Integrating Mental Health Services Across the Tiers: Interconnected Systems Framework System

Bob Putnam
May Institute

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Thanks to
Susan Barrett
Lucille Eber
Sharon Stephan

BIG Ideas…

- How PBIS or 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
Need for Effective Mental health Services

- Almost 20% of youths has a MH “condition” (New Freedom Commission on Mental Health, 2003) and it is reported that about 70% of those get no treatment (Kataoka, Zhang & Wells; 2002).
- Only one to two percent of these students are identified by schools as emotionally impaired. Often these identified students have poor outcomes. (National Center for Children in Poverty, 2006)

In a given classroom of 25 students...

- 1 in 5 will experience a mental health problem of mild impairment.
- 1 in 10 will experience a mental health problem of severe impairment.

Less than half of those who need it will get services

Who provides mental health services in schools?

Of the 98,000+ public schools in the United States, mental health services are provided by...

- Contracts: County MH (29%), Community Health (19%), Individual Providers (19%), Juvenile Services (17%), Hospitals (9%), Faith-based (4%)
- Combination of School/District Staff and Contracts (32%)
- School/District Staff Only (12%)
- Outside Contracts Only (12%)

Foster et al. (2005)
Of those who DO receive services, over 75% receive those services **in schools**

(Dechertewski, Kutash, & Friedman, 2002; Power, Bridle, Clarke, Marmos & Kran, 2005; Rosen & Hoagwood, 2000; Wade, Mannar, & Guo, 2000)

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**Barriers to Traditional Mental Health Care**

- Financial/Insurance
- Childcare
- Transportation
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress

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**Treatment as Usual Show Rates in Traditional Outpatient Settings**

![Graph showing percentage of youth remaining in services by number of sessions.](image)
Why Partnership Are Needed

- School is “defacto” MH provider
- Juvenile Justice system is next level of system default
- Suicide is 4th leading cause of death among young adults
- Factors that impact mental health occur “round the clock”
- It is challenging for community providers to address the factors in school
- Potential partners must come together in a comprehensive systems

Primary Prevention:
School-/Classroom-Wide Systems for All Students, Staff, & Settings

Secondary Prevention:
Specialized Group Systems for Students with At-Risk Behavior

Tertiary Prevention:
Specialized Individualized Systems for Students with High-Risk Behavior

Core Features of a Response to Intervention (RtI) Approach

- 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 a Response to Intervention (RtI) Approach

- 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

School Mental Health

History-Rationale

- 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
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

- ISF blends education and mental health systems and resources toward depth and quality in prevention and intervention within a multi-tiered framework, allowing for greater efficiency and effectiveness.

Core Features of ISF

- Effective teams that include community mental health providers
- Data based decision making
- Formal processes for the selection and implementation of evidence based practices (EBP)
- Early access through use of comprehensive screening
- Rigorous progress-monitoring for both fidelity and effectiveness
- Ongoing coaching at both the systems and practices level.

ISF Addresses Critical Gaps in Current Systems

- PBIS system
  - Often insufficient development of Tier 2 and Tier 3 structures, resulting in unaddressed behavioral and emotional needs for students with more complex mental health needs.
  - Tier 1 systems, although often showing success in social climate and discipline, do not typically address broader community data and mental health prevention.
ISF addresses critical gaps in current systems – SMH system

- SMH system
  - Often the lack of implementation structure in SMH results in SMH efforts are highly variable
    - often reflect a “co-located” arrangement of community mental health providers providing some services to some students,
      - with school staff not knowledgeable of (and often suspicious) of these efforts.
  - poor use of data
  - disconnection from the Tier 2 and 3 services that are provided.

ISF Defined

- ISF provides structure and process for education and mental health systems to interact in most effective and efficient way.
- ISF is 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.
- ISF applies strong interdisciplinary, cross-system collaboration.

ISF Defined

- ISF uses the tiered prevention logic as the overall organizer to develop an action plan.
- ISF involves cross system problem solving teams that use data to decide which evidence based practices to implement.
ISF Defined (cont.)

- ISF involves ongoing progress monitoring for both fidelity and impact.
- ISF emphasizes active involvement by youth, families, and other school and community stakeholders.

Interconnected Systems Framework

Tier 1: 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

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

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

- No data to decide on or monitor interventions;

Preferred

- MH person leads group or individual interventions based on data;

“Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support”

A monograph that provides a summary and framework for interconnection, documents examples of success, and lays out a research, policy, and technical assistance agenda for the future

(available on-line December 1, 2013)

OSEP TA Center of PBIS (www.pbis.org), Center for School Mental Health (www.csmh.umaryland.edu), and IDEA Partnership (NASDE) (www.ideapartnership.org)

ISF Monograph Available Online (free)

- OSEP National Technical Assistance Center
  - pbis.org
Evidenced Based Practices

Systems within a School Setting

- Typical school delivers, on average, 14 separate programs that broadly address social-emotional issues.
- Of these programs, however, most were not empirically-based.
- There was found no evidence of a systematic deployment of these programs, but rather, they seem to emerge in response to immediate pressures or trends.
  
  (Zins, Weissberg, Wang, & Walberg; 2004)

Bad news: Decisions about selection are poor

- School decisions about mental health interventions tend towards heavily marketed programs that are compatible with past practices, despite lack of scientific support.
- When schools do use evidenced-based interventions, they are frequently implemented with low fidelity.

(Hallfors & Godette, 2002)
Good news: We have practices that work

- Evidenced Based Practices (EBP)
  - Children who received evidenced based interventions were functioning better after treatment than more than 75% of children in the control group. These changes often were found to sustain after treatment termination.

Evidenced Based Practices (EBP)

- Where therapists were able to use their clinical judgment to deliver treatment as they saw fit and in which there was a comparison of their treatment to a control condition little or no changes in treatment outcomes were seen (Weisz, Sandler, Durlak & Anton; 2005).

Systems to Support the Use of EBP

- Many of the school based and community partners have limited expertise.
- Without staff competencies and systems (adequate training, ongoing coaching, performance feedback) on their use, these interventions will not maximize their potential benefits to students. (Fixsen, Blase, Duda, Naom, & Yan Dyke; 2010).
- Training alone, even when it is fairly intensive, appears to increase knowledge but has a limited impact on practice (Ganju, 2006).
Evidenced Based Mental Health Treatment

- American Psychological Association website
  http://effectivechildtherapy.com/content/ebp-options-specific-disorders
- Evidenced Based Behavioral Practice website funded grant from by the National Institutes of Health
  http://www.ebbp.org/index.html
- Kutash, Duchnowski, & Lynn, School-based mental health: An empirical guide for decision makers.
  http://rtckids.fmhi.usf.edu/rtcpubs/study04/SBMHfront-TOC.pdf

Selecting Mental Health Interventions within a PBIS Approach (Putnam et. al, 2013)

- designed to help integrate system teams interested in expanding the continuum of behavioral supports and mental health services to invest in formalizing a selection process
  - take an inventory (examine effectiveness and fidelity) of current practices before investing in new interventions or programs
  - When data indicates a need for a new initiative, consider using this guide

Consumer Guide to Selecting Evidenced- Based Mental Health Services (Putnam et al., 2013)

- Assessment
  - An assessment has been conducted to determine the need, risk, and intensity of the services...
- Interventions Selection
  - Selected intervention matches strengths/skills deficits of the student...
- Intervention Progress Monitoring
  - Selected intervention allows for fidelity monitoring...
Selecting Mental Practices is not Enough

Evidence-Based Practice – “Manualized” and “Modularized”

Intervention/Indicated:
- Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A), PracticeWise.

Prevention/Selected:
- Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEF and DECA Strategies and Tools, Strengthening Families
- Coping Resources Workshop, PracticeWise

Promotion/Universal:
- Good Behavior Game, PATHS to PMX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Aoward No Tobacco Use

IMPLEMENTATION

<table>
<thead>
<tr>
<th>Effective</th>
<th>NOT Effective</th>
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<tr>
<td><strong>Student Benefits</strong></td>
<td></td>
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<tr>
<td>Effective</td>
<td>NOT Effective</td>
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Effective **intervention** practices
+ Effective **implementation** practices

**Good outcomes** for students

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For More Information

**Implementation Research:**
A Synthesis of the Literature


*Download all or part of the monograph at:*

http://nmi.fmhi.usf.edu/resources/publications/monographindex.cfm

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Beginning Implementation of This Model
Thanks to
Jennifer Parmalee
Linda Brown
Patty Clark

Syracuse City School District
- Urban district in Central New York
- 147,000 residents
- 30 schools in the SCSD
  - 5 High Schools
  - 5 Kindergarten – 8th grade buildings
  - 6 Middle Schools (6th – 8th)
  - 14 Elementary Schools
- 21,900 students
- 85% Free and Reduced Lunch
- 17% Listed as Special Education

Onondaga Department of Mental Health
- Oversight
- Planning and Quality Improvement
- Contract Management (95 programs)

County (City) Demographics
Population: 454,753
(147,000)
Children ages 5-19: 95,308 (32,423)

95% of funding from State Authorities (OMH, OASAS OPWDD)
5 Keys To Implementation

- Systems to identify and intervene with youth at risk
- MH Licensed Clinician in every school
- Clinician integrate into school team
- Expand community services for youth at risk
- Problem Solving Teams at tier 2/3

Problem Solving Processes

- Screening Team – Tier 2: Get into interventions fast
  - Who is on team – Administrator, school based support staff
  - Decision Rules
    - 3-5 Office Discipline Referral’s
    - Less than 90% Attendance
    - At-Risk Referrals from faculty/staff
- SBIT-B – Tier 3: Individualized Targeted Process
  - Who is on team – Administrator, outpatient clinician, school based support staff, general education teacher,
  - Decision Rules:
    - 6+ ODR’s
    - Attendance
    - At-Risk Referral from faculty/staff

Number of Schools Trained in Screening and SBIT-B

- Yr 1: 0
- Yr 2: 5
- Yr 3: 10
- Yr 4: 15
- Yr 5: 20
- Yr 6: 25
- Yr 7: 30
Data from Screening teams 2012-2013

- Screening found 571 students through April 30, 2013

7% of Enrollment in 13 schools was “identified”

Referral to Interventions from Screening

- Teams made 779 referrals to Interventions through April 30, 2013

Outpatient Mental Health Delivery

- Clinics supported approximately 615 students in 23 schools in 2012-2013 (admitted to clinic)
  - Donate 1.5 hours a week per school
  - Prioritize school functionality in treatment
  - Use of classroom data to progress monitor
  - Dedicated to delivering EBP (Trauma as focus..TF-CBT)
  - Consultation role on teams – support decision making for treatment, community mental health supports,
Top 5 Reasons for Referral to MH Service as of December 2012 (N=473)

- Behavior Difficulties at school: 223
- Family Concerns: 113
- Social Concerns at School: 109
- Attendance Issues: 11
- Other School Concerns: 6

Student Engagement (Sept – Dec 2012) Individual Psychotherapy Sessions

- Weeks of school (Sept - Dec) Average Number of Sessions (Sept - Dec)
  - NYS Model Number of Sessions

Steps in Mental Health EBP Implementation in Schools

- Review current cases: reasons for referrals, assessments
- Identified significant number of youth with trauma histories and displaying symptoms of PTSD
- Reviewed EBP’s in area of trauma, narrowed down to 3
- Chose EBP to best meet our needs – Trauma Focused - CBT
  - Individual work (rather than group)
  - Family component
  - Relatively inexpensive
  - Fit into the billing framework
  - Incorporated a narrative component
- Trained 12 clinicians phase 1, 60 phase 2
Evidence Based Practice in School Based Outpatient MH – TF-CBT

Is Any of This Working?

Out of School Suspensions – PBIS Tier 1 BOQ Measure

Change in Suspension Incidents Per 100 Students

Compare Sept 2011 - April 2012 & Sept 2012 - April 2013
**Days of Lost Instruction – PBIS Tier 1 BOQ Measure**

Change in Days of Lost Instruction Per 100 Students

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<thead>
<tr>
<th>Change in Days of Lost Instruction Per 100 Students</th>
<th>Schools at PBIS Fidelity</th>
<th>Non PBIS Fidelity Schools</th>
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<td>Compare Sept 2011 - April 2012 &amp; Sept 2012 - April 2013</td>
<td>-12</td>
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**Out of School Suspensions – PBIS Tier 2**

Change in Suspension Incidents Per 100 Students

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**Days of Lost Instruction – PBIS Tier 2**

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