teaming process in the implementation of culturally aware interventions that reduce risk factors and increase the protective factors of students. Typical Tier 3 examples in schools include complex function-based behavior support plans that address problem behavior at home and school, evidence-based individual and family intervention, and comprehensive wraparound plans that include natural support persons and other community systems to address needs and promote enhanced functioning in multiple life domains of the student and family.

Next Steps:
Establishing Demonstration Sites

We are working with several states and districts across the country who are in the process of developing critical collaborative and sustainable strategies for establishing an interconnected systems framework. These sites have identified key stakeholders representing mental health and educators and have embarked in a collaborative teaming process. We are examining current conditions, assessing systems features and selecting the best tools to track progress and fidelity. Facilitation guides will also broaden our understanding of the roadblocks and challenges that impede the process of integration.

Building Interconnected Systems: Examples of the Work in Progress

In the current environment of limited resources and increased student exposure to risks that represent potential barriers to learning, it is critical that schools make efficient use of their own resources and garner the support that they need to effectively facilitate student performance. Braiding community resources into school environments using a three tiered public health approach provides a structured but responsive tool for collaborative planning to maximize the effect of interventions.
We are gathering examples from the field to demonstrate how schools, districts and communities are re-designing the way they approach a fully integrated process.

Example 1: A District-Level Re-Design
The "old approach" used by the district:

- Each school works out their own plan for involving community mental health (MH) staff;
- One community MH clinician is housed in a school building 1 day a week to "see" students;
- The clinician does not participate in school teams and operates in relative isolation;
- No data are used to decide on or to monitor interventions;
- There is no systematic evaluation, instead "intuitive" monitoring of efforts

The "new approach" used by the district:

- District has a plan shaped by diverse stakeholders for promotion of learning, positive behavior and mental health for students, and a "shared agenda" is real in individual schools, with staff from education, mental health and other child serving systems working closely together and with youth and families for developing and continuously improving programs and services at all 3 tiers, based on community data as well as school data.
- There is "symmetry" in leadership among staff from education and mental health systems in leading and facilitating activities at all three tiers;
- Personnel from MH agency assists school district clinicians with facilitating some Tier 2 and Tier 3 interventions including some small group interventions, function-based behavior plans and wraparound teams/plans

Example 2: Planning for Transference and Generalization

A middle school implementing school-wide PBIS had data that indicated an increase in aggression/fighting between girls. A local community agency had staff trained in the intervention, Aggression Replacement Training (ART) and available to lead groups in school. This evidence-based intervention is designed to teach adolescents to understand and replace aggression and antisocial behavior with positive alternatives. The program's three-part approach includes training in pro-social skills, anger management, and moral reasoning. Agency staff worked for nine weeks with students for 6 hours a week; group leaders did not communicate with school staff during implementation. Discipline referrals for the girls dropped significantly during group. At the close of the group there was not a plan for transference of skills (e.g., training school staff on what behaviors to teach/prompt/reinforce), which resulted in a reversion to higher levels of referrals for aggressive behaviors among girls. The school's PBIS Secondary Systems Team reviewed data and regrouped by meeting with ART staff to learn more about what they could do to continue the work started with the intervention. The team pulled the same students into groups led by school staff with similar direct behavior instruction and developed transference strategies, which resulted again in reductions in referrals for aggressive behavior by girls.

Example 3: Tiers Working Together

In an example of a school/community agency partnership, a middle school, and a community MH agency collaborated to help students at risk be more successful in school. Seventeen middle school students received additional support via a social/academic instructional group (a Tier 2/secondary intervention) taught by staff from the community MH agency partnering with the school. Student need for assistance was determined based on data showing five or more office discipline referrals (ODRs) for disruption, or non-compliance. The students met during lunch with a group leader to learn effective skills in communication, problem-solving, how to work cooperatively, and set goals. A comparison of ODRs before and after the intervention showed, overall, the students experienced a 48% decline in referrals. Furthermore, a post-test measure indicating the influence of the intervention on the students' attitudes revealed that 60% of the participants changed their belief that fighting was an effective way to handle their anger.

Example 4: Community Clinicians Bringing in Augmenting Strategies

A school located near an Army base had a disproportionate number of students who had multiple school placements due to frequent moves, students living with one parent and students who were anxious about parents as soldiers stationed away from home. These students collectively received a higher rate of office discipline referrals than other students. The school partnered with mental health staff from the local Army installation, who had developed a program to provide teachers specific skills to address the particular needs students from military families. Teachers were able to generalize those skills to other at risk populations. As a result, office discipline referrals decreased most significantly for those students originally identified as at risk but also for the student body as a whole.

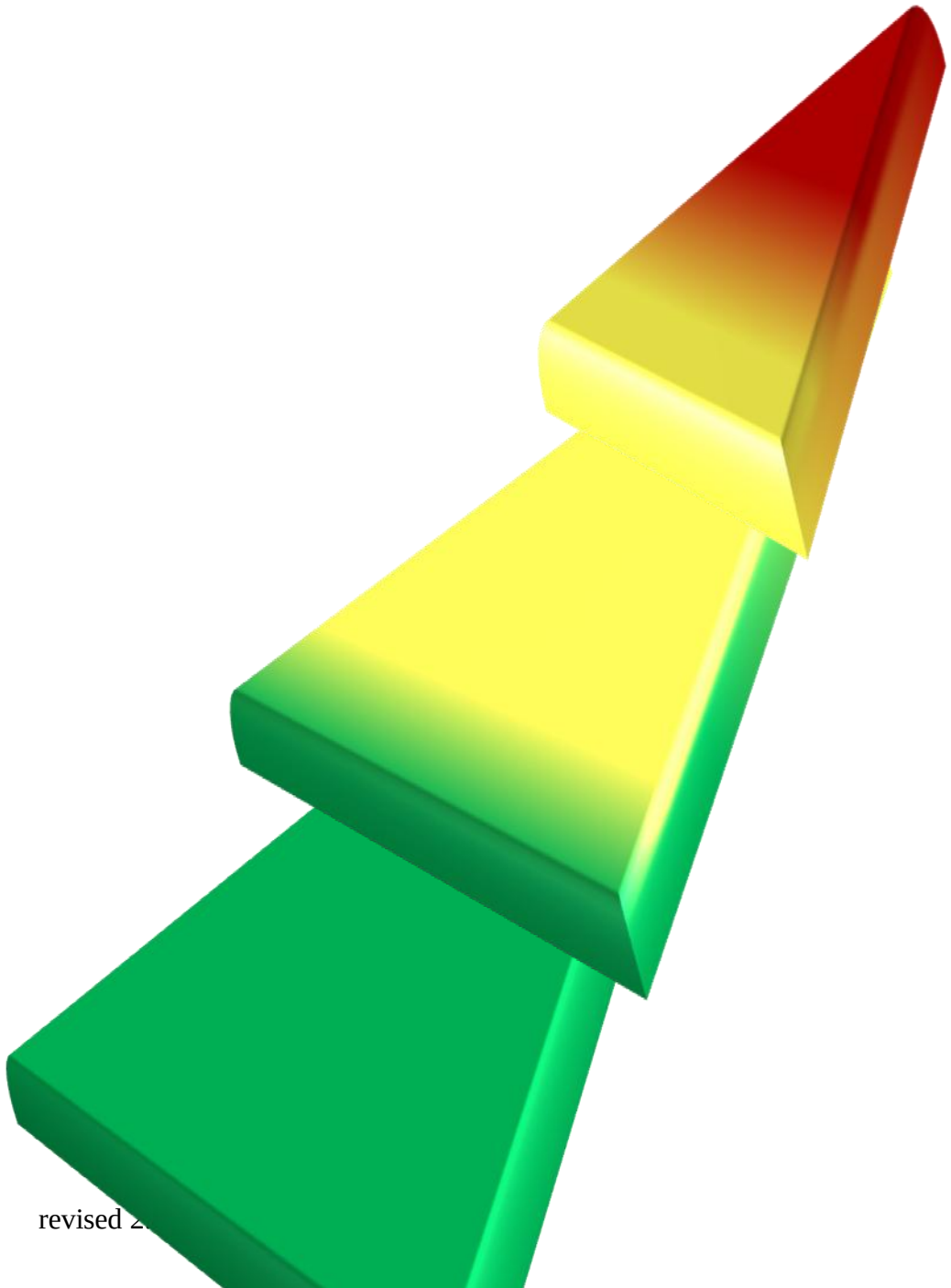
Example 5: Systems Collaboration and Cost Savings

A local high school established a mental health team that included a board coalition of mental health providers from the community. Having a large provider pool increased the possibility of providers being able to address the specific needs that the team identified using data, particularly as those needs shifted over time. In one case, students involved with the Juvenile Justice System were mandated to attend an evidence-based aggression management intervention. The intervention was offered at school during lunch and the school could refer other students who were not mandated by the court system, saving both the school and the court system time and resources and assuring that a broader base of students were able to access a needed service. As a result of their efforts, the school mental heath team was able to re-integrate over ten students who were attending an off site school, at a cost savings of over $100,000.

Links to Additional Resources:

www.schoolmentalhealth.org http://www.nwi.pdx.edu/ www.sharedwork.org http://www.ideapartnership.org/ http://cecp.air.org/ http://csmh.umaryland.edu/ http://smhp.psych.ucla.edu/ http://www.pbis.org/ http://rtckids.fmhi.usf.edu/sbmh/default.cfm

Interconnected Systems Framework for School Mental Health



Tier 3: Intensive Interventions for Few

Individual Student and Family Supports

- Systems Planning team coordinates decision rules/referrals for this level of service and progress monitors
- Individual team developed to support each student
- Individual plans may have array of interventions/services
- Plans can range from one to multiple life domains
- System in place for each team to monitor student progress

Tier 2: Early Intervention for Some

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

- Systems Planning Team identified to coordinate referral process, decision rules and progress monitor impact of intervention
- Array of services available
- Communication system for staff, families and community
- Early identification of students who may be 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

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 students
- Safe & caring learning environments
- Partnerships between school, home and the community
- Decision making framework used to guide and implement best practices that consider unique strengths and challenges of each school community