

# 3.5 Interconnected Systems Framework Tools to Help with Implementation

Center for School Mental Health  
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# Objectives

- Overview of Interconnected Systems Framework (ISF)
- Review of current tools to guide implementation
- School and district examples of use of tools



# ISF National Leadership Team

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# Partners and Collaborators

## Current Sites

- New Hampshire
- Texas
- Westchester, NY
- Glouster, VA
- Florida
- Pennsylvania

## Potential Future Sites for

- California
- Kentucky



# 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



# ISF Defined

- Structure and process for education and mental health systems to interact in most effective and efficient way.
- Guided by key stakeholders in education and mental health/community systems
- Who have the authority to reallocate resources, change role and function of staff, and change policy.



# ISF Defined

- Tiered prevention logic
- Cross system problem solving teams
- Use of data to decide which evidence based practices to implement.
- Progress monitoring for both fidelity and impact.
- Active involvement by youth, families, and other school and community stakeholders.



# Work Flow Refined

work•flow

*the sequence of industrial, administrative, or other processes through which a piece of work passes from initiation to completion.*

1. Select District and Schools (Readiness)
2. Form or Expand District Team(s) (Workgroup of existing team?)
3. Establish Team Operating Procedures
4. Conduct Resource Mapping of current programs/initiatives/teams
5. Develop Evaluation Plan
6. Develop Integrated Action plan
7. Write MOU



# Work Flow Checklist

1. Select District and Schools
2. Form or Expand District Team (Workgroup of existing team?)
  - Membership
3. Establish Operating Procedures
4. Conduct Resource Mapping of current programs/initiatives/teams
  - Identify gaps/needs
  - Conduct staff utilization
  - Examine organizational barriers
  - Establish priority- measureable outcomes
5. Develop Evaluation Plan
  - District and School Level
  - Tools Identified
  - Economic Benefits
6. Develop Integrated Action plan
  - Identification of Formal Process for Selecting EBP's
  - System for Screening
  - Communication and Dissemination Plan
7. Write MOU- Determine who will implement the plan



# 1. Select District and Schools

1. 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.
2. 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
3. District and Schools agree to participate
  - 2-3 schools serve as knowledge development sites



# Assessing “current status” of District Leadership

1. Just getting started with establishing a District Leadership Team?
2. Have a District Leadership Team and want to add Community Partners?
3. Already have a District and Community Leadership Team?



# Assessing “Current Status” of School Building PBIS Implementation

1. Just getting started with installing PBIS?
2. Implementing PBIS, need to boost fidelity?
3. Implementing PBIS with fidelity, want to enhance with Mental Health Integration (ISF)?



# Readiness Tool

- Can be used with district or school building
- Helps to get the right dialogue going
- Example from Westchester, NY

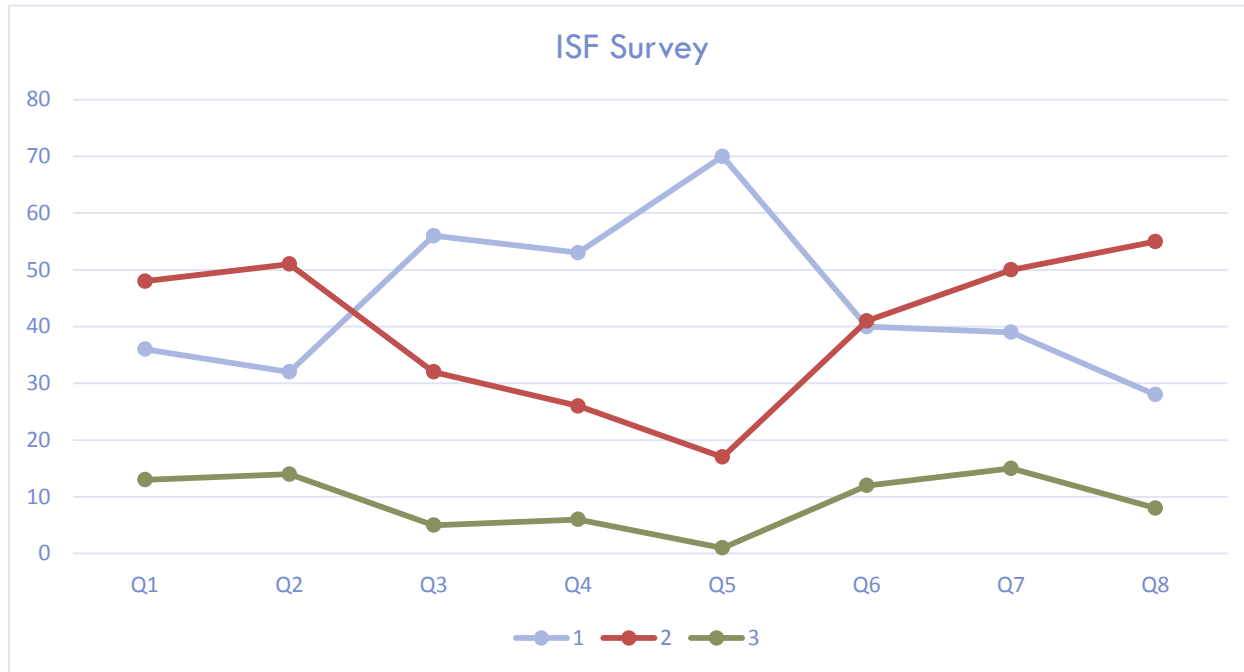
# Westchester Readiness Survey

	Not in place yet	Partially in place	In place
<b>1 – PBIS/SMH Applications</b>			
<ul style="list-style-type: none"> <li>Staff indicate that interconnecting Positive Behavior Interventions &amp; Supports (PBIS) and School Mental Health (SMH) will be benefit student outcomes (academic achievement, behavior, social and emotional development).</li> </ul>	36	48	13
<b>2 – Administrator Support</b>			
<ul style="list-style-type: none"> <li>Administrators assure ongoing support for effective implementation of interconnected PBIS and SMH.</li> </ul>	32	51	14
<b>3 – Staff Support</b>			
<ul style="list-style-type: none"> <li>Staff are made aware of how to interconnect PBIS and SMH.</li> </ul>	56	32	5
<b>4 – Student Participation</b>			
<ul style="list-style-type: none"> <li>Students are engaged in the PBIS process (serve on teams, provide feedback to leadership teams, set goals and priorities for action plans).</li> </ul>	53	26	6

# Westchester NY Readiness

<i>5 – Family and Community Support and Participation</i>			
<ul style="list-style-type: none"><li>Family members have educational materials and attend interactive sessions to become informed about PBIS and SMH and strategies to support their students.</li></ul>	70	17	1
<i>6 – Teaming Structures</i>			
<ul style="list-style-type: none"><li>PBIS and SMH teams coordinate planning and actions and have regularly scheduled, structured meetings.</li></ul>	40	41	12
<i>7 – PBIS and SMH Professional Development</i>			
<ul style="list-style-type: none"><li>Staff participate in regular, ongoing trainings and supervision, technical assistance and coaching pertaining to the interconnection of PBIS and SMH.</li></ul>	39	50	15
<i>8 – Communication</i>			
<ul style="list-style-type: none"><li>There is clear and consistent communication among staff, administrators, students, and families regarding schoolwide approaches for promoting positive mental health, academic achievement, and behavior.</li></ul>	28	55	8

# Survey Results



1 (Blue) = Not in place yet

2 (Orange) = Partially in place

3 (Gray) = In place





## 2. Form/Expand Team Membership

4. Local Integration team identified (membership should include representatives from the following areas to ensure local stakeholders is fully represented).
  - a.) School System Student Services and Special Education Directors
  - b.) Local Mental Health Provider
  - c.) Core Service Agency's Child and Adolescent Coordinator
  - d.) Juvenile Services Coordinator/Law Enforcement
  - e.) Coalition of Families offices
  - f.) Family, Youth and Community members
  - g.) Local Management Board representative
  - h.) Social Services representative other to include (where present) Youth MOVE Rep, System of Care Case Management entity or Family Navigator, community health provider, non-public special education school rep, recreation services, local health dept, board of education representative or other stakeholders identified by leadership

Can this team change job descriptions, re-allocate/flex funding, shape policy and address other organizational barriers that come up?

Who else needs to be included? Who are you 'recruiting'?



# Example from the field:

- Bellefonte, PA
  - Dawn Moss, Facilitator
- Have a District Leadership Team, want to add Community Partners
- Schools implementing PBIS with fidelity, want to enhance with ISF



# Reflections on Bellefonte

- Fall 2008 Implementation  
Bellefonte Elementary    Bellefonte Middle School
- Fall 2010 BASD receives SBBH grant for both schools.
- Spring 2011 Both schools receive Banner Status and present at state Implementers Forum
- 2012-13 Pilot Site for Universal Screener Project and Scott Ross/Bully Prevention Project both schools
- **Both** of these schools have solid Tier 2 systems and 2-3 times a year use screeners .



# Reflections on Bellefonte

Fall 2012 Implementation begins at

- Pleasant Gap Elementary \*\*\* Receiving Banner 2015
- Marion Walker Elementary \*\*\* Receiving Banner 2015
- Benner Elementary \*\*\*Banner status 2014
- Bellefonte HS \*\*\*Banner status 2014

**ALL SCHOOLS USE SECOND STEP AT THE UNIVERSAL LEVEL and AT TIER 2!**

Tier 2

- Pleasant Gap- universal screener during winter pilot - CICO system - resource mapping
- Marion Walker-pilot CICO system- resource mapping
- Benner-pilot CICO system- resource mapping
- Bellefonte HS- resource mapping



# Bellefonte Next Steps

- Had ISF overview for district leadership team, invited community partners to attend (Spring, 2015).
- District has committed to be an ISF site and identified a building to get started.
- Will be using the ISF Implementation Inventory for baseline and action planning and again in Spring, 2016 to check progress and for action planning.



### 3. Establish Team Operating Procedures

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



## 4. Conduct Resource Mapping

7. Team conducts needs assessment that identifies existing collaborations and initiatives utilizing a resource mapping process to determine current activities.
8. Team examines use of school and community based clinicians.
9. 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.
10. Team establishes measureable goals
  - Goal must include way students and youth and their families are benefiting.

*Access to care only first step- are students and families getting better, developing skills, etc*

*Give example*

*Range of school behaviors, perception data*

# 5. Team Develops Evaluation Plan

## 1 1. Fidelity Tools Identified

- District and School level
- DCA, TFI

## 1 2. Data System established and include ways to screen students and youth, track referrals, progress monitor, track fidelity of implementation and outcomes.

- PBIS Assessment combined with local database

## 1 3. Economic Benefits of program (documented as time saved, money saved, etc.) are documented and cost/benefit is computed at least annually.

What data is currently used to assess impact of PBIS? SMH?

What data system are you using? (PBIS Assessment)





# TFI ISF Companion Tool

- The purpose of this tool is to guide action planning for integration of Mental Health into PBIS
- Not for use in scoring the TFI
  - (at this point, the ISF enhancements do not impact PBIS fidelity measures; to measure ISF fidelity, consider piloting the ISF II)

# 1.5 Problem Behavior Definitions

Subscale	Tiered Fidelity Inventory: Tier I Features
Implementation	<p><b><u>1.5 Problem Behavior Definitions:</u></b>  School has clear definitions for behaviors that interfere with academic and social success and a clear policy/procedure (e.g., flowchart) for addressing office-managed versus staff-managed problems.</p>
	<p><b><u>PBIS Big Idea</u></b> Explicit definitions of acceptable versus unacceptable behavior provides clarity to both students and staff and is a critical component of identifying clear procedures for staff to respond to inappropriate behavior objectively.</p> <p><b><u>ISF Big Idea:</u></b> All staff have received professional development in ISF, mental health awareness, and the basics of behavioral health and wellness. This understanding assists the team in determining function of a student's time out of class and linking them to appropriate interventions and supports.</p>
ISF Enhancements	<p><i>The school is committed to having in place a clearly documented, predictable system for managing disruptive behavior (SWIS Readiness) and referral procedures include ways to track students leaving their instructional environment (i.e. visits to the nurse, visits to the school counselor,)</i></p>



# Quick Check: Problem Behavior Definitions

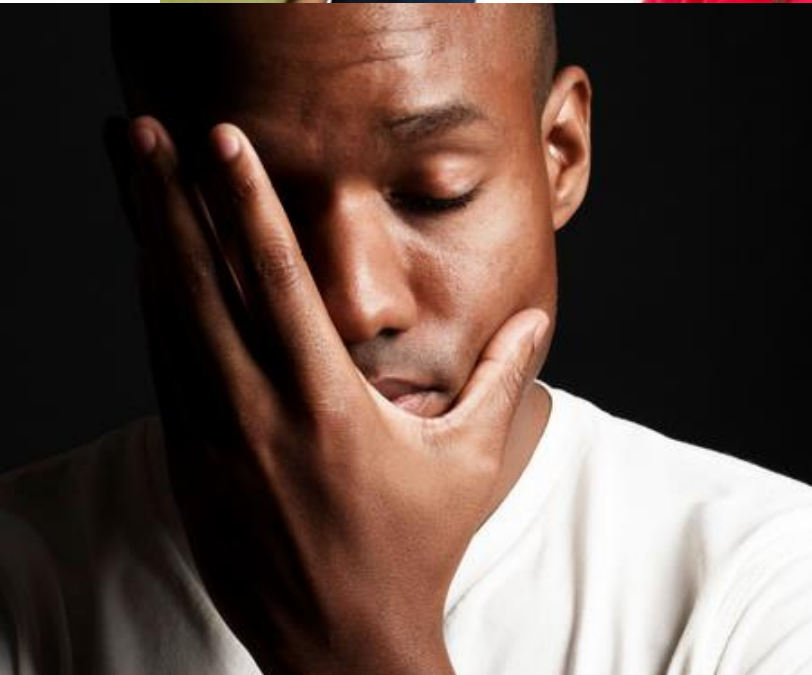
What is the process for identifying problem behavior?

What is the process for tracking lost instructional time indicating a student may need increased supports?

## ■ Self-Assessment

- ☐ Are problem behavior definitions written down and **out of instructional time** documented? (nurse, counselor log)
- ☐ Do the definitions clearly differentiate between staff-managed and office-managed problem behaviors?
- ☐ Are all staff and faculty members trained on the definitions?
- ☐ Are the definitions shared with families and students?

# Broaden Use of Data: Focus on Internalizing Issues



# Time Out of Class Form

Name: \_\_\_\_\_

Location

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Playground

Library

Teacher: \_\_\_\_\_

Cafeteria

Bathroom

A B C

Grade: K 1 2 3 4 5 6 7 8

Hallway

Arrival/Dismissal

Referring Staff: \_\_\_\_\_

Classroom

Other \_\_\_\_\_

Others involved in incident: None Peers Staff Teacher Substitute

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
Inappropriate language	Abusive language	Obtain peer attention
Physical contact	Fighting/ Physical aggression	Obtain adult attention
Defiance	Defiance/Disrespect	Obtain items/activities
Disruption	Harassment/Bullying	Avoid Peer(s)
Dress Code	Dress Code	Avoid Adult
Property misuse	Inappropriate Display	Avoid task or activity
Tardy	Electronic Violation	Don't know
Electronic Violation	Lying/ Cheating	Other _____
Other _____	Skiping class	Nurse
	Other _____	School Counselor
Administrative Decision/Time Out of Class= _____		
Loss of privilege	Individualized instruction	
Time in office	In-school suspension (____ hours/ days)	
Conference with student	Out of school suspension (____ days)	
Parent Contact	Other _____	

What activity was the student engaged in when the event or complaint took place?

Whole group instruction	
Small group instruction	
Individual work	
Working with peers	
Alone	
1-on-1 instruction	
Interacting with peers	
Other: Please identify below	



# ISF Implementation Inventory

- Purpose:
  - To assist school and community partners in their installation and implementation of ISF
  - To assess baseline and/or ongoing progress on critical features of ISF implementation
  - For action planning
  
- Sample of items.....

## Cross Training

1.5	Full staff and faculty are trained on the ISF and how it supports behavioral health and wellness	<p>3=Full faculty and staff are trained on the ISF and how it addresses behavioral health and wellness. Refresher sessions may or may not be offered throughout the year.</p> <p>2=Only faculty (certified positions) are trained on the ISF and how it addresses behavioral health and wellness. Refresher sessions may or may not be offered throughout the year.</p> <p>1=<u>Neither faculty or staff have been trained on the ISF and how it addresses behavioral health and wellness.</u></p>
1.6	School employed and community employed staff receive professional development on ISF and mental health awareness and the basics of behavioral health and wellness.	<p>3= School employed and community employed staff receive professional development on ISF and mental health awareness and the basics of behavioral health and wellness</p> <p>2=Only school employed <u>staff receive professional development on ISF and mental</u></p>





# Intervention Selection

**1.16**

Based on results from resource mapping and screening data, schools implement a universal school-wide social emotional intervention at the Tier 1 level

3= Based on results from resource mapping and screening data, schools implement a universal evidence-based school wide social emotional intervention.

2= Based on results from resource mapping and screening data, schools implement a universal social emotional intervention; however the intervention may not be validated or evidence-based.

1=A universal school wide social emotional intervention is not implemented after reviewing resource mapping and screening data.



# Item 2.10

<b>2.10</b>	Student feedback (i.e., surveys, etc.) and perception data is collected in order to assess the social acceptability of the intervention procedures, social significance of intervention goals, and social importance of intervention outcomes.	3= Students provide feedback on the social acceptability of intervention procedures, social significance of intervention goals and social importance of intervention outcomes pre and post intervention. Intervention designs are modified or changed based on feedback.  2=Students provide feedback on the social
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9

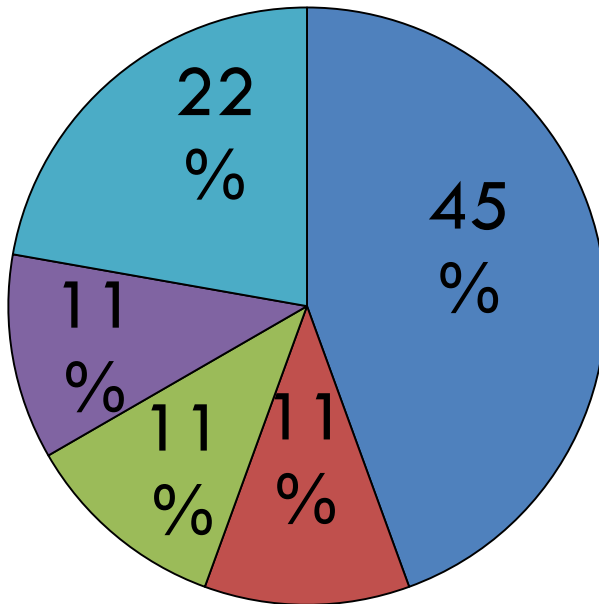
ISF Implementation Inventory—Draft

		acceptability of intervention procedures, social significance of intervention goals, and social importance of intervention outcomes pre intervention only. Intervention design may or may not be modified based on feedback.  1=Student feedback is never assessed pre or post intervention.
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# I feel connected to my school

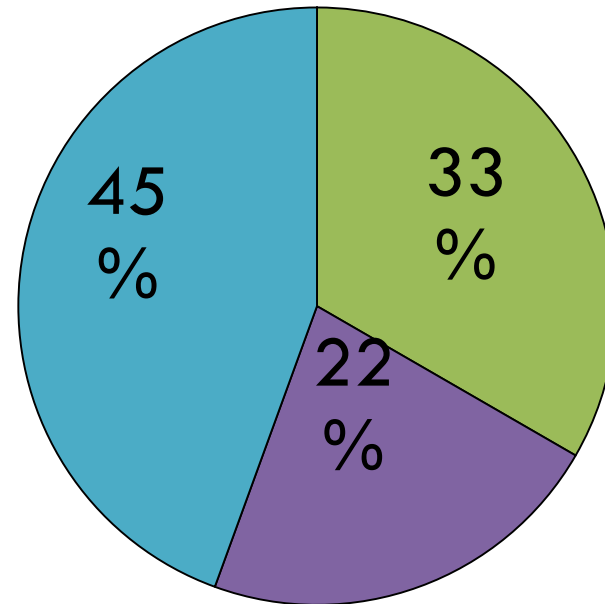
## Pre-Test

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree



## Post-Test

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree





## Example of Evaluation Plan in Bellefonte

- Use Implementation Inventory for baseline in Fall 2015
- Using data/tool for action planning
- Use II again in spring to monitor progress and plan for 2016-2017
- Also can use TFI Companion Tool in Spring as they will begin using TFI for PBIS fidelity starting in the spring



## 6. Team Develops Integrated Action Plan

14. Team develops an integrated action plan for addressing gaps and assuring alignment, coordination and integration of supports and services that has measurable outcomes.

- Grant opportunities and integration activities are identified (e.g. School Climate, Project Aware, SS/HS, Behavioral Health, System of Care, Education, United Way and other Philanthropic foundations, Community Agencies, Justice, Law Enforcement, Family Networks, Religious Organizations)



# Integrated Action Plan

1 5. Integrated Action Plan includes: Formal  
Process for Selecting EBP, System for Screening  
Students and Youth, and Communication and  
Dissemination activities

.

# Sample Integrated Action Plan

## Scranton School District SWPBIS Annual Action Plan SY 2014-15

### Annual Goals:

**Goal #1:** Sustain and scale Tier One implementation

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Schools implementing Tier One will complete annual assessments	Benchmarks of Quality Self-Assessment Safety	Tier One Team All faculty All faculty	April 15, 2015	
Scranton High and Prescott Elementary will explore implementation of Tier One	Complete self-assessment and safety survey	All faculty	October 1, 2014	
Schools will apply for recognition from PA PBS Network	Complete application and appropriate supporting documentation	Building coaches	November 15, 2014	

C = Complete, IP = In Progress, NS = Not Started

**Goal #2:** Sustain and scale Advanced Tiers implementation with CSBBH integration

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Schools implementing advanced tiers will complete BAT and develop action plan	BAT completion	Tier Two Team	May 15, 2015	
Identify additional schools to be trained in Tier Two	Review score of BOQ, review data, readiness	DCLT	November 1	
CSBBH staff will continue to participate on the Tier Two teams	CSBBH will provide consultation to school staff CSBBH teams will accept new referrals	CSBBH teams T2 teams	ongoing	

C = Complete, IP = In Progress, NS = Not Started

**Goal #3:** Explore integration with new School Social Workers

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Identify areas of need through resource mapping to "deploy" social workers	Provide overview to social workers Update resource mapping in identified buildings	Kim M. Building coach	November 1	
School social workers and CSBBH clinicians will co-facilitate SAIGs for targeted students	Meet with Tier Two Teams to identify needs Select evidence based groups to meet needs Identify students to participate in building level groups as indicated	Kim M Sue S T2 Coach MHPs	February 1, 2015	

C = Complete, IP = In Progress, NS = Not Started



## 7. Team develops MOU

*Determines who will implement integrated action plan.*

- 16. Funding sources to cover activities for at least three years can be identified. (coordinator, training activities, marketing, evaluation)
- Flexibility in use of funding to support new/re-allocated roles

17. Implementation Team Identified



## Element 2: Memoranda of Understanding Between Community Mental Health Centers and School Districts within the SS/HS Framework

- Designed to create collaborative relationships between community-based clinicians and school staff
- Features of the MOUs:
  - Clinicians are supported by the district to participate on Tier 1, Tier 2, and Tertiary Implementation Teams\* (community mental health reimbursement is client-specific)
  - Clinicians are supported by the district to help plan and provide school-wide and small group (Tier 2) evidence-based interventions such as....
    - Education for faculty of trauma-informed care.
    - Co-lead Coping Cat groups with school staff.
    - Develop functional behavioral support plans for non-mental health eligible students.
    - Design a facilitated referral process and promote student screening and assessments.





# Concord School District MOU with Riverbend Community Mental Health Center

## **Key components of the concord school district safe schools/healthy students contract with Riverbend community mental health center**

Riverbend Community Mental Health will:

- Provide clinical and administrative supervision to Riverbend staff who provide services in the Concord School District
- Bill for services on a monthly basis

Clinician activities will include:


- Participation in school-based teams
- Facilitation school-based psycho-educational groups to promote social, emotional and mental health.
- Provision of consultation, mental health education and prevention information to school personnel.



# Concord School District MOU with Riverbend Community Mental Health Center (cont.)

## Clinicians will:

- Provide appropriate feedback to assist school staff in the implementation of behavior plans and service planning.
- Facilitate parent education activities.
- Serve as a liaison with Riverbend Community Mental Health Center and facilitate communication and referrals (Facilitated Referral Process)
- Adhere to relevant school related confidentiality regulations and district policies
- Exercise clinical/ethical judgment regarding sharing information with school personnel
- Complete a Monthly Activity Summary for data collection purposes



# Concord School District MOU with Riverbend Community Mental Health Center (cont.)

The District will:

- Provide and administrative contact at each school
- Provide Clinicians with adequate workspace, internet access and access to a telephone Assist Clinicians in collection of data
- Collaborate with Clinicians to assess effectiveness of services
- Support the purpose, mission and work of the Clinicians and Riverbend Community Health Center



# Want more on ISF?

- Session 7.4 Advancing the ISF: A Mixed Methods Study of Readiness, Implementation, and Fidelity (1:55-2:55, Friday 11/6) Joni Splett, Mark Weist, Ashley Quell
- Session 8.3 Enhancing ISF: Using Evaluation Tools to Guide (3:05-4:05, Friday 11/6) Bob Putnam and JoAnne Malloy