INTEGRATING MENTAL HEALTH & OTHER COMMUNITY PARTNERS INTO THE PBIS FRAMEWORK

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10th Annual New England Positive Behavior Support Forum
PBIS: Research to Practice
May Institute and National TA Center for PBS
CONTENT:

• Describe how schools can partner with mental health and other community providers.
• To expand their continuum of multi-tiered systems of behavioral support,
• With the goal of a stronger prevention and intervention systems to address the mental health needs of all students.
CONTENT:

• How can blended efforts promote a broader continuum of evidence-based practices to support the mental health of all students.

• What are the features of an Interconnected Systems Framework (ISF) for Integrating Mental Health in Schools?

• What emerging examples of ISF are available for us to learn from?
BIG IDEA...

• 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
ACKNOWLEDGEMENTS

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• Kelly Perales- PA
• Jennifer Parmalee – Onondoga County Department of MH
• All the ISF Authors and participants
Quick Reflection:

Reflection Question

How are (or how could) school employed and community employed child serving systems addressing the needs of the children, youth, and families within your community and/or district?
A more “mainstream” conversation
Mental Health

• More awareness of the need to do more.
• A recognition that schools have a role.
• A need to increase access.
• But outcomes are more than access.
• Prevention, as well as access.
NEW FEDERAL GUIDANCE ON SCHOOL DISCIPLINE AND DISCRIMINATION

• U.S. Departments of Education and Justice collaborative Supportive School Discipline Initiative refocusing school discipline:
  ▪ To create safe, positive, equitable schools
  ▪ Emphasize prevention and positive approaches to keep students in school and learning

For Guidance Package and Additional Resources:
PRIORITY: to Implement Multi-Tiered Behavioral Frameworks to Improve School Climate

• ...additional points based on description of a credible, high-quality plan to coordinate activities with related activities that are funded through other available resources to enhance the overall impact of the multi-tiered behavioral frameworks. Such as the
  – SAMHSA's Safe and Healthy Students program (CFDA 93.243) and
  – HHS's Health Resources Services Administration's Center for School Mental Health (Project U45 MC 00174);
• as well as with related activities that would be conducted under other programs for which the applicant is currently seeking funding,
  – Mental Health First Aid program being funded by SAMHSA under the Project AWARE
  – School Justice Collaboration Program: Keeping Kids in School and Out of Court being funded by the Department of Justice.
The Context for Needed Partnerships:

• One in 5 youth have a MH “condition”.
• About 70% of those get no treatment.
• 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 educators to address the factors beyond school.
• It is challenging for community providers to address the factors in school.
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

80% of Students

SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS and SUPPORT
POSITIVE BEHAVIOR INTERVENTION & SUPPORT (www.pbis.org)

Currently in about 20,000 schools nationwide

• 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
ADVANTAGES

• Promotes effective decision making
• Improves climate & learning environment
• Changes adult behavior
• Reduces punitive approaches
• Reduces OSS and ODRs
• Improves student academic performance
A FOUNDATION...but MORE IS NEEDED...

• Many schools implementing PBIS struggle to implement effective interventions at Tiers 2 and 3.

• Youth with “internalizing” issues may go undetected.

• PBIS systems (although showing success in social climate and discipline) often do not address broader community data and mental health prevention.
MH/Community Partners Embedded within the System

• Need to expand current continuum of interventions and data sources used.
• Push forward with Innovations.
• BUT...use the logic of Implementation Science and use Data...for example...
Connections and Partnerships

- OSEP National PBIS Technical Assistance Center (pbis.org)
- Center for School Mental Health (csmh.umaryland.edu)
- NASDSE (ideapartnership.org)
- National COP for SBH (sharedwork.org)
DEVELOPMENT OF AN INTERCONNECTED SYSTEMS FRAMEWORK FOR SCHOOL MENTAL HEALTH

• Access on the Center for School Mental Health or National PBIS websites:

• Edited by: Susan Barrett and Lucille Eber, National PBIS Center Partners; and Mark Weist, University of South Carolina (and Senior Advisor to the University of Maryland, Center for School Mental Health)
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.
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.
Traditional  →  Preferred

- School personnel only attempting to “do mental health”.

- A blended team of school and community providers “divide and conquer” based on strengths of our team.
MH/Community Partners Embedded throughout the System (all tiers)

- Need to expand current continuum of interventions and data sources used to guide system design.
- Be creative, be brave, push forward with innovations.
- If the “rules’ don’t work, find ways to change them!
- BUT....make careful choices based on data.
- Partner to evaluate the practices that expand access and options.
A District/Community leadership that includes families, develops, supports and monitors a plan that includes:

• Community partners participating in all three levels of systems teaming in schools: Universal, Secondary, and Tertiary.

• Team of SFC 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.
MH/PBIS: An Expanded Tier 1

• Broader Range of Data
  – Opportunity to review community data and expand Tier 1 intervention options based on data.

• Universal screening
  – For social, emotional, and behavioral at-risk indicators
  – For families who may request assistance for their children.

• Teaching
  – Social skills with evidence-based curricula to all students.
  – Appropriate emotional regulation and expression to all students.
  – Behavioral expectations to all students.
School Data  →  Community Data
Student and System Level

- **Academic** (Benchmark, GPA, Credit accrual etc)
- Discipline
- Attendance
- Climate/Perception
- Visits to Nurse, Social Worker, Counselor, etc.
- Screening from one view
- Community Demographics
- Food Pantry Visits
- Protective and Risk Factors
- Calls to crisis centers, hospital visits
- Screening at multiple views
WHERE DO SPECIFIC “MH” INTERVENTIONS FIT?

That depends on the data of the school and community

Examples of Expanded View of data:

• Child welfare contacts
• Violence rates
• Incarceration rates
• Deployed families
• Homeless families
• Unemployment spikes
TRAUMA

• Death/loss of a loved one
• Abuse/neglect
• Car accident
• Chronic poverty
• Community violence
• Bullying
• Medical illness
• Natural disaster

“Trauma is a fact of life. It does not, however, have to be a life sentence.”
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

80% of Students

SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS and SUPPORT
Complex Trauma Domains

- Affect and Behavioral Regulation
- Attention/Consciousness
- Self-Perception
- Relationships
- Somatization
- Systems of Meaning

A Trauma-Informed Intervention - SPARCS?

Structured Psychotherapy for Adolescents Responding to Chronic Stress

Facilitation Techniques for Instructional Groups

- Psychoeducation
  - Skill based
- Role-Play
- Group Discussion
- Games
- Experiential Instruction
- Teambuilding/Group Cohesion
A Typical SPARCS Session

- Check-In
- Practice from Last Session
- Mindfulness Exercise
- Session-specific Content and Activities
  - Example: Bottle about to Burst
- Check-Out
- Remind to Practice

SCHOOLS AND MENTAL HEALTH: A TRUE COLLABORATION

• “Upper Tier 2” intervention.
• We sit on the Tier 2 team.
• School staff identify students.
• School staff make initial contact with parents/guardians.
• We screen and assess students.
• Co-facilitate SPARCS groups.
U-46 AT A GLANCE

• **Enrollment:**
  – Total school enrollment 40,570
  – 54.8% Low Income
  – 97 languages spoken in U-46 homes

• **Facilities:**
  – 40 Elementary Schools (PreK-6)
  – 8 Middle Schools (7-8) + 1 Alternative Middle School
  – 5 High Schools + 2 Alternative High Schools
  – 2 Early Childhood Centers

• **Communities Served:**
  – 11 communities
  – 3 counties (Cook, DuPage, Kane)
SD U-46 Student Profile
Based on School Report Card 2012

- Hispanic: 50%
- Caucasian: 32%
- Asian-American: 8.3%
- African-American: 6.7%
- Multi-Race: 2.4%
- Native American: 0.5%
The mission of the U-46 School and Community Alliance is to create, integrate and leverage existing and new school/community partnerships that develop a full continuum of systematic interventions based on data. It encompasses three intervention tiers:

• Systems for promoting healthy development and preventing problems

• Systems for responding to problems as soon after onset as is feasible

• Systems for providing intensive care
27 Community Partners
103 providers trained in PBIS/SAIG

Boys and Girls Club of Elgin*Centro de Informacion
*Community Crisis Center*Crossroads Kids Club * Elgin Police Department *Family Service Association of Greater Elgin Area*Fox Valley Pregnancy Center *Easter Seals
*Fox Valley Volunteer Hospice * Girl Scouts of Northern Illinois * Hanover Township Youth and Family Services
*Kenneth Young*Kid’s Hope USA*Renz Center*Streamwood Behavioral Healthcare System*Taylor Family YMCA*The Y*WAYS*West Ridge Community Church*Youth Leadership Academy*Aunt Martha’s*Greater Elgin Family Care Center*Illinois Dept. of Mental Health*U46 Parents
U-46 School and Community Alliance Work Groups 2012-2013

- Tier 1 Trauma Informed Care
- Tier 2 Interventions
- Tier 3 RENEW/WRAP
G. Elementary Major ODRs per 100 Students

Major ODRs per 100 students:
- 2009-10: 90.31
- 2010-11: 44.88
- 2011-12: 50.40
- 2012-13: 44.57
G. Elementary Students with 6+ ODRs

<table>
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<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
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<td>4.85%</td>
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<tr>
<td>2010-11</td>
<td>1.97%</td>
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<tr>
<td>2011-12</td>
<td>1.79%</td>
</tr>
<tr>
<td>2012-13</td>
<td>1.74%</td>
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I feel connected to my school

Pre-Test

- Strongly Disagree: 45%
- Disagree: 22%
- Neither Agree nor Disagree: 11%
- Agree: 11%
- Strongly Agree: 11%

Post-Test

- Strongly Disagree: 45%
- Disagree: 22%
- Neither Agree nor Disagree: 33%
- Agree: 11%
I feel respected & important at school

Pre-Test
- Strongly Disagree: 11%
- Disagree: 33%
- Neither Agree nor Disagree: 22%
- Agree: 34%

Post-Test
- Strongly Disagree: 11%
- Disagree: 22%
- Neither Agree nor Disagree: 67%
- Agree: 11%
Scrantown, PA School District

• Steady increase in enrollment for the past 4 years:
  2011-2012 SY Total Enrollment = 9,732
  Special Education = 1,742

• Free and Reduced Lunch = @67%

• English Language Learners = @ 780

• Process about 200 internal transfers per month (going between schools) and about 100 withdrawals and first time enrollment monthly.
Connections & Partnerships

- Scranton School District
- Scranton Counseling Center
- Lourdesmont
- Friendship House
- Community Care
- NEIU 19
- PaTTAN KOP
Scranton, PA “Current Conditions”

• Eleven Elementary Schools (K-5)
  – 2 implementing ISF at all three tiers
  – 5 implementing PBIS at tier one and have SMH
  – 1 implementing PBIS at tier one
  – 3 will be trained/kick off PBIS for 2014-15

• Three Intermediate Schools (grades 6-8)
  – 2 implementing PBIS at tier one and has SMH
  – 1 has SMH and will be trained/kick off PBIS for 2014-15

• Two High Schools (grades 9-12)
  – 1 with SMH and previously implementing PBIS
  – 1 implementing PBIS at tier one and has SMH
District level dialogue

• Physical Health/Behavioral Health Collaboration

• Wellness and access to care

• Wright Center – Commonwealth Medical College

• Data point of children entering Kindergarten – not “ready” – social/emotional/behavioral
EXAMPLE SCHOOL ONE

![Graph](image)
Example School Two
EXAMPLE SCHOOL THREE

Referrals by Grade
Major, Sep 3, 2013 - Mar 1, 2014

Number of Referrals

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number of Referrals</th>
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<td>Pre K-A</td>
<td>5</td>
</tr>
<tr>
<td>Pre K-B</td>
<td>10</td>
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<tr>
<td>Pre K</td>
<td>15</td>
</tr>
<tr>
<td>K</td>
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Early Childhood

• Head Start

• Early Childhood Mental Health Community Providers
  – Scranton Counseling Center
  – Friendship House
  – NEIU 19

• Program Wide PBIS

• PCIT (Parent Child Interactive Therapy)
OVERVIEW OF PCIT

• An empirically supported treatment for disruptive behavior disorders in preschoolers (2-6 years).

• Well-supported and efficacious treatment for child abuse.
  – U.S. Department of Justice – Office for Victims of Crimes
December 2, 2013
Bob Putnam
May Institute

Jennifer Parmalee, MPA
Director of Children & Family Services
Onondaga County Department of Mental Health
**Syracuse Promise Zone**

- **Mission**
  - Match Syracuse City School District (SCSD) students’ emotional/behavioral needs with effective interventions.
  
  - Keep SCSD students in class and ready to learn.
Syracuse Promise Zone

• Increase access to Mental Health Services in schools.
  – Expand Outpatient Mental Health Clinic Satellites to all 30 schools in SCSD (10 additional sites since 2010 – 23 total).
  – Integrate Mental Health Clinicians into SCSD school based problem solving teams for youth at risk. (SBIT-B).
  – Expand access to family based care coordination services that link with the school team (current staff of 47 coordinators).
  – Expand access to skills based groups for youth at risk (i.e.; Check-In Check-Out).
SYRACUSE PROMISE ZONE

• Establish uniform school based problem solving procedures and process to ensure right kids get right interventions at the right time.
  – Trained 14 schools in Screening and School Based Intervention Teams – Behavior protocols.
  – 10 additional schools to be trained in 2013-2014.
BENCHMARKS OF INTERCONNECTED SYSTEMS (PARMALEE, BROWN & PUTNAM, 2013)

• Purpose
  – To assess what is in place at all three tiers in the implementation of ISF.
  – To use in planning for the implementation of ISF.
  – To monitor progress in the implementation of ISF.
BENCHMARKS OF INTERCONNECTED SYSTEMS

- Collaborative planning (sample item)
  - Tier 1
    - Staff with mental health knowledge base assists team in determining needs of staff and faculty in regards to PBIS and how it supports trauma supported schools or MH conditions.
BENCHMARKS OF INTERCONNECTED SYSTEMS (PARMALÉE, BROWN & PUTNAM, IN DEVELOPMENT)

• Collaborative planning (sample item)
  – Tier 2
  • Building level coordinator of MH services actively contributes and supports data sharing, data analysis, intervention planning and referrals for additional services and/or more intensive planning.
BENCHMARKS OF INTERCONNECTED SYSTEMS (PARMALEE, BROWN & PUTNAM, IN DEVELOPMENT)

- Collaborative planning (sample item)
  - Tier 3
  - An Outpatient Mental Health Clinician actively contributes to the planning and problem solving process for all students presented to the team.
BENCHMARKS OF INTERCONNECTED SYSTEMS (Parmalee, Brown & Putnam, in development)

- Connection to the ‘Right’ MH Intervention(s)
  (sample item)
  - Tier 1
  
  - Data from universal screening as well as PBIS universal data support action planning on teaching and reinforcing expectations.
Connection to Right MH Intervention (sample item)

- Tier 2

- Data from screening and tier 2 decision rule data are used to determine intervention in skills based or other MH services.
Benchmarks of Interconnected Systems (Parmalee, Brown & Putnam, in development)

- Connection to Right MH Intervention (sample item)
  - Tier 3
    - Data from standardized assessments, tier 3 decision rule data, and tier II intervention data are used to determine intervention in outpatient mental health service and/or other MH services.
Keeping students engaged
Restorative Practices in Schools are inspired by the philosophy and practices of restorative justice, which puts repairing harm done to relationships and people over and above the need for assigning blame and dispensing punishment.
GOALS OF RESTORATIVE JUSTICE IN SCHOOLS (Gonsoulin, Schiff, and Hatheway 2013):

1. Create a restorative and inclusive school climate rather than a punitive one;
2. Decrease suspensions, expulsions, and disciplinary referrals by holding youth accountable for their actions through repairing harm and making amends;
3. Include persons who have harmed, been harmed, and their surrounding community in restorative responses to school misconduct;
4. Reengage youth at risk of academic failure and juvenile justice system entry through dialogue-driven, restorative responses to school misbehavior.
Tell me what happened.
What were you thinking at the time?
What do you think about it now?
Who did this affect?
What do you need to do about it?
How can we make sure this doesn’t happen again?
What can I do to help you?
A CONTINUUM OF RESTORATIVE PRACTICES

Intensive Intervention
Return from suspension
Administrative transfer or school crime diversion:
- Victim offender meetings
- Family/community group conferences
- Restitution

Early Intervention
Alternatives to suspension:
- Youth/peer court
- Peer mediation
- Conflict resolution training
- Restitution

Prevention & Skill Building
Peace-keeping circles for:
- Morning meetings
- Social/emotional instruction
- Staff meetings

~80% of Students

~15%

~5%

A CONTINUUM OF SWPBIS PRACTICES

Intensive Intervention
- Function-based support
- Wraparound support

Early Intervention
- Check-in/ Check-out
- Social Skills Curricula

Prevention & Skill Building
- Define and teach expectations
- Establish consequence system
- Collection and use of data
After-school group initiated to reduce OSSs for students with substance or physical aggression related discipline referrals

- FY12 - 67% of students completed the program
- FY13 - 73% of students completed program when enhanced by restorative practices
Closing Thoughts
NEW FEDERAL GUIDANCE ON SCHOOL DISCIPLINE AND DISCRIMINATION

• U.S. Departments of Education and Justice collaborative Supportive School Discipline Initiative refocusing school discipline:
  ▪ To create safe, positive, equitable schools
  ▪ Emphasize prevention and positive approaches to keep students in school and learning

For Guidance Package and Additional Resources:
How are (or how could) school employed and community employed child serving systems addressing the needs of the children, youth, and families within your community and/or district?
The Need to Be Plan-ful:

Implementation occurs in stages:

- Exploration-Adoption
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

2 – 4 Years

Fixsen, Naoom, Blase, Friedman, & Wallace, 2005