Georgetown University’s National Technical Assistance Center for Children’s Mental Health Webinar Series

Using Multi-Tiered Systems of Support as a Bridge for Integrating Mental Health Services in Schools
Welcome and Webinar Planners

• The National Technical Assistance Center for Children’s Mental Health at Georgetown University &

• The National Community of Practice (COP) on School Behavioral Health of the IDEA Partnership at NASDSE &

• Two of its practice groups—
  – COP on *Education: An Essential Component of a System of Care*
  – COP on *Connecting School Mental Health and Positive Behavior Intervention and Support*
Presenters on the Webinar Today

- **Lucille Eber**--Statewide Coordinator/Director of Illinois Emotional and Behavioral Disabilities Network
- **Ellen DiDomenico**--Executive Director of the PA Governor's Commission For Children and Families
- **Kelly Perales**--Associate Clinical Manager in Children's Services, Community Care Behavioral Health, Camp Hill PA
- **Judith Ochse**-- A parent, foster parent, and school nurse. Also involved in PA Demonstration project and Susquehanna Co. SOC Project
- **Susan Bazyk**—A professor in the Occupational Therapy Program, School of Health Sciences, Cleveland State University
Webinar Format

• Series of 5 short presentations:
  – Interconnected Systems Framework (ISF) Overview
  – Schools and PA Statewide System of Care (SOC) Planning
  – Implementation of PBIS at Community Level
  – Impact of Bridges on a Family and Child
  – Understanding the Community of Practice (COP) Framework

• Two polling questions within the webinar

• Question and Answer period at end of webinar
POLLING QUESTION
History

- Sparse availability of MH providers in schools
- Labels and ‘places’ confused with interventions
- Separate delivery systems (Sp.Ed., Mental health, etc.)
- Minimal accountability for outcomes for most vulnerable populations
Why Partnerships Are Needed

- One in 5 youth have a MH “condition”
- About 70% of those get no treatment
- School is “defacto” MH provider
- JJ system is next level of system default
- Suicide is 4th leading cause of death among young adults
SMH and PBIS
Common Purpose

• Schools supporting/promoting MH of ALL students

• Prevention, early access, interventions commensurate with level of need (vs label)

• School personnel feel confident and competent in identifying and intervening with accuracy and effectiveness
Logic

• Youth with MH needs require multifaceted education/behavior and mental health supports

• The usual systems have not routinely provided a comprehensive, blended system of support

• Supports need to be provided in a clustered and integrated structure

• Academic/behavior and mental health supports need to be efficiently blended
Promotion and Prevention

Simple and complex supports require integrated systems with foundation of a school-wide system

- Schools and community serve as protective factor
- Problem-solving teams with school/family/youth/community voice
- Use of data for decision-making (screening/selection and monitoring/outcomes)
- Layers supports from the foundational/universal to the more complex
Interconnected Systems Framework Paper
(Barrett, Eber and Weist, revised 2009)

Developed through a collaboration of the National SMH and National PBIS Centers

www.pbis.org
www.pbis.org   http://csmh.umaryland.edu
ISF Monograph Development
June 2012 – September 2013

• Define the common goals of SMH and PBIS
• Discuss the advantages of interconnection
• Identify successful local efforts to implement collaborative strategies and cross-initiative efforts
• Define the research, policy, and implementation agendas to take us to the next action level
Positive Behavior Intervention and Support (www.pbis.org)

- Decision making framework to guide selection and implementation of best practices for improving academic /behavioral functioning
- Data-based, measurable outcomes, evidence-based practices, systems to support effective implementation
Core Features of Multi-tiered Systems of Support (MTSS)

• Investment in prevention, screening and early intervention for students not at “benchmark”

• Multi-tiered intervention approach

• Use of progress monitoring and problem-solving process at all 3-tiers
Core Features of MTSS (cont.)

• Research-based practices and active use of data for decision-making at all 3-tiers
• Use of progress monitoring and problem-solving process at all 3-tiers
ISF Defined

ISF provides **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 system who have the **authority** to reallocate resources, change role and function of staff, and change policy.
- Applies strong interdisciplinary, cross-system **collaboration**.
ISF Structure and Process

- Uses the tiered prevention logic as the overall organizer to develop an action plan.
- Involves cross system problem solving teams that use data to decide which evidence based practices to implement.
- Involves ongoing progress monitoring for both fidelity and impact.
- Emphasizes active involvement by youth, families, and other school and community stakeholders.
Traditional → Preferred

• Each school works out their own plan with Mental Health (MH) agency;

• District has a plan for integrating MH at all buildings (based on community data as well as school data);
Traditional ➔ Preferred

• A MH counselor is housed in a school building 1 day a week to “see” students;

• MH person participates in teams at all 3 tiers;
Traditional → Preferred

- No data to decide on or monitor interventions;
- MH person leads group or individual interventions based on data;
POLLING QUESTION
Structure for Developing an ISF: Community Partners Roles in Teams

- A District/Community leadership that includes families, develops, supports and monitors a plan that includes:
  - Community partners participate in all three levels of systems teaming: Universal, Secondary, and Tertiary
  - Team of School Family Community partners review data and design interventions that are evidence-based and can be progress monitored
  - MH providers form both school and community develop, facilitate, coordinate and monitor all interventions through one structure
Structure for Developing an ISF: Community Partners Roles in Teams

- A District/Community leadership that includes families, develops, supports and monitors a plan that includes:
- Community partners participate in all three levels of systems teaming in the building: Universal, Secondary, and Tertiary
Structure for Developing an ISF: Community Partners Roles in Teams (cont.)

• Team of SFC partners review data and design interventions that are evidence-based and can be progress monitored

• MH providers from both school & community develop, facilitate, coordinate and monitor all interventions through one structure
Interconnected Systems Framework

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
- Safe & caring learning environments
- Partnerships: school, home & community
- Decision making framework guides use of and best practices that consider unique strengths and challenges of each school community
Interconnected Systems Framework

Tier 2: Early Intervention for Some

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

- Systems Planning Team coordinates referral process, decision rules and progress monitors
  - Array of services available
  - Communication system: staff, families and community
- Early identification of students 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
Interconnected Systems Framework

**Tier 3: Intensive Interventions for Few Individual Student and Family Supports**

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

• Local control for the human services system - 67 counties
  – Child Welfare
  – Mental Health
  – Juvenile Justice

• Local control for education - 500 school districts

• Behavioral health
  – Funding to County Mental Health Programs
  – Medicaid Behavioral health – carve out from physical health, some counties hold the contract
  – Managed care organizations – 5 in PA

© 2010 Community Care
Statewide Challenges

- Pennsylvania has a diverse service delivery system
- Understanding, accessing and obtaining services is difficult and confusing
- Current services are based on diagnoses and problems rather than building on strengths and needs, limited focus on prevention
- Services are fragmented
- Limited youth & family participation in many areas
- All systems struggle to serve youth with complex behavioral health needs, multi-system involvement and their families
Tremendous Challenges for Multi-system Youth
Pennsylvania’s Community of Practice (CoP) on School Based Behavioral Health (SBBH)

• Established in 2006 through the Bureau of Special Education (BSE) in the Department of Education

• Membership includes representatives from the Pennsylvania Departments of Education, Health, and Public Welfare in addition to youth serving provider agencies, managed care organizations, advocates, and youth and family members
Pennsylvania’s Community of Practice (CoP) on School Based Behavioral Health (SBBH)

• The primary strategy of the CoP is to support the scale-up of the Positive Behavior Interventions and Supports (PBIS) with fidelity

• In the past 5 years, the PAPBS network has expanded its reach to over 300 schools state wide, with approximately 90 PBIS facilitators providing regional training and technical assistance across the multiple tiers of prevention and intervention
Pennsylvania System of Care Partnership

- In 2009, PA Department of Public Welfare was awarded a Cooperative Agreement from Substance Abuse and Mental Health Services Administration (SAMHSA) to establish system of care in 15 PA counties
- A SAMHSA Expansion Planning Grant in 2011, resulted in a strategic plan focused on statewide implementation
- The State Leadership Team for the SOC Partnership has representation of the child serving systems (mental health, child Welfare, juvenile justice, drug and alcohol, and education) and equal numbers of families and youth
Pennsylvania System of Care Partnership

Currently 20 counties are implementing systems of care, implementing High Fidelity Wraparound, or participating as learning communities.

The goal is to improve services for children and youth with complex behavioral health needs who are involved with child welfare, juvenile justice and/or are at risk of out-of-home placements.

Counties are supported to establish the infrastructure to transform fragmented service delivery into a comprehensive, community-oriented delivery system, in which youth and their families have a central leadership role.
SOC and PBIS
Shared Standards

Youth Driven
Family Driven
Cultural and Linguistic Competence
Evidence Based Services
Service Integration
System of Care

- County Leadership Team
- Natural supports within the family and community
- High Fidelity Wraparound
- Evaluation and CQI

PBIS

- School District Leadership Team
- Universal /Tier 1 within the school and classroom
- RENEW
- Data based decision making
History of the Development of School Based Behavioral Health (SBBH) Team Service - A Clinical Home Model

• Stakeholder input regarding current BHRS and children’s service delivery
  – Families
  – Educators
  – County partners – child serving systems
• Unique opportunity to partner with Department of Welfare and OMHSAS
• Transformation of children’s services
  – Partnership with oversight
  – Stakeholder input
  – Development of program description template

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Accountable Clinical Home

- Accountable **TO** the family and **FOR** the care
- Accessible, coordinated, and integrated care
- Comprehensive service approach
- Increased accountability and communication
- Single point of contact for behavioral health
- School is “launching pad” for services delivered in all settings
- Youth continue on the team with varying intensity of service
SBBH Service Components

CLINICAL INTERVENTIONS

CASE MANAGEMENT

CRISIS INTERVENTION

CASE CONSULTATION AND TRAINING

for educational staff
Community Care Support of SBBH Teams

- Learning Collaborative Training
- Technical Assistance Evidence-Based Practices
- Coaching Model Fidelity
- Care Management
District and Community Leadership Team

• Quarterly meetings
• Stakeholder representation – System of Care
• Implementer’s blueprint
• Systems, data and practices
• Scaling and sustainability
<table>
<thead>
<tr>
<th>School Year</th>
<th>Activity</th>
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<tbody>
<tr>
<td>2008-09</td>
<td>• Community Care engaged district through ICSP regarding SBBH Team</td>
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</tbody>
</table>
| 2009-10     | • SBBH Team begins work within district – September 2009  
              • District and Community Leadership Team is established, district commitment signed, tertiary demonstration project begins – spring 2010 |
| 2010-11     | • Tier One SWPBIS is fully implemented with kickoff at the start of the school year  
              • Tier Two training begins in the spring of 2011 with some implementation |
| 2011-12     | • All three tiers are being implemented at both elementary schools  
              • Montrose Junior High receives Tier One training in fall, with “soft” kickoff in January 2012  
              • Discussion of SBBH Team model expanding into Junior and Senior High |
Montrose

• Junior High implementation
• SBBH and school collaboration – doing more with less – reallocation of resources
• Fiscal and clinical responsibility
• Community connections and partners
  – ICSP - SOC
Montrose Elementary Schools: K-6th Grade

**Data**

**Tertiary, Tier 3, Individual**
- Child Outcomes Survey
- Strengths and Difficulties Q.
- Teacher feedback
- Academic data

**Secondary, Tier 2**
- Group/Individual
- Data from Tier One team
- Progress monitoring
- Data decision rules

**Universal, Tier 1**
- Whole School
- ODRs, teacher nominations,
- Card system, MMS,
- (lessons learned)

**Practices**

**Tertiary, Tier 3, Individual**
- Guidance counselors see individual students
- SBBH Team

**Secondary, Tier 2**
- Group/Individual
- Guidance counselors run Targeted groups
- IST
- CICO
- mentoring

**Universal, Tier 1**
- Whole school
- Guidance counselors teach “I Can Problem Solve” lessons
- Treehab D and A awareness
- Bully prevention/Character Ed
- Peer Mediation
Key Features

• Systems
  – District and building teaming models
  – Facilitation, technical assistance, coaching
  – Stakeholder participation and buy-in

• Practices
  – Mental health and school staff work in an integrated way to support students across tiers
  – Using assessment and screening in order to determine which EBPs to use, progress monitor
  – One plan for both education and mental health

• Data
  – Shared decision rules
  – Used for decision making with all stakeholders at the table — school, mental health, other child serving systems, family
SMH at Tier One

• Universal screening for social, emotional, and behavioral at-risk indicators

• Teaching social skills with evidence-based curricula to all students

• Teaching appropriate emotional regulation and expression to all students

• Teaching behavioral expectations to all students

• Mental health professionals are part of the Tier One systems team, providing input and progress monitoring data
SMH at Tier Two

• Mental health professionals part of secondary systems and problem solving teams

• Working smarter matrix completed to ensure key resources are both efficient and effective (i.e., initiatives are aligned and combined such as “bully prevention”, “discipline”, “character education”, “RtI behavior”, etc.)

• Groups co-facilitated by school staff and community partner (example – guidance counselor and community provider clinician)
SMH at Tier Three

- Mental health professional part of tertiary systems team
- FBA/BIP completed together with school staff and mental health provider for one concise plan, rather than each completing paperwork to be filed
Outcomes
Change in Family Functioning

Change at 3 mos
Change at 6 mos
Change at 9 mos

Not Implementing
Low Fidelity
High Fidelity

Improving
Outcomes
Change in Child Functioning

![Chart showing change in child functioning at 3, 6, and 9 months for Not Implementing, Low Fidelity, and High Fidelity.]
Outcomes – SDQ-P
Change in Difficulties Score

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<th>Score</th>
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- Not Implementing
- Low Fidelity
- High Fidelity

Improving
Outcomes – SDQ-T
Change in Difficulties Score

-4.0 -3.5 -3.0 -2.5 -2.0 -1.5 -1.0 -0.5 0.0 0.5 1.0

Change Q1

Change Q2

Not Implementing  Low Fidelity  High Fidelity
A Family Perspective

• Integrated Children Service Planning Team (ICSP)
• School Based Behavioral Health (SBBH)
• School Wide Positive Behavior Interventions and Support (SWPBIS)
Tremendous Challenges for Multi-system Youth

Detention/ RTF
- Court
- Probation
- Truancy
- APS
- Mentor
- Special Ed
- Psychiatrist
- Therapist
- Residential
- Case Mgmt.
- TSS/BSC
- Inpatient
- Mobile T
- Case Mgmt.

Ed. Sys
- Intake
- Referral
- Referral
- Partial
- Intake
- Referral
- Detox
- Psych
- Residential
- Supports
- Counseling
- Eligibility
- Case Mgmt.
- TSS/BSC
- Special Ed

MCO Sys
- Intake
- Partial
- Referral
- Case Mgmt.
- Primary Care
- Care Mgmt.

MH Sys
- Intake
- Partial
- Referral
- Case Mgmt.
- TSS/BSC
- Inpatient
- Mobile T
- Case Mgmt.

JJ Sys
- Intake
- Referral
- Partial
- Intake
- Referral
- Detox
- Psych
- Residential
- Supports
- Counseling
- Eligibility
- Case Mgmt.
- TSS/BSC
- Special Ed

MR Sys
- Intake
- Referral
- Partial
- Intake
- Referral
- Detox
- Psych
- Residential
- Supports
- Counseling
- Eligibility
- Case Mgmt.
- TSS/BSC
- Special Ed

CW Sys
- Intake
- Foster Care
- Referral
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Health Sys
- ER
- Primary Care
- Care Mgmt.

Services
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Counseling
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Eligibility
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Case Work
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

TSS/BSC
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Assessment
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Referrals
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Care Mgmt.
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

Mentor
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

APS
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.

APPS
- Residential
- Supports
- Special Ed
- Hospital
- Primary Care
- Care Mgmt.
A Family Perspective
For more information

• www.PAPBS.org
• www.pbis.org
• www.sharedwork.org
Communities of Practice (CoP)

• 1997 Changes in IDEA led to realization that it was critical to collaborate with multiple school, family and community partners

• The IDEA Partnership was developed to facilitate interaction and shared work across professional and family organizations around common interests using CoPs

• Examples of national CoPs: School and Behavioral Health, Autism, Secondary Transition
What is a Community of Practice (CoP)?

• “Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” (Etienne Wenger)
  – Shared area of interest (e.g. school mental health, PBIS, SOC)
  – Diverse stakeholders who care about cause
  – Share knowledge, perspectives, & resources
  – Shared leadership and deep collaboration
  – Goal: Guide practice change
  – CoPs can function at the national, state, local and school levels
A New Framework for Stakeholder Engagement

Leading by Convening

- Doing the Work Together
- Coalescing around Issues
- Ensuring Relevant Participation

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Why Have CoPs in Addition to Teams?

• CoPs offer another organizational form to get work done ...

• Teams/workgroups – more directive and generally led by experts in the area; provide direction to the school community; top-down

• CoPs – less linear; emphasize shared knowledge, practice change and community-building; two-way learning from top-down and bottom-up; grassroots investment
The Arrow and the Cloud
One informs the other

- **Arrow** represents teams focusing on the intended outcome or product (e.g. ISF and MTSS); linear work
- **Cloud** represents the CoP; emphasize knowledge exchange, community-building, shared work, diverse stakeholder involvement
- **Teams** can pose questions and problems to the CoP
- **Communities** can support teams by offering new thinking, information and resources relevant to the project and practice change

Suggestion: School-Level CoP Committed to Student Mental Health and Well-being

- Relevant stakeholders – Children/youth, parents; school staff representing both regular and special education, para-educators, related service providers (OT, PT, SLP, school psychologist, etc.), cafeteria volunteers, art/music teachers, MH providers from within and outside of school

- Ensure that Systems Planning Teams are aware of and collaborate with all of the service providers that embed mental health services within a multi-tiered system of support in order to foster collaborative practices and reduce redundancies in the classroom
  - School psychologists
  - Occupational Therapists
  - Speech/Language Pathologists
  - School nurses
  - Social workers
For more information on CoPs and how to get involved ...

- The IDEA Partnership reflects the collaborative work of more than 50 national organizations, technical assistance providers, and organizations and agencies at state and local level. [http://www.ideapartnership.org](http://www.ideapartnership.org)

- SharedWork.org is both a collaboration workspace and communication tool for the IDEA Partnership Communities of Practice [http://www.ideapartnership.org](http://www.ideapartnership.org)
Questions?

Phone lines are muted.
Please type questions in the Q&A box to the left.
Next Webinar:

Implementing Strategies for Expanding Systems of Care

March 21st at 1pm ET

Register at NTAC Webinar website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html