



National Technical  
Assistance Center for  
Children's Mental Health

GEORGETOWN UNIVERSITY CENTER FOR  
CHILD AND HUMAN DEVELOPMENT

## **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](http://www.pbis.org)

[www.pbis.org](http://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](http://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 from both school and community develop, facilitate, coordinate and monitor all interventions through one structure

# Structure for Developing an ISF: Community Partners Roles in Teams

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# Structure for Developing an ISF: Community Partners Roles in Teams (cont.)

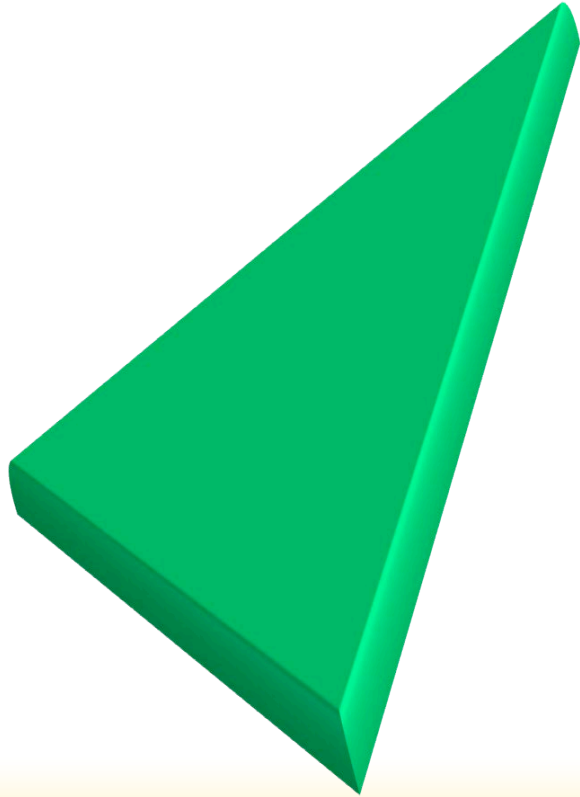
- Team of SFC partners review data and design interventions that are evidence-based and can be progress monitored
- MH providers from both school & community develop, facilitate, coordinate and monitor all interventions through one structure



# Interconnected Systems Framework

## **Tier I: Universal/Prevention for All**

*Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students*

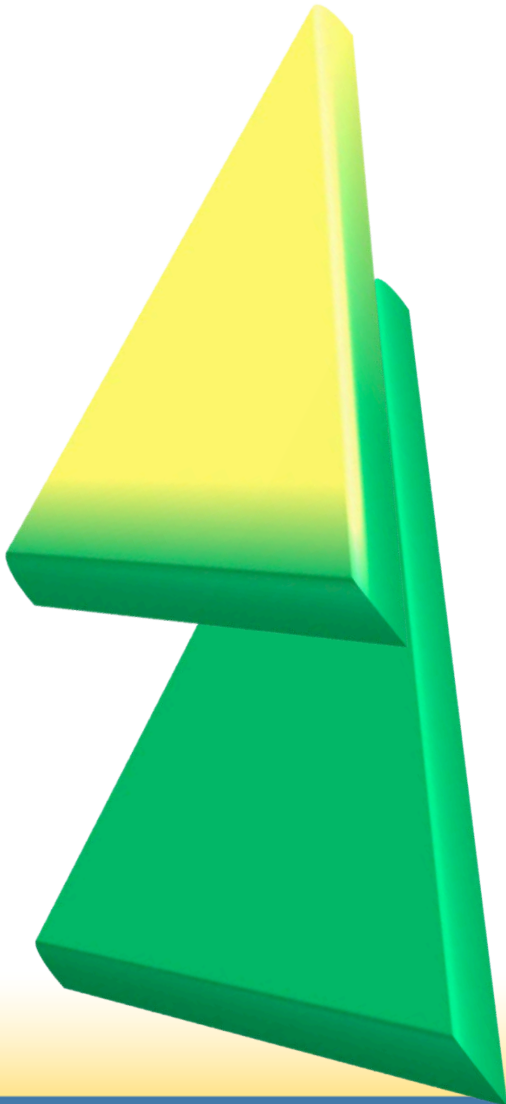
- 
- School Improvement team gives priority to social and emotional health
  - Mental Health skill development for students, staff/, families and communities
  - Social Emotional Learning curricula for all Safe & caring learning environments
  - Partnerships : school, home & community
  - Decision making framework guides use of and best practices that consider unique strengths and challenges of each school community

# Interconnected Systems Framework

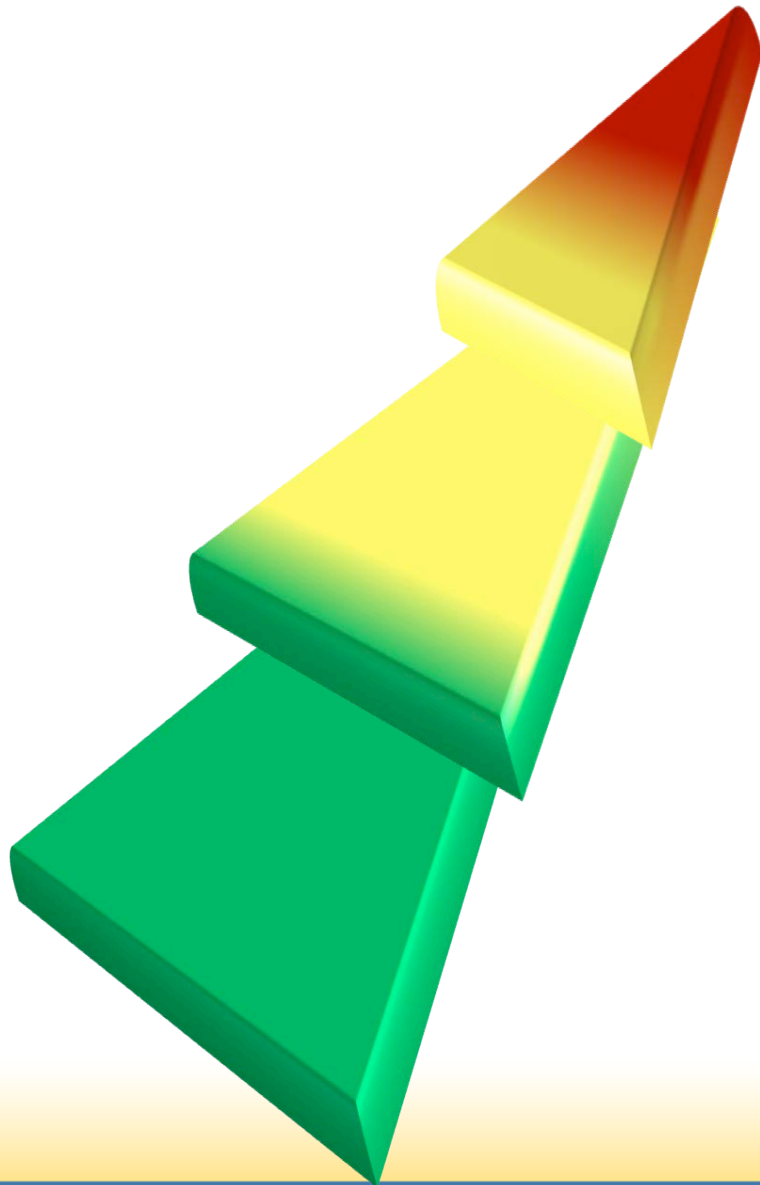
## Tier 2: Early Intervention for Some

*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

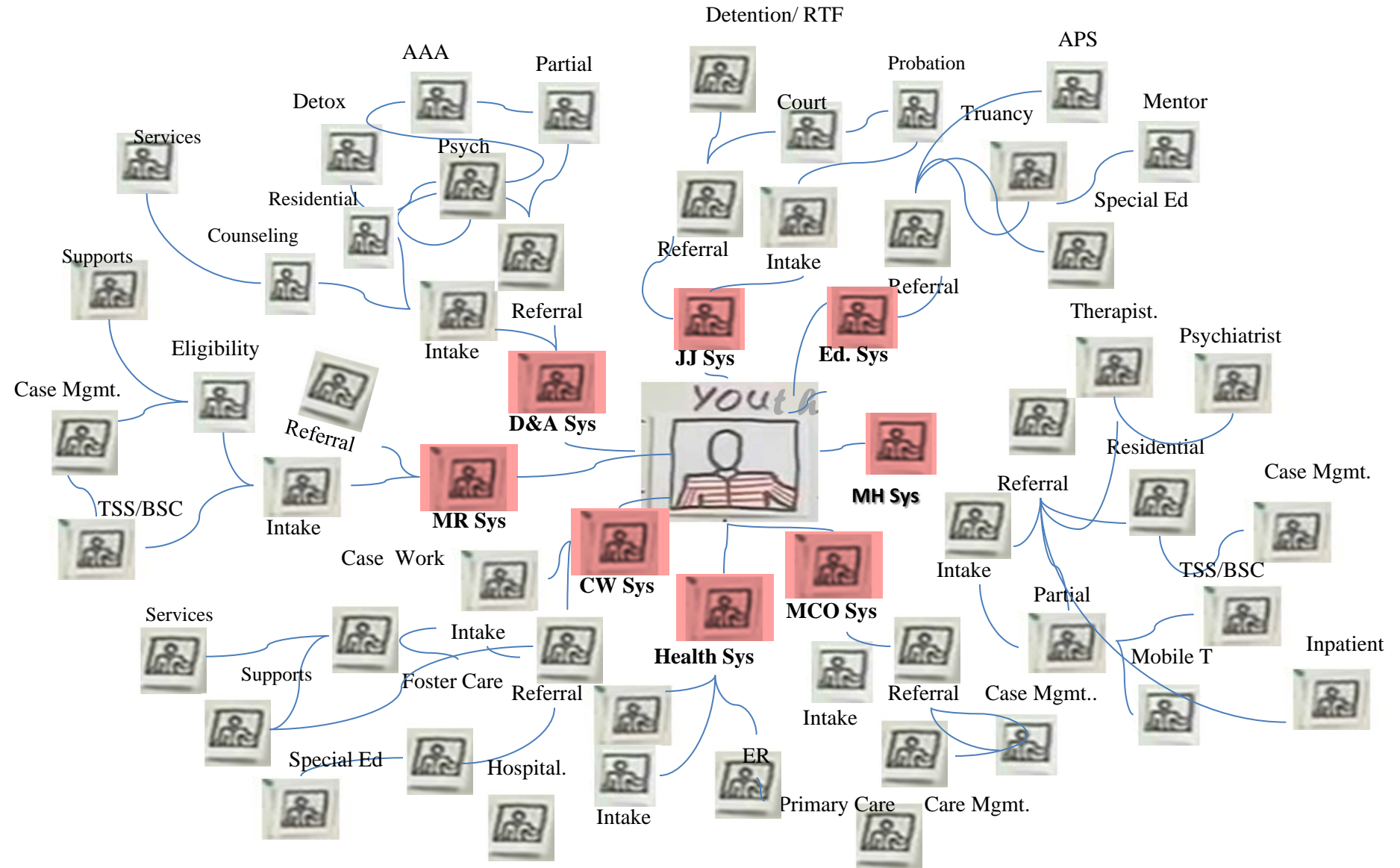
- Local control for the human services system - 67 counties
  - Child Welfare
  - Mental Health
  - Juvenile Justice
- Local control for education - 500 school districts
- Behavioral health
  - Funding to County Mental Health Programs
  - Medicaid Behavioral health – carve out from physical health, some 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



# PBIS

- School District Leadership Team

- Natural supports within the family and community



- Universal /Tier 1 within the school and classroom

- High Fidelity Wraparound



- RENEW

- Evaluation and CQI



- 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

# 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

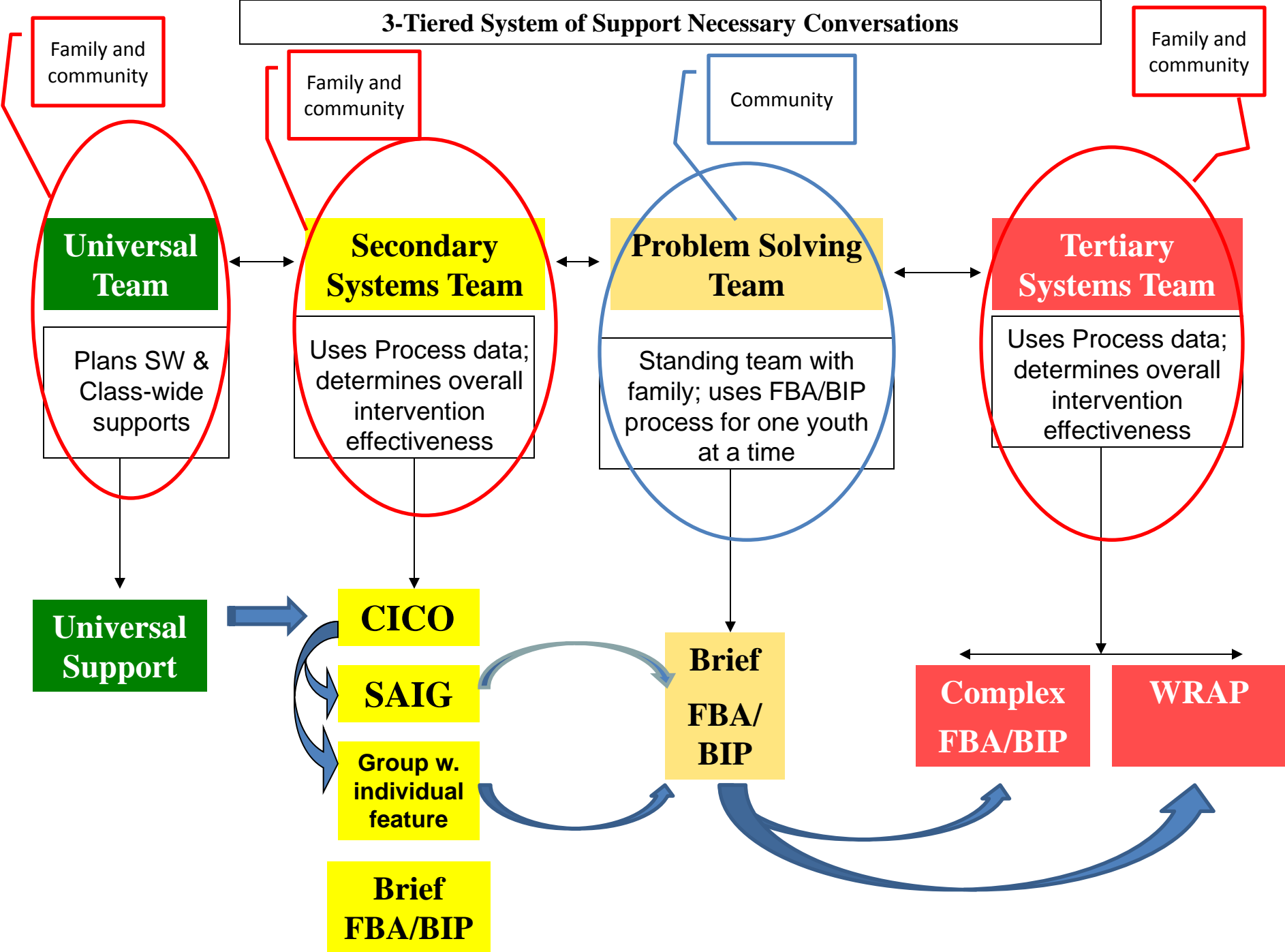


# Community Care Support of SBBH Teams





### 3-Tiered System of Support Necessary Conversations



# District and Community Leadership Team

- Quarterly meetings
- Stakeholder representation – System of Care
- Implementer's blueprint
- Systems, data and practices
- Scaling and sustainability

# Time Line

Montrose Area School District  
Good Things Are Happening!



School Year	Activity
2008-09	<ul style="list-style-type: none"><li>•Community Care engaged district through ICSP regarding SBBH Team</li></ul>
2009-10	<ul style="list-style-type: none"><li>•SBBH Team begins work within district – September 2009</li><li>•District and Community Leadership Team is established, district commitment signed, tertiary demonstration project begins – spring 2010</li></ul>
2010-11	<ul style="list-style-type: none"><li>•Tier One SWPBIS is fully implemented with kickoff at the start of the school year</li><li>•Tier Two training begins in the spring of 2011 with some implementation</li></ul>
2011-12	<ul style="list-style-type: none"><li>•All three tiers are being implemented at both elementary schools</li><li>•Montrose Junior High receives Tier One training in fall, with “soft” kickoff in January 2012</li><li>•Discussion of SBBH Team model expanding into Junior and Senior High</li></ul>

# 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-6<sup>th</sup> 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

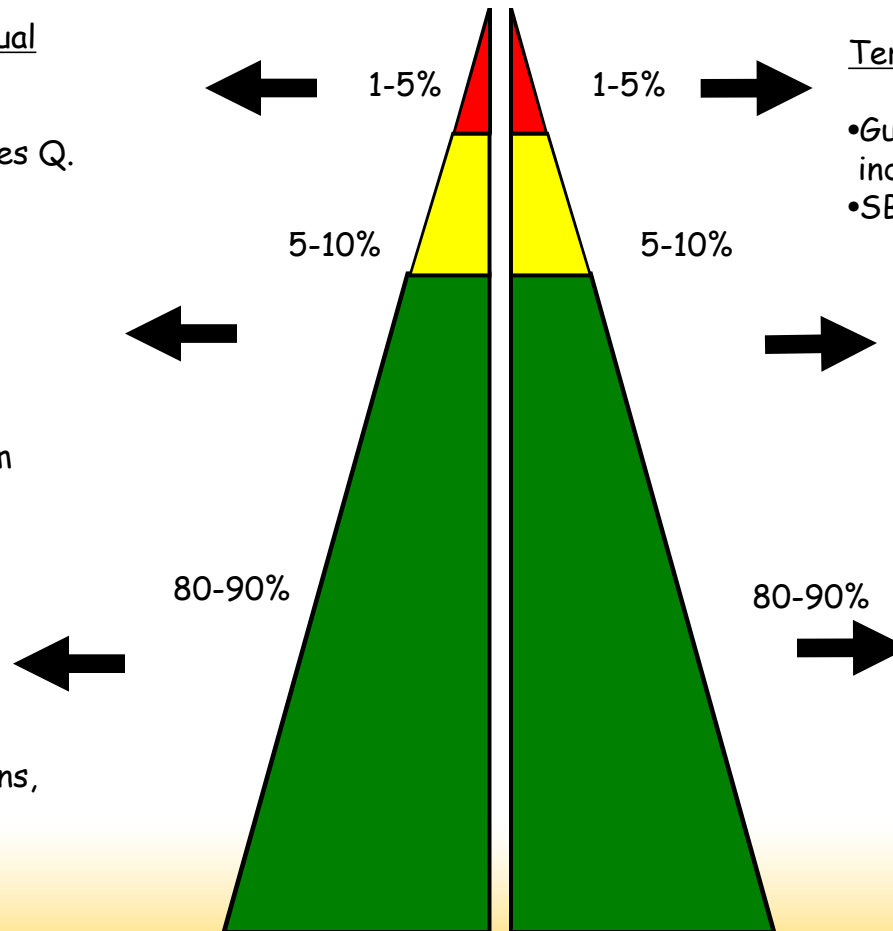
- Guidance counselors see individual students
- SBBH Team

### 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)

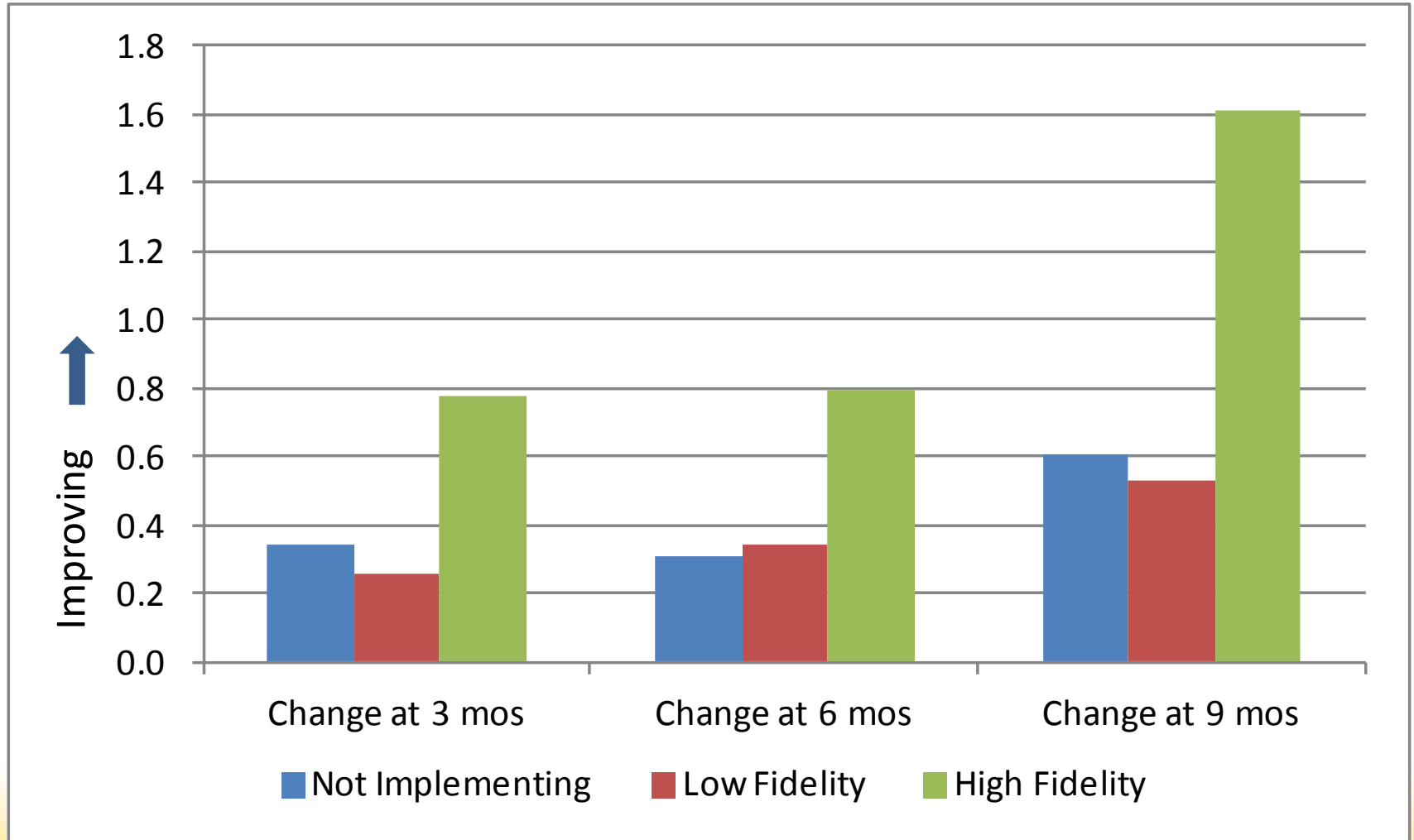


# SMH at Tier Three

- 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

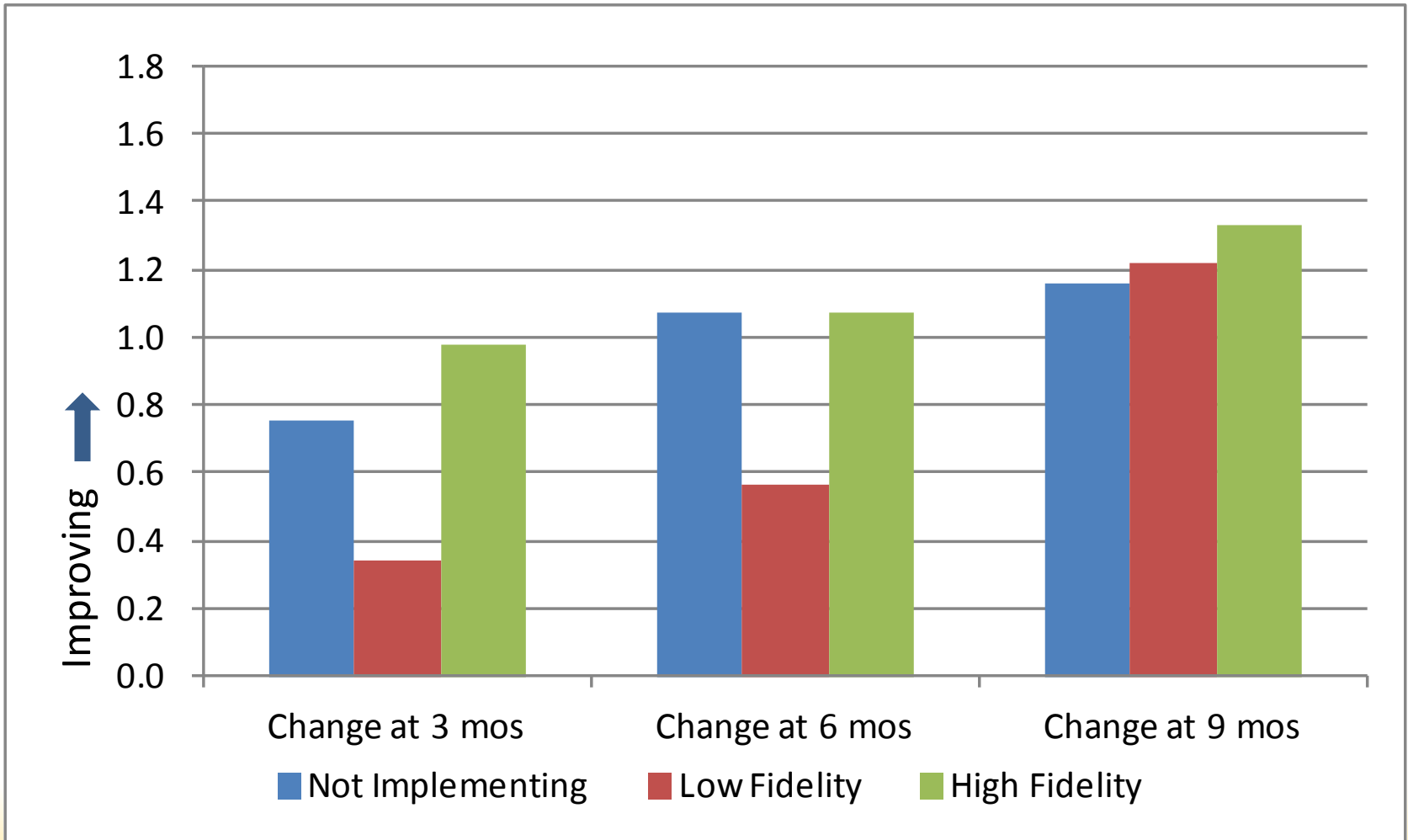
# Outcomes

## Change in Family Functioning



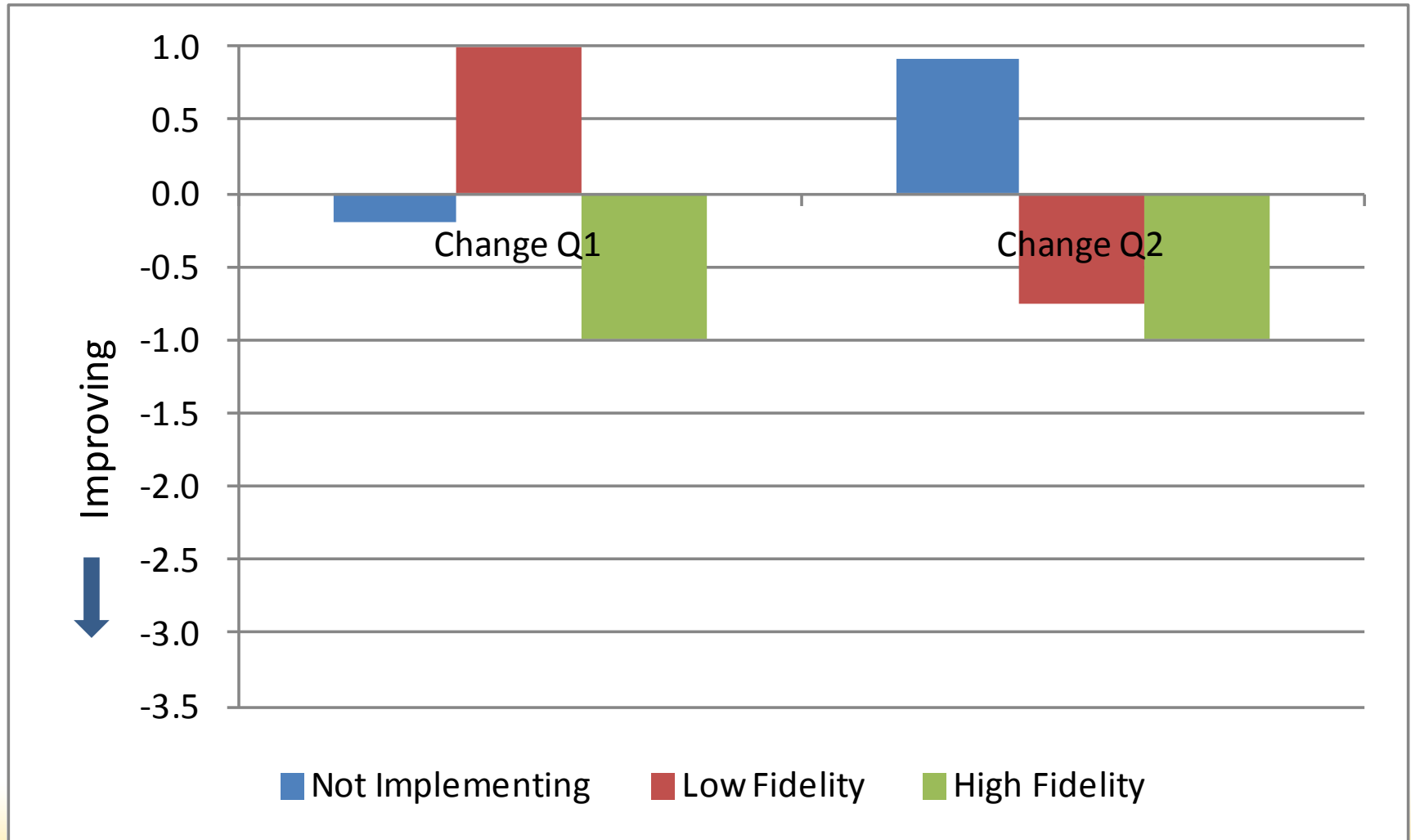
# Outcomes

## Change in Child Functioning



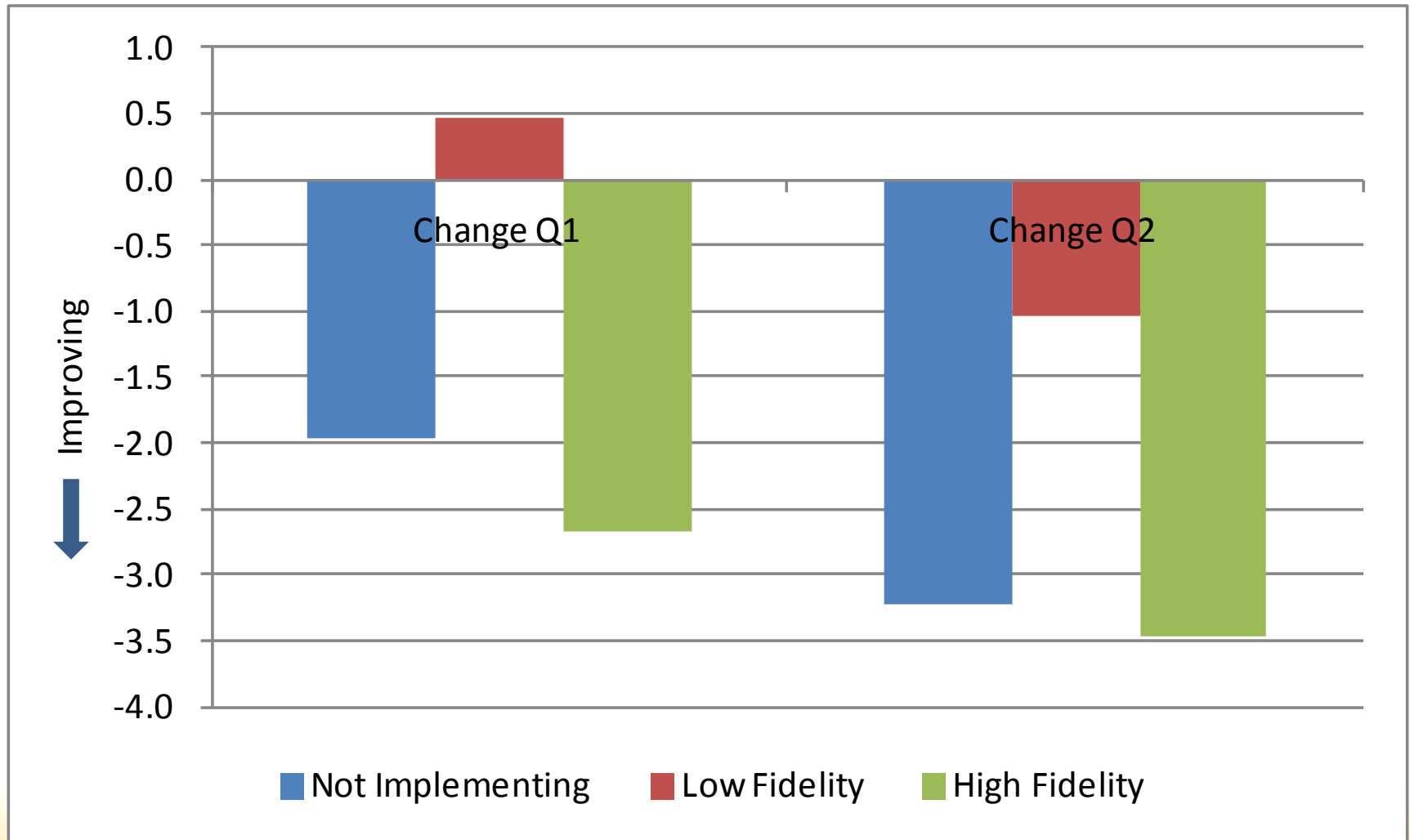
# Outcomes – SDQ-P

## Change in Difficulties Score



# Outcomes – SDQ-T

## Change in Difficulties Score



# A Family Perspective

- Integrated Children Service Planning Team (ICSP)
- School Based Behavioral Health (SBBH)
- School Wide Positive Behavior Interventions and Support (SWPBIS)



# A Family Perspective





# For more information

- [www.PAPBS.org](http://www.PAPBS.org)
- [www.pbis.org](http://www.pbis.org)
- [www.sharedwork.org](http://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



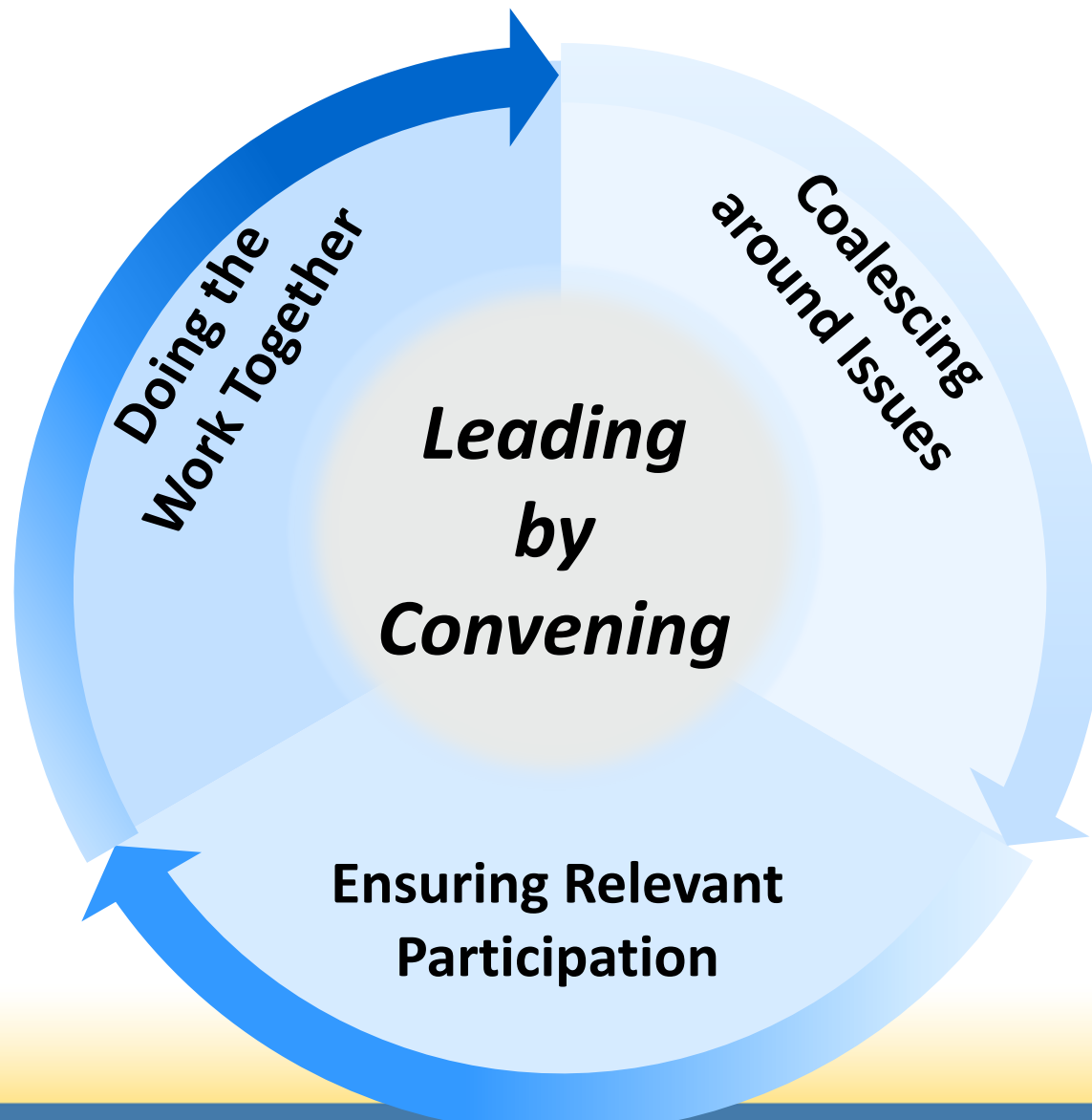
# What is a Community of Practice (CoP)?

- *“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

IDEA Partnership@  
NASDSE



# A New Framework for Stakeholder Engagement



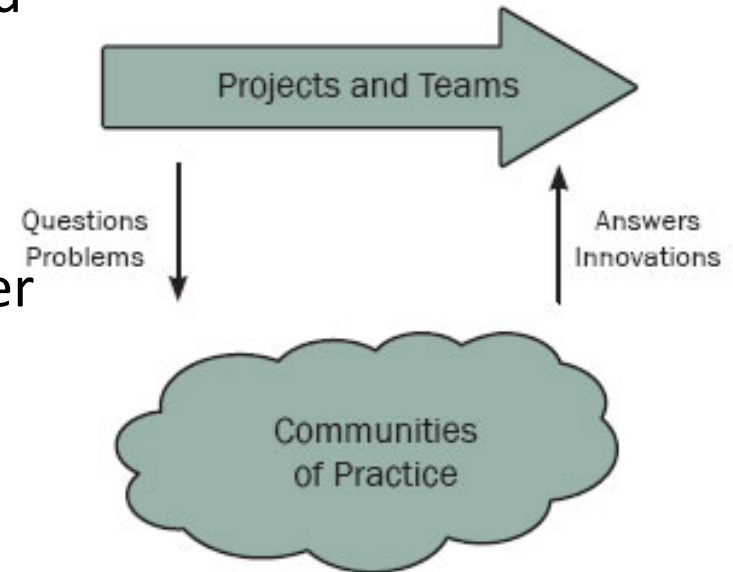
# Why Have CoPs in Addition to Teams?

- 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



Callahan, S. (2006). Want to manage tacit knowledge? Communities of Practice offer a versatile solution. White Paper. Retrieved from <http://www.anecdote.com.au/whitepapers.php?wpid=11> on 1/5/13

# 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>
- **SharedWork.org** is both a collaboration workspace and communication tool for the IDEA Partnership Communities of Practice  
<http://www.ideapartnership.org>



# Questions?



Phone lines are muted.

Please type questions in the Q&A box to the left.



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## **Next Webinar:**

# **Implementing Strategies for Expanding Systems of Care**

**March 21<sup>st</sup> at 1pm ET**

Register at NTAC Webinar website:

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>



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## IMPORTANT LINKS

### **Evaluation Form:**

<https://www.surveymonkey.com/s/TACenterWebinarEvaluation>

### **Webinar Website:**

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>

**Data Matters:** <http://www.gucchdgeorgetown.net/data/>