

CS 10.08 The Interconnected Systems Framework: Case Study from a Randomized Control Trial

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“Expanded” School Mental Health

- Full continuum of effective mental health promotion and intervention for students in general and special education
- Reflecting a “*shared agenda*” involving school-family-community system partnerships
- Collaborating community professionals (not *outsiders*) *augment* the work of school-employed staff

Positive Behavior Intervention and Support (www.pbis.org)

- In over 27,000 schools
- Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
 - Data based decision making
 - Measurable outcomes
 - Evidence-based practices
 - Systems to support effective implementation

Outcomes associated with Implementation



Improved Student Outcomes

academic performance

(Horner et al., 2009)

social-emotional competence

(Bradshaw, Waasdorp, & Leaf, 2012)

social & academic outcomes for SWD

(Lewis, 2017; Tobin, Horner, Vincent, & Swain-Bradway, 2012)

reduced bullying behaviors

(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of student-reported drug/alcohol abuse

(Bastable, Kittelman, McIntosh, & Haselton, 2015; Bradshaw et al., 2012)



Reduced Exclusionary Discipline

office discipline referrals

(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Horner et al., 2009)

suspensions

(Bradshaw, Mitchell, & Leaf, 2010)

restraint and seclusion

(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)



Improved Teacher Outcomes

perception of teacher efficacy

(Kelm & McIntosh, 2012; Ross, Horner, & Horner, 2012)

school organizational health and school climate

(Bradshaw, Koth, Bevans, Isakonga, & Leaf, 2008; Bradshaw, Koth, Thornton, & Leaf, 2009)

perception of school safety

(Horner et al., 2009)

School-Wide Positive Behavior Interventions and Supports

(George, H. 2018)



Mapping PBIS and SMH

Fall 2014

Emotional & Behavioral Disorders in Youth

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State of the Carolinas: Implementing School Mental Health and Positive Behavioral Interventions and Supports

by Joni W. Splett, Kurt D. Michael, Christina Minard, Robert Stevens, Louise Johnson, Heather Reynolds, Katharina Farber, and Mark D. Weist*

The Carolinas have a rich and diverse history. South Carolina was the first colony to declare independence from British rule during the American Revolution and the first state to declare secession from the Union at the start of the Civil War. The population of South Carolina is nearly 4.8 million. It is the 24th most populous state in the United States and has a diverse citizenry, including 64% Caucasian, 28% African-American, and 5% Hispanic residents (U.S. Census Bureau, 2012). Children and youth under the age of 18 make up 22.8% (1.08 mil-

a large number (25.8%) of North Carolina's children live in poverty (Annie E. Casey Foundation & O'Hare, 2013).

Equally unfortunate, a high percentage of children attending public schools in the Carolinas perform below state standards. For example, in South Carolina, the number of children who perform below state standards in reading (17% in 3rd grade; 32% in 8th) and math (30% in 3rd grade; 30% in 8th) is substantial, and in North Carolina, the situation is considerably worse, with below standard scores in reading at 65% in

of Mental Health (SCDMH) has one of the strongest expanded school mental health (SMH) service programs nationally, and the grassroots effort to disseminate and support implementation of Positive Behavioral Interventions and Supports (PBIS) is benefiting from recent interest, renewed energy, and federal momentum.

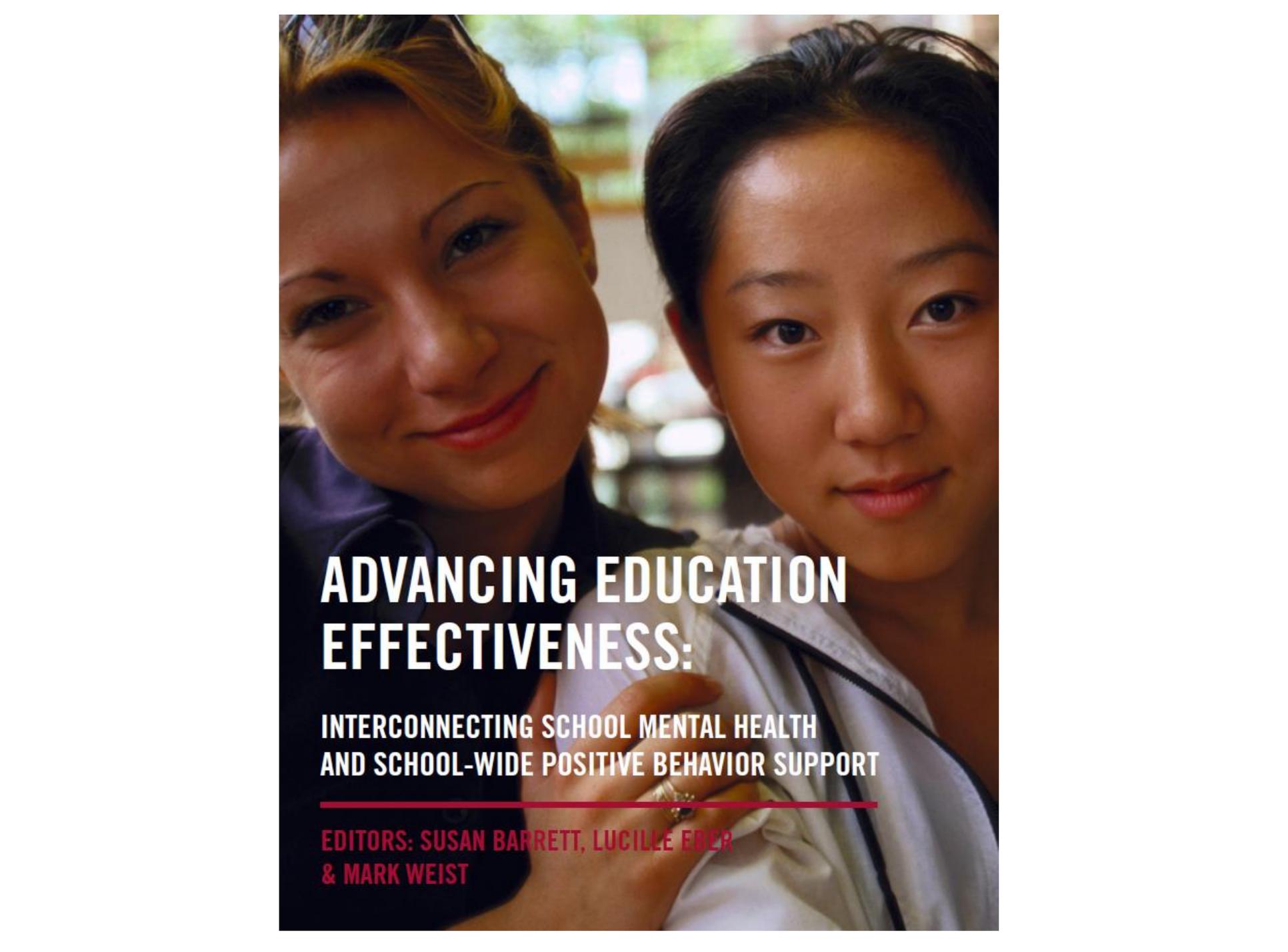
The Interconnected Systems Framework

The trends in the Carolinas mirror national trends in children's educational and men-

Public Health Implementation Framework

Social Emotional and Behavioral Mental Health

- **We organize our resources**
 - Multi-Tier Mapping, Gap Analysis
- **So kids get help early**
 - Actions based on outcomes (data!), not procedures
- **We do stuff that's likely to work**
 - Evidence-Based interventions
- **We provide supports to staff to do it right**
 - Fidelity: Benchmarks of Quality
- **And make sure they're successful**
 - Coaching and Support
 - Progress monitoring and performance feedback
 - Problem-Solving process
 - Increasing levels of intensity



ADVANCING EDUCATION EFFECTIVENESS:

**INTERCONNECTING SCHOOL MENTAL HEALTH
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT**

**EDITORS: SUSAN BARRETT, LUCILLE EBER
& MARK WEIST**

ISF Volume 2: An Implementation Guide

(*currently available at www.midwestpbis.org)

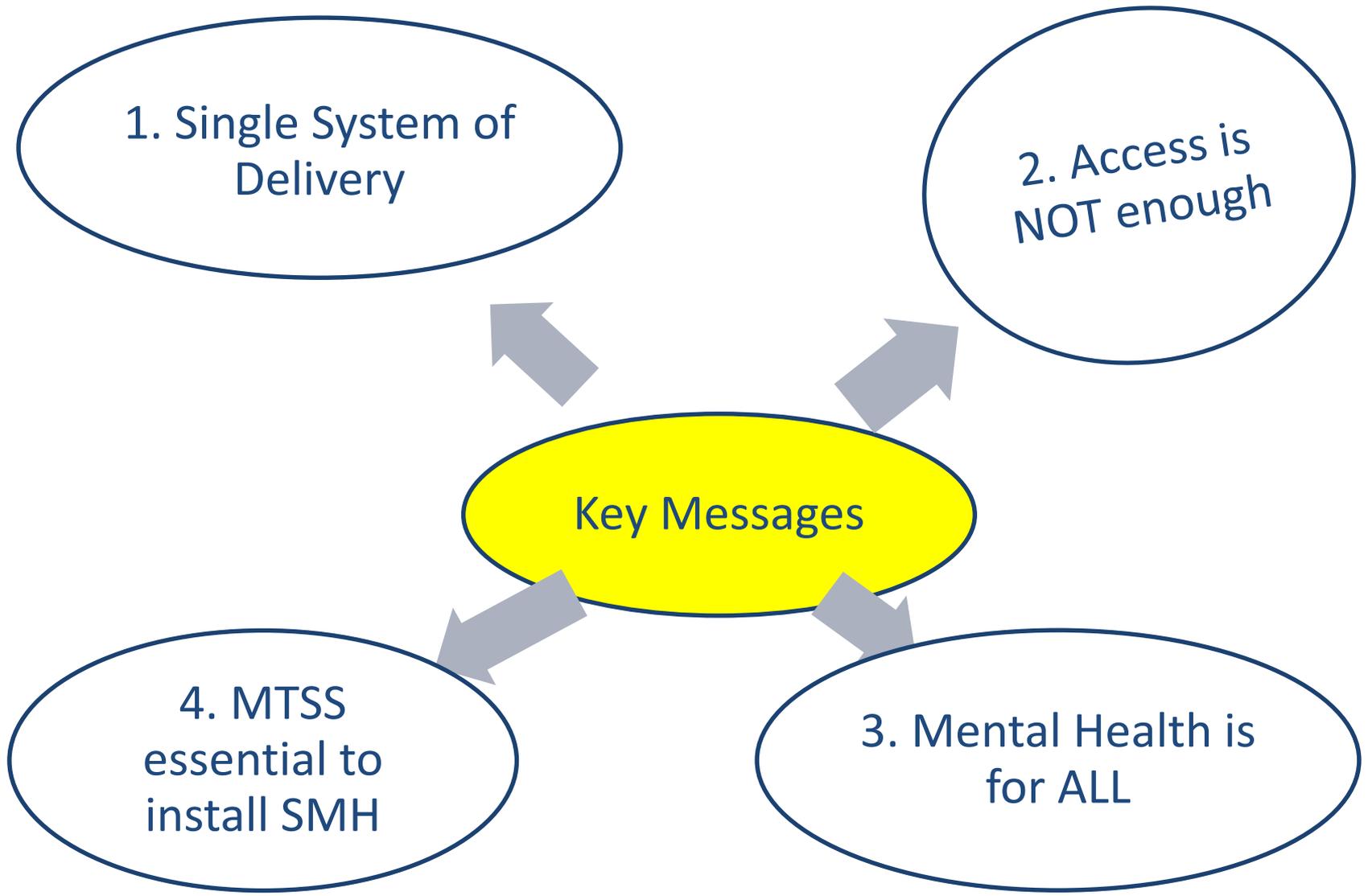
- Chapter 1: Context and Structure for Volume
- Chapter 2: Defining ISF: Origins, Critical Features, and Key Messages
- Chapter 3: Exploration and Adoption
- Chapter 4: Installing ISF at the District and Community Level
- Chapter 5: Installing and Initial Implementation of ISF at the Building Level
- Chapter 6: Implementation, Sustainability and Recommendations to the Field

An Interconnected Systems Framework (ISF) Defined

- A 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, youth/family
- who have the authority to reallocate resources, change role and function of staff, and change policy.

ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers
- **Data-based** decision making that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals



1. Single System of Delivery

2. Access is NOT enough

Key Messages

4. MTSS essential to install SMH

3. Mental Health is for ALL



Our First RCT:



- 24 Participating Elementary Schools
 - Charleston County, SC (12)
 - Marion County, FL (12)
 - Prior to study all were implementing PBIS; none were implementing SMH
- Each school is randomized to one of three conditions
 - PBIS Only
 - PBIS + SMH (business as usual)
 - Interconnected Systems Framework (ISF)
- Intervention (ISF) in place for 2 academic years
- All students in the building are participants unless they opt of study



Study Aims



- Evaluate impact of all conditions on
 - School discipline rates, teacher and student perceptions of school climate and safety and reported behavioral functioning of students
 - Functioning of teams, and access to treatment, quality of intervention and cost-effectiveness relative to improving behavior and school safety

Data

Universal Mental Health Screening

ISF-Implementation Inventory

Systems

Expanded Team Membership

Integrated Systems

Practices

Enhanced Intervention Array

Expanded Service Provider List

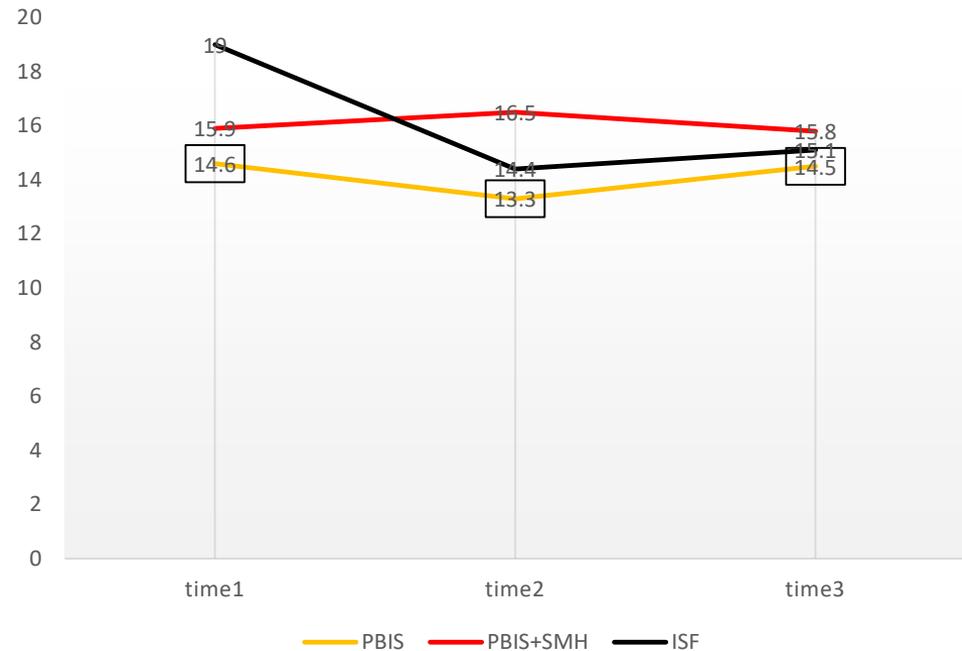
Indications of Success in ISF Schools*

- Teams documented progress to monitoring intervention outcomes (behavior, attendance, emotional barometer)
- Teams used screening, progress monitoring, outcome, and implementation fidelity data for decision making
- Action Planning for continuous quality improvement using implementation fidelity data (ISF-Implementation Inventory)
- Improvement in PBIS fidelity
- Improvement in family engagement in some schools:
 - Team participation; matrices for home; family google folder of support resources
- Majority of schools achieved 80% implementation of ISF

*preliminary analysis

Percentage of Students With Abnormal SDQ Risk Student Ratings

- The percentage of students reporting Abnormal levels of risk on the SDQ declined from pre-treatment to post-treatment for the ISF condition
- Other groups reported similar (PBIS) or slightly increasing (PBIS +SMH) percentages of cases with Abnormal risk post-treatment
- In middle school, all three treatment groups yielded similar percentages of students noting high risk



ISF Implementation Inventory

- To assist school and community partners in their installation and implementation of ISF
- To assess baseline and/or ongoing implementation progress of critical ISF features
- To inform action planning that advances and enhances ISF implementation
- To measure ISF implementation fidelity

Tier 1

19 items

Tier 2

16 items

Tier 3

19 items

Implementation of SWPBIS: Are core features of SWPBIS implemented with fidelity?

Teaming: Do team members collaborate? Do team members include education and mental health system representatives, families, and students as indicated with active opportunities for participation and collaboration

Collaborative Planning and Training: Do all team members have PD and training across systems and core features of ISF, as well as intervention practices as appropriate?

Family and Youth Engagement: Are students and families included in teaming, decision making, intervention selection and implementation, intervention monitoring, and system processes?

Intervention Selection, Implementation and Progress: Are evidence-based interventions selected based on need, implemented with fidelity, progress monitored, and concluded after attainment of positive outcomes?

Data-Based Decision Making: Are data representative of school, home and community behavior collected, analyzed and used for decision making, including outcome/impact, process, and fidelity data?

ISF-II, Version 2 Validation Study and Version 3 Release!

Version 2
Validation
Study

- Internal consistency is strong
- Three-tiered model fits data
- Usability rated good-very good
- Suggested improvements included reducing wordiness and professional jargon

NOW!!
Version 3
Release

- www.midwestpbis.org
- Contact Joni Splett (splett@coe.ufl.edu) and Kelly Perales (kelly.perales@midwestpbis.org)

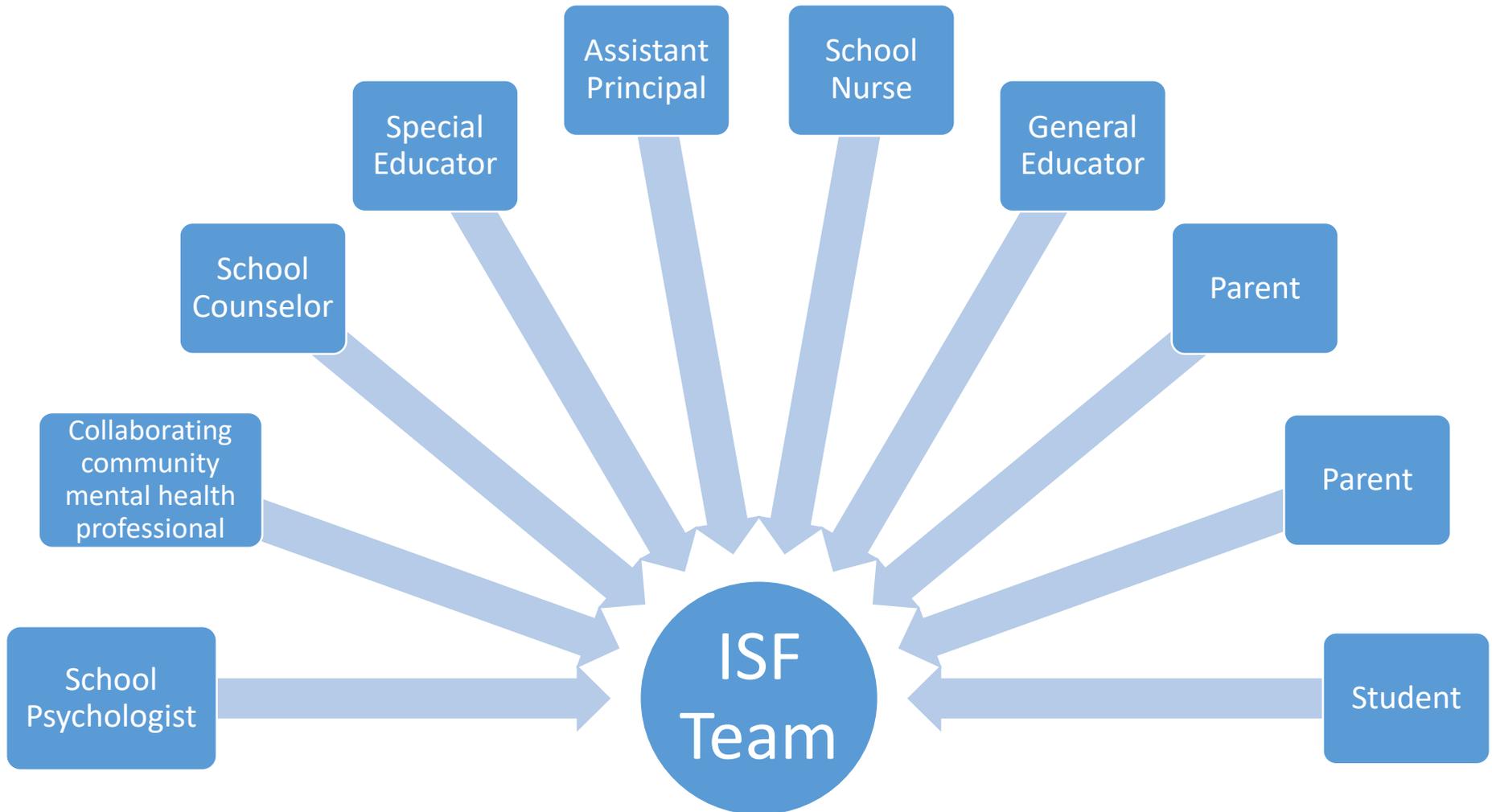
Themes from Report Card

- Nearly all schools improved in each tier with each administration
- Many items were indicated as fully in place
- Several schools improved Tier 1 and some Tier 3 core features of ISF
- Family engagement consistently identified as needing improvement

Case Study

- One exemplar school has seen improvements in several areas since implementation of the ISF began
 - Standardized test scores
 - Attendance
 - Students falling in the normal range on EB measures
 - Parent Engagement
 - PBIS Fidelity
 - ISF Fidelity

Example Team Membership: (improvements shown over time)



Functioning of Teams in ISF Schools*

Greater team participation by principals, school counselors, school psychologists, and school mental health clinicians

Greater commitment to team meetings

- 3.7 times more team meetings per quarter (w/more productivity!);
- 25 minutes longer

More Tier 1 problem-solving discussions

- Using data to address issues discussed

*preliminary results

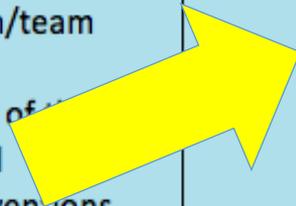
Integration of Community Data

General Agenda Topics	
Team News	<ul style="list-style-type: none">• Ms. Ray and Mr. Miller will be retiring at Winter Break
Data review	<ul style="list-style-type: none">• Review any data presented by team members
Community data	<ul style="list-style-type: none">• Data on DCF interactions presented by school counselor• DCF interactions are up significantly (11 for the year as of last month, 17 currently)
Housekeeping	<ul style="list-style-type: none">• Teachers have requested more information about Zones of Regulation so that they can support it in the classroom• Hannah will provide that information through the Clinician's Corner• Make sure we complete IRF for attendance CICO as well
Behavior intervention data review	<ul style="list-style-type: none">• Summary of intervention data presented by ISF coach; discussion of variety of interventions, and student numbers
ISF Implementation	<ul style="list-style-type: none">• ISF Implementation action planning conducted (see below)
Inventory Action Planning	<ul style="list-style-type: none">• Overall, we have made continuous growth with our ISF implementation inventory
Referrals for behavior intervention service	<ul style="list-style-type: none">• No referrals presented at this time

Identifying Specific Action Steps by Data

ISF Implementation Inventory Action Steps

	Sustain	Improve
Tier 1	<ul style="list-style-type: none"> 1.13 Universal mental health of social-emotional screening is conducted in the areas of both internalizing and externalizing concerns 1.16 Tier 1 conversation/team regularly monitors implementation fidelity of school-wide mental and behavioral health interventions according to the established protocol 	<ul style="list-style-type: none"> 1.8 There is family representation during Tier 1 conversation/team meeting (Parker) Provide ISF agenda minutes during the SAC meeting to solicit parent feedback and/or suggestions 1.18 The Tier 1 conversation/team uses the following data sources to develop action plans, (1) school data (e.g., ODRs, attendance, school climate surveys, mental and behavioral health screening), (2) community data (e.g. crisis visits, juvenile justice contacts, clinic visits), and Tier 1 fidelity of implementation scores (e.g., Tier 1 Tiered Fidelity Inventory, Tier 1 ISF implementation inventory, BOW, School-Wide Evaluation Tool) (Lane/Douglas) Parker will ask Ms. Lane to begin collecting data on a calendar Douglas will collect information and bring to each meeting Data will be collected on DCF/Law enforcement visits



Collaborative Planning and Training

- Department of Mental Health (DMH) provided mental health literacy training to all staff; participated in wellness fair and supported staff wellness; provided consultation to staff regarding concerns
- Education leaders provided training to DMH leaders and clinicians on PBIS/MTSS core features and interventions across tiers (i.e., CICO, etc.)
- Coaches from both systems worked in tandem



Improving Family Engagement and Participation

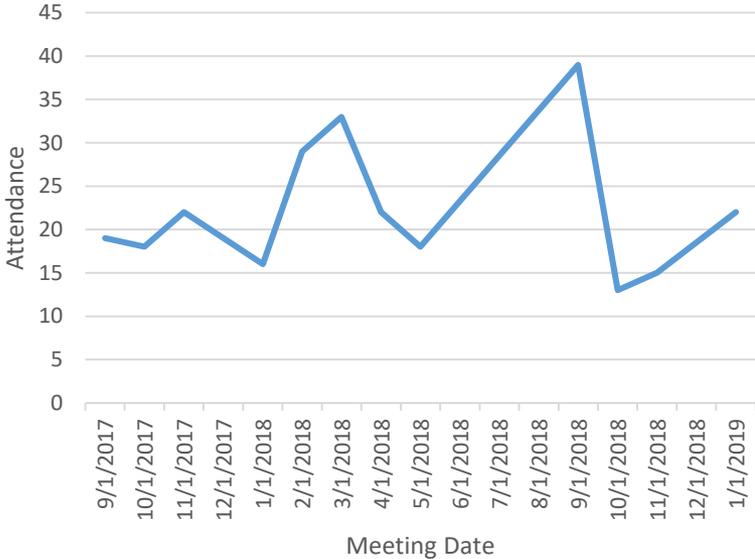
Sharing Information with families

- Directory in office w/ pics & services offered
- Google drive with tools for parents
- Attending PTA/PTO meeting
 - sharing continuum of services
 - student sharing (skits, testimonials, etc.)

Greater Parent Involvement

Number of Parents Involved in the Parent Teacher Association			
	2016-2017 SY	2017-2018 SY	2018-2019 SY
Number of Members	35	154	240

Parent Teacher Association Attendance





MLEs' 3 Be's!

Family Matrix



<p>Be Safe</p>	<p>Make sure MLES always has your current contact information.</p>	<p>Drive safely and politely in the parking lot, in carline and on the surrounding streets.</p> <p>Carline Guide</p>	<p>Always sign in and out at the office when you come to school and make sure you wear your visitor's pass.</p>	<p>Provide your child with the items necessary to stay clean and healthy.</p>	<p>Make sure your child has a safe way to get home from school and communicate any transportation changes to the office by 1:30. 843-762-2765</p>	<p>Monitor your child's screen, TV, video game, and internet Use. Commonsense Media (Create Family Media Plan Here)</p>	<p>Take precautions to secure medication and weapons so that your child does not have access to these items.</p>
<p>Be Responsible</p>	<p>Take time to educate yourself, learn about and understand Montessori. (Montessori 101)</p>	<p>Make sure your child is at school every day by 7:25 and picked up starting at 2:25.</p>	<p>Find your way to contribute to MLES to enrich your child's experience: volunteer, donate, join PTO and attend school and PTO events.</p>	<p>Make sure that your child is well fed, well-rested (sleep chart here) and ready to learn each day.</p>	<p>Read the Parent Handbook and CCSD's Codes of Conduct: Elementary Middle</p>	<p>Check your child's folder and read all notes from school</p>	<p>Read your child's report card and attend all parent/teacher conferences.</p>
<p>Be Respectful</p>	<p>Know and support the school-wide behavior expectations at MLES. (MLEs Student Matrix)</p>	<p>Make an appointment to meet with your child's teacher when you have questions, concerns and for progress updates.</p>	<p>Remind your child about the value of their education and encourage your child to do their personal best in school.</p>	<p>Model kind words at home and encourage your child to use grace and courtesy.</p>	<p>Encourage your child to listen and follow directions.</p>	<p>Teach your child to resolve conflicts without using violence or putting others down.</p>	<p>Be proud and supportive of the efforts and initiatives at MLES and speak in a positive way about MLES.</p>

Positive Office Referral



Burns Elementary Positive Office Referral

Positive Behavior Displayed (Circle the one that most applies!)

Being kind to another student

Sharing

Going out of the way to help someone else

Cleaning up VERY well

Doing extraordinary work

Being a GREAT role model for others

Setting a POSITIVE example for others to follow

Location (Circle one)

Classroom

Playground

Specials

Hallway

Cafeteria

Media Center

Bus

Special Event/Assembly/Field Trip

Other: _____

Brief Description of Positive Behavior:

Phone call home by: _____

Parent Workshops: Mindfulness and Yoga



Additional Thoughts

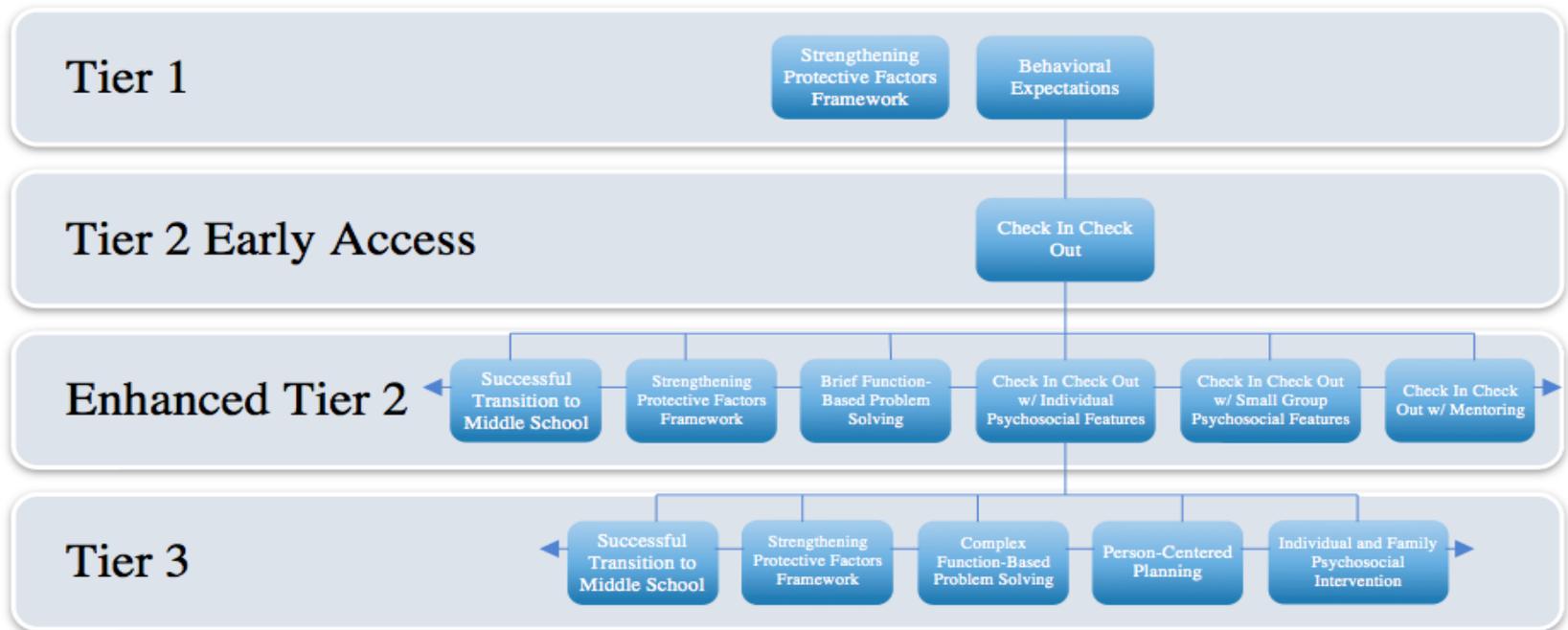
Traffic study- change the time

Changing from PTO to family academic nights... make it fun!

- Halloween Literacy Night
- Fall Festival Math Night
- Multicultural Festival

Include door prizes, food, and feature student work as much as possible!

Intervention Selection, Implementation, and Progress



Check-In/Check Out (CI/CO)

In-On-Out Decision Rules

1) Identification for CI/CO (“In”):

- Student identified in Elevated range for Externalizing Risk on screener
- Student has 2 or more ODRs leading to suspension
- Student has not responded to Tier 1 core curriculum or low-level supplemental supports

2) Progress-monitoring (“On”):

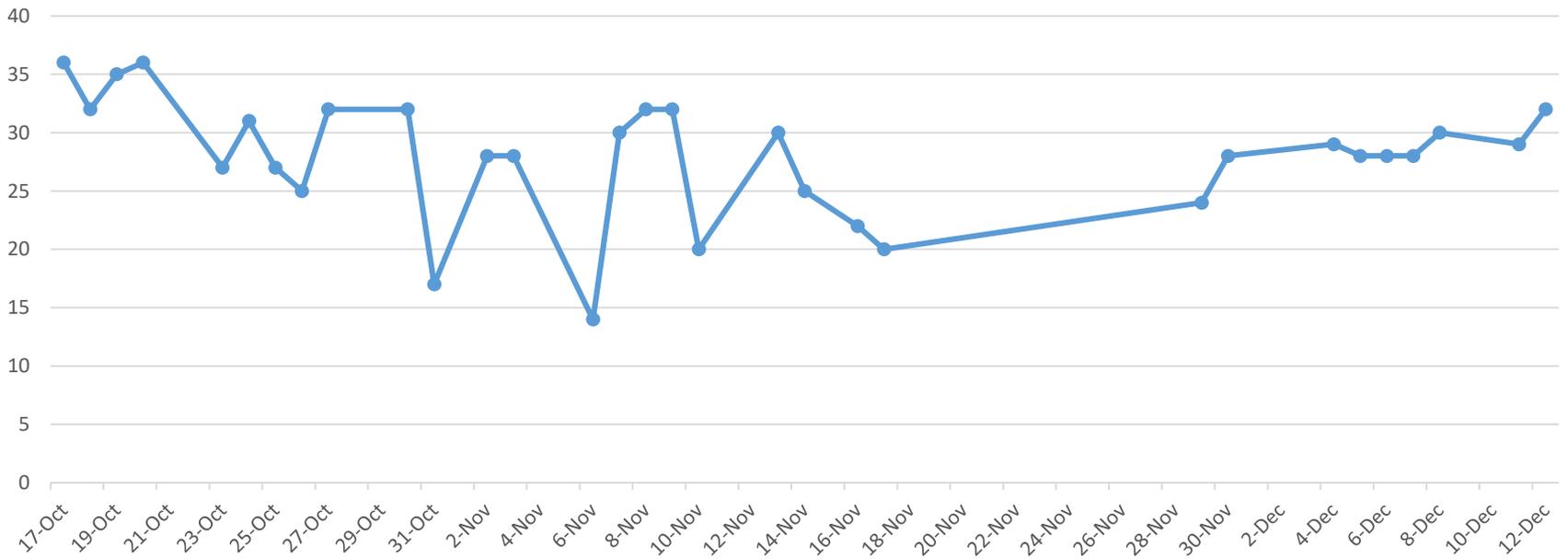
- DPR data is collected daily & reviewed every other week. Data is collected and reviewed for 6-8 weeks, and monitored for trend.

3) Exiting/transitioning (“Out”):

- Student received a total of 80% of DPR points average per day/week for 8 weeks and has had no new ODRs, suspensions, or time out of class due to behavior issues. Student may be faded to Tier 1 or “modified” CI/CO.

CI/CO Individual Student Progress Monitoring Data

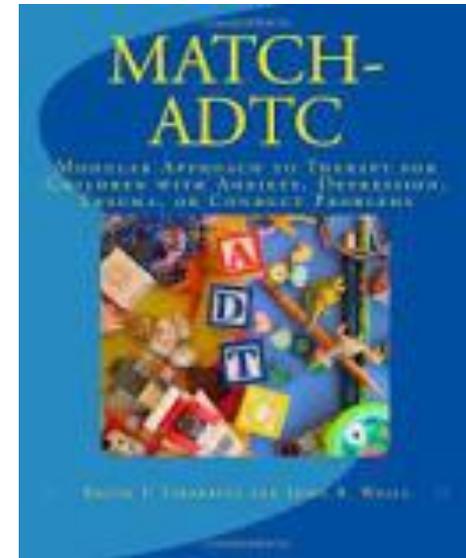
Behavior Chart (Tier 2)- Caleb A
Points Goal: 25





What is MATCH-ADTC?

- Easy to use practice guides or step-by-step instructions for implementing the key elements of each module (treatment procedures)
- Flowcharts that coordinate treatment and guide selection of modules
- Paperback or online format
 - http://www.practicewise.com/portals/0/MATCH_public/index.html



Social Emotional/Behavior Goals

1 Social Emotional/Behavior goal has been set for ██████ in the areas of Self-regulation of anger/frustration, Tardiness/Truancy, Low motivation.

PROGRESS MONITOR

Goal 1) Desired Behavior/Skill Tracking Chart - Target: 8

Baseline as of 10/27/2017: 2

Target to achieve before 6/1/2018: 8

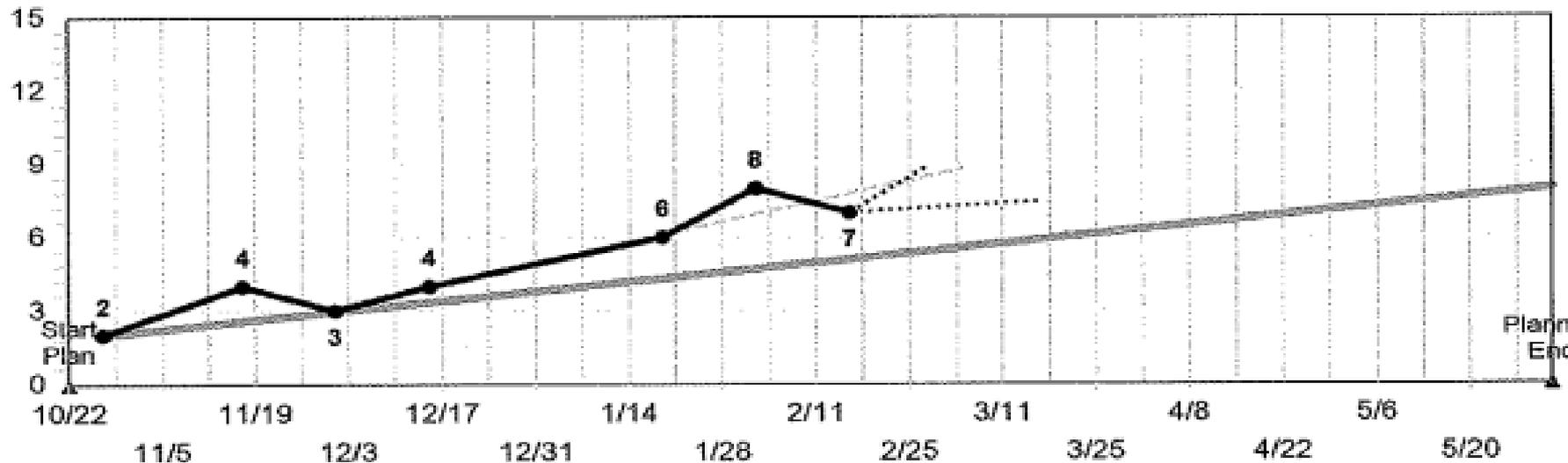
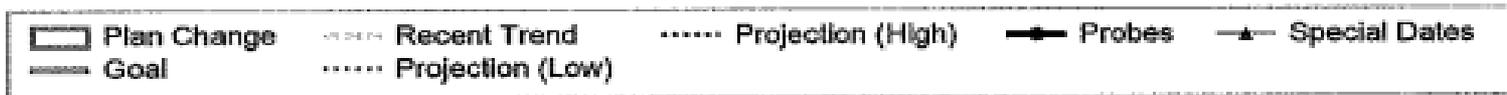
Progress will be measured Every 2 week(s)

██████ experiences emotional disregulation, which results in missing school per parent and student report.

Her attendance will increase from attending 2 out of 10 school days to 8 out of 10 school days per two week period.

Goal 1) Desired Behavior/Skill Tracking Chart - Target: 8

Status: Met



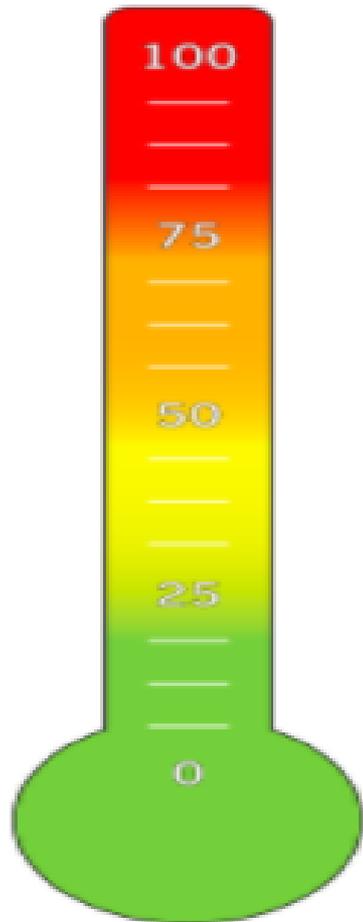
Youth Self-Report

How Are You Feeling Today?

Name: _____

Circle Where You are on the Feelings Thermometer

Date: _____



Terrible--- Using negative language, Hurt by friends, Not being Kind

- How can I fix this? Say something nice to yourself or someone else

Not Okay-- Upset, Not being nice to friends

- How can I fix this? _____

Okay-- Feeling stuck but I'm trying to be kind to my friends

- What can I do to make it better? _____

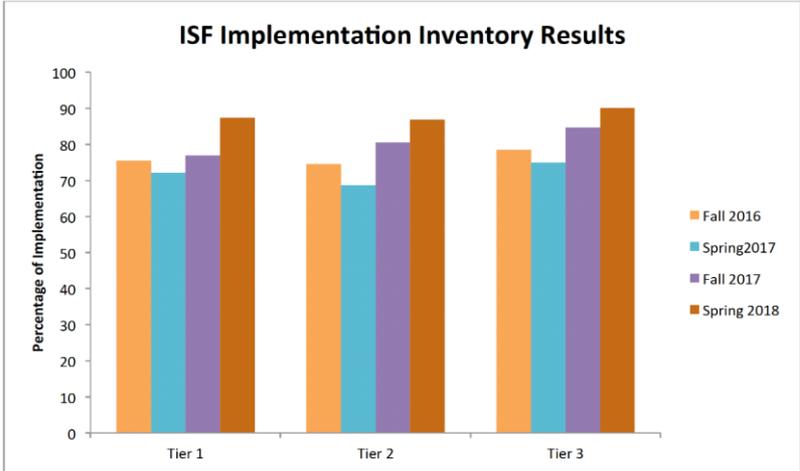
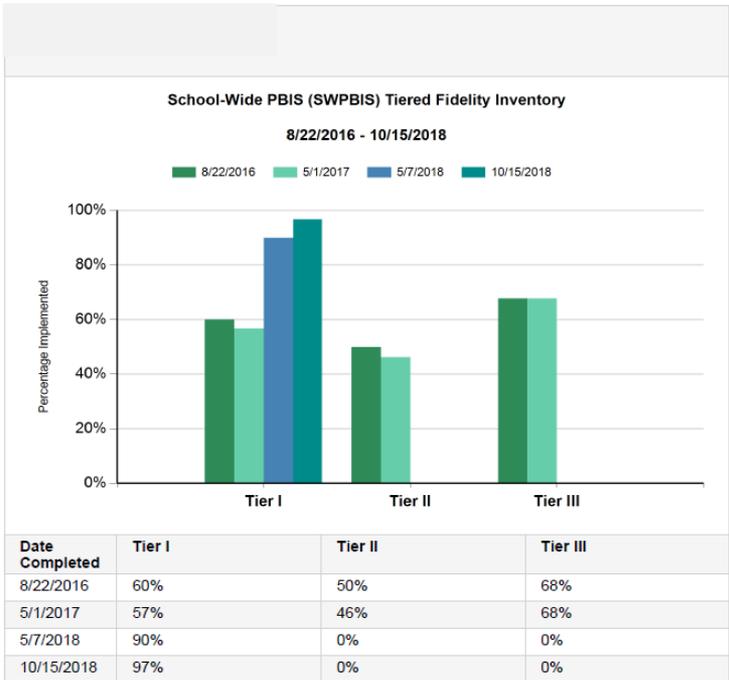
Good-- Working well with friends and being kind

- I made this happen today by _____

Great-- Calm & Happy, said something nice to my friends today!!!

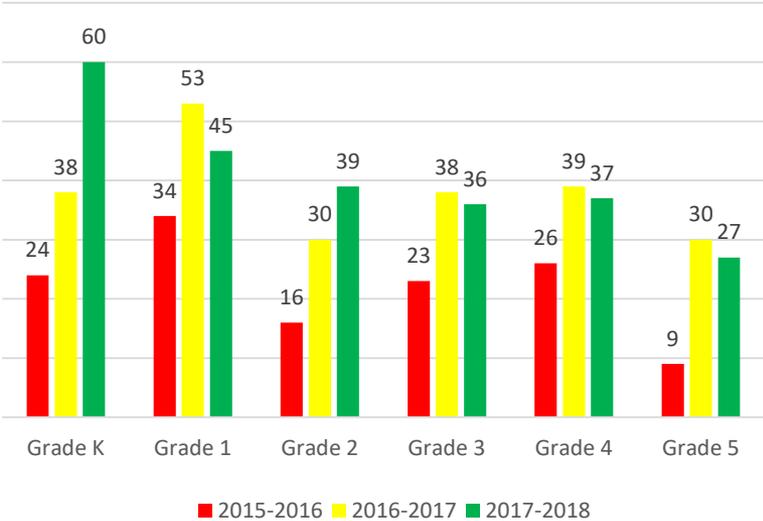
- I was kind to myself and I was a great friend!

Using Data for Decision Making: Improved System Fidelity and Student Outcomes

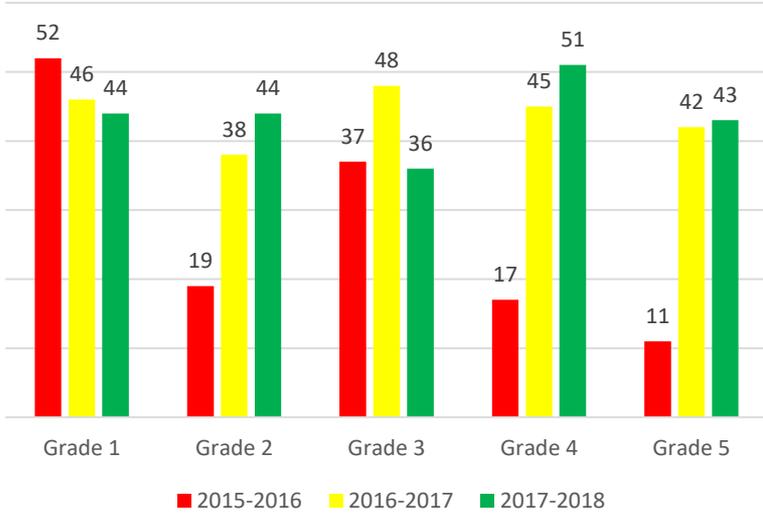


Improved Math and Reading Proficiency on Standardized Tests

MAP Math Proficiency - Median Percentile Rank



MAP Reading Proficiency - Median Percentile Rank

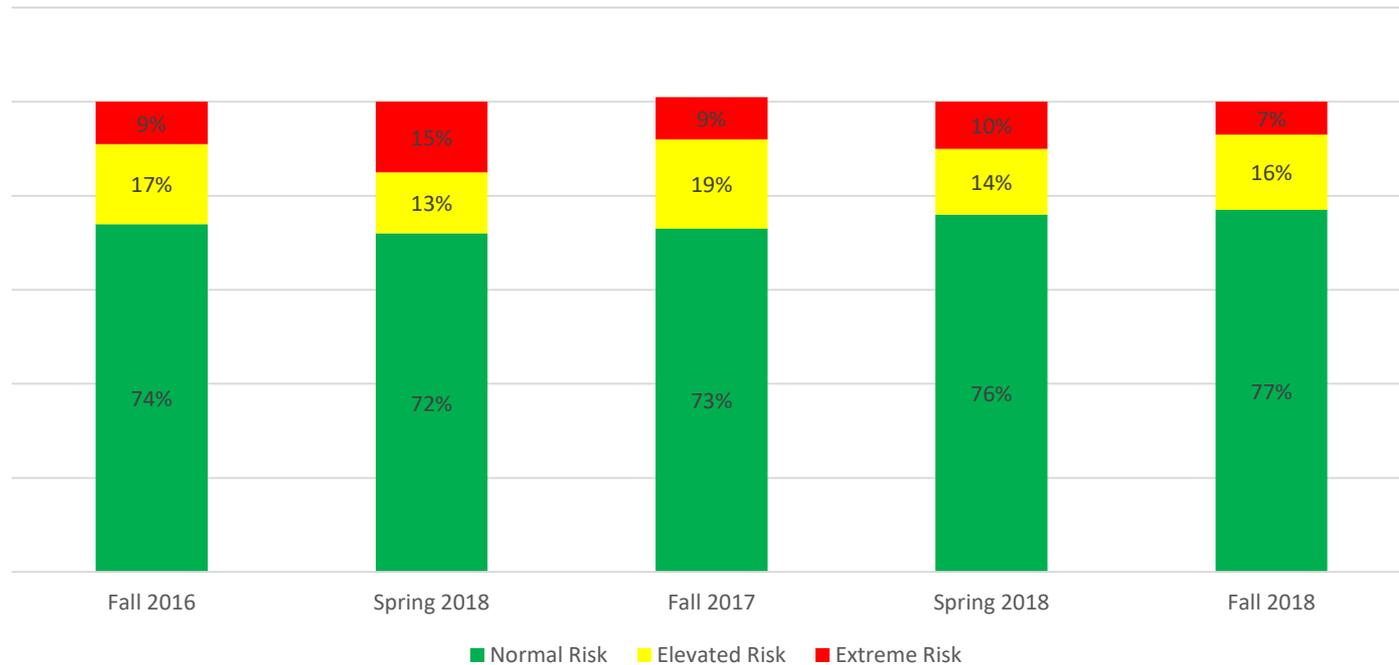


Fewer Unexcused Tardies and Absences

Percent of Students with Unexcused Attendance					
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Unexcused Tardies	60%	64%	61%	49%	20%
More Than One Unexcused Tardies	43%	48%	40%	33%	13%
Unexcused Absence	88%	87%	89%	86%	35%
More Than One Unexcused Absence	75%	73%	71%	70%	29%

More Students Within the Normal Range on Emotional/Behavioral Screeners

BESS Universal Screener

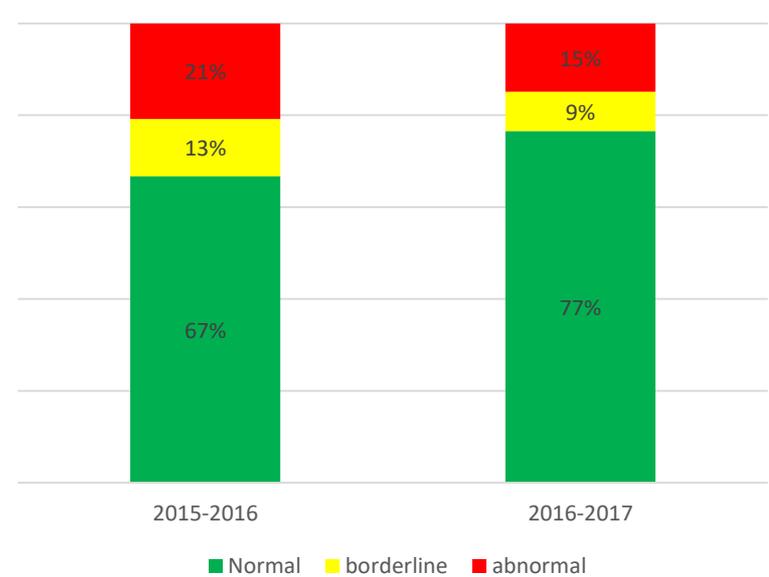


Improved research outcomes:

Strengths & Difficulties Questionnaire
– Student Rating



Strengths & Difficulties Questionnaire –
Teacher Rating



Resources are available at:

www.pbis.org

Under topics:



Mental Health/Social-Emotional
Well-Being



PBIS Positive Behavioral
Interventions & Supports

OSEP TECHNICAL ASSISTANCE CENTER

TA Briefs, Recorded Webinars, Presentations

Examples

Check out these samples, case studies and lesson plans and use them as a springboard to improve your own implementation

[Learn More](#)

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Questions/Discussion

Thank you!

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