

Supporting Mental Health at All Three Tiers of a School-wide System of PBIS

IL PBIS Network Winter Leadership Conference

Lucille Eber
Statewide Director, Illinois PBIS Network
Jill Mathews-Johnson
Technical Assistance Coordinator, Illinois PBIS Network
Leslie Bressner
Crosspoint Human Services, Champaign/Vermilion Counties



Big Ideas

- Challenges and Context
- A multi-tiered Systemic Approach
- Effect of PBIS on existing 'clinical' supports in place in schools and a developing model in IL
- A developing national model: National SMH and National PBIS Center
- Next steps



Why We Need MH Partnerships

- 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
- 1-2% identified by schools as EBD
- Those identified have poor outcomes
- Suicide is 4th leading cause of death among young adults



Why Mental Health in Schools?

- Logical point of entry
- Improves access to needed supports
- Mental health is directly linked to educational outcomes.
- Schools function as vital and central community institutions. (Every community is represented by a school district).
- As multidisciplinary entities, schools are the best places to integrate and to coordinate the efforts of teachers, families, mental health service providers
- Reduces Mental Health stigmatization

Ref: **Power Pt.** Ted Feinberg, ED.D., NCSP & Ralph E. Cash, Ph.D., NCSP
 "School Mental Health: From Understanding to Action"



Protective Factors: Individual & School

Individual

- Adequate nutrition
- Attachment to family
- Problem-solving skills
- Social Skills
- School Achievement
- Social competence
- Sense of purpose
- Positive values
- History of competence & Success

School

- Sense of belonging
- Positive School Climate
- Pro-social Peer Group
- Required responsibility & helpfulness
- Opportunities for Success & recognition of achievement
- Social norms against violence



Protective Factors: Family & Life Events/Community

Family

- Supportive & caring parents
- Family harmony
- Secure & Stable Family
- Responsibility within the family
- Supportive relationship with an adult
- Strong family norms, morality

Life Events & Community

- Economic Security
- Good physical health
- Sense of connectedness & Social Supports
- Accessibility to needed services
- Community cultural norms against violence
- Attachment to and Networks within the community
- Adequate housing



Risk Factors:
Individual & School

| | |
|---|--|
| <p>Individual</p> <ul style="list-style-type: none"> • Poor Social Skills • Low Self-esteem • Alienation • Impulsivity • Premature birth • Prenatal brain damage or birth injury • Insecure attachment in infant or child | <p>School</p> <ul style="list-style-type: none"> • Bullying behaviors • Peer Rejection • Poor attachment to school • School failure • Connection to an adult |
|---|--|



Risk Factors:
Family & Life Events/Community

| | |
|---|---|
| <p>Family</p> <ul style="list-style-type: none"> • family violence and conflict • negative life events in childhood • Family violence & disharmony • Poor supervision/ monitoring • Marital discord in parents/ guardians • Low parent involvement in child activities • Long-term parental unemployment • Parental substance abuse and mental disorder • Harsh or inconsistent discipline styles | <p>Life Events & Community</p> <ul style="list-style-type: none"> • Neighborhood violence & Crime • Homelessness • Physical/emotional or sexual abuse • Changing schools frequently • Socioeconomic disadvantage • High population density & poor housing conditions • Lack of support services: transportation, shopping & recreational activities |
|---|---|



Building Community
Partnerships: Relevance & Need

- Schools do not operate in isolation of the community; Many problems at school represent broader community issues.
- Community engagement improves the effectiveness and outcomes of PBIS & overall student social/emotional, behavioral & academic success.
- Often students in need of more intensive levels of support can & do receive additional community-based systems of supports outside of the school.



Some "Big Picture" Challenges

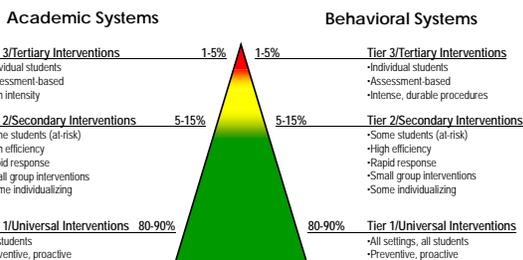
- Low intensity, low fidelity interventions for behavior/emotional needs
- Habitual use of restrictive settings (and poor outcomes) for youth with disabilities
- High rate of undiagnosed MH problems (stigma, lack of knowledge, etc.)
- Changing the routines of ineffective practices (systems) that are "familiar" to systems



It Takes a System...



School-Wide Systems for Student Success: A Response to Intervention (RtI) Model



Illinois PBIS Network, Revised May 15, 2008
 Adapted from "What is School-wide PBIS?"
 OSEP Technical Assistance Center on Positive
 Behavioral Interventions and Supports
 Accessed at <http://pbis.org/schoolwide.htm>



Core Features of a Response to Intervention (RtI) Approach

- Investment in prevention
- Universal Screening
- Early intervention for students not at "benchmark"
- Multi-tiered, prevention-based intervention approach
- Progress monitoring
- Use of problem-solving process at all 3-tiers
- Active use of data for decision-making at all 3-tiers
- Research-based practices expected at all 3-tiers
- Individualized interventions commensurate with assessed level of need



Interconnected Systems Framework paper

Examples from the Field

Provided by:

Colette Lueck, Managing Director, Illinois Children's Mental Health Partnership
 Lisa Betz, Mental Health and Schools Coordinator, IL Division of MH
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Old Approach → New Approach

- | | |
|---|--|
| <ul style="list-style-type: none"> • Each school works out their own plan with Mental Health (MH) agency; • A MH counselor is housed in a school building 1 day a week to "see" students; • No data to decide on or monitor interventions; • "Hoping" that interventions are working; but not sure. | <ul style="list-style-type: none"> • District has a plan for integrating MH at all buildings (based on community data as well as school data); • MH person participates in teams at all 3 tiers; • MH person leads small groups based on data; • MH person co-facilitates FBA/BIP or wrap individual teams for students. |
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**Agency/School Collaboration:
A Real Example**

- Middle schools **SWIS data** indicated an increase in aggression/fighting between girls.
- **Community agency** had staff trained in the intervention Aggression Replacement Training (ART) and available to lead groups in school.
- This **evidence-based** intervention is designed to teach adolescents to understand and replace aggression and antisocial behavior with positive alternatives. The program's three-part approach includes training in Prosocial Skills, Anger Control, and Moral Reasoning.
- **Agency staff** worked for nine weeks with students for 6 hours a week; group leaders did not communicate with school staff during implementation.



**Agency/School Collaboration
Example (cont.)**

- SWIS Referrals for the girls **dropped** significantly during group.
- At close of group there was not a **plan for transference** of skills (i.e. notifying staff of what behavior to teach/prompt/reinforce).
- There was an **increase** in referrals following the group ending.
- **Secondary Systems team** reviewed data and regrouped by meeting with ART staff to learn more about what they could do to continue the work started with the intervention.
- To effect transference and generalization, the team pulled same students into groups lead by school staff with similar **direct behavior instruction**.
- Links back to Universal teaching of expectations (Tier 1) is now a component of all SS groups (Tier 2).

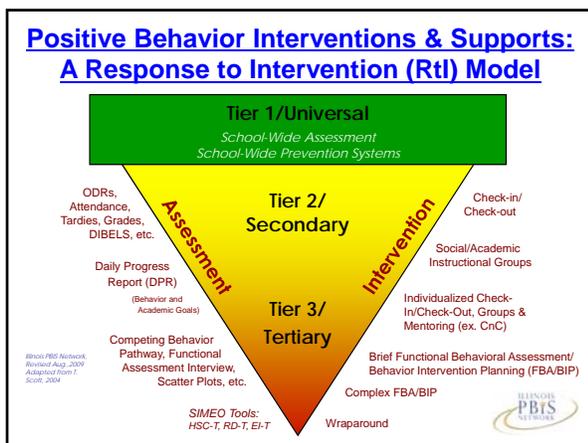


Tier 1 - Universal

- Interventions that target the entire population of a school to promote and enhance wellness by increasing pro-social behaviors, emotional wellbeing, skill development, and mental health.
- This includes school-wide programs that foster safe and caring learning environments that, engage students, are culturally aware, promote social and emotional learning and develop a connection between school, home, and community.
- Data review should guide the design of Tier 1 strategies such that 80-90% of the students are expected to experience success, decreasing dependence on Tier II or III interventions.
- The content of Tier 1/Universal approaches should reflect the specific needs of the school population.
- For example, cognitive behavioral instruction on anger management techniques may be part of a school-wide strategy delivered to the whole population in one school, while it may be considered a Tier 2 intervention, only provided for some students, in another school.



**Positive Behavior Interventions & Supports:
A Response to Intervention (RtI) Model**



Tier 2 - Secondary

- Interventions at Tier 2 are scaled-up versions of Tier 1 supports for particular targeted approaches to meet the needs of the roughly 10-15% of students who require more than Tier 1 supports.
- Typically, this would include interventions that occur early after the onset of an identified concern, as well as target individual students or subgroups of students whose risk of developing mental health concerns is higher than average.
- Risk factors do not necessarily indicate poor outcomes, but rather refer to statistical predictors that have a theoretical and empirical base, and may solidify a pathway that becomes increasingly difficult to shape towards positive outcomes.
- Examples include loss of a parent or loved one, or frequent moves resulting in multiple school placements or exposure to violence and trauma.
- Interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive and geared towards skill development and/or increasing protective factors for students and their families.



Tier 3 - Tertiary

- Interventions for the roughly 1-5% of individuals who are identified as having the most severe, chronic, or pervasive concerns that may or may not meet diagnostic criteria.
- Interventions are implemented through the use of a highly individualized, comprehensive and developmental approach that uses a collaborative teaming process in the implementation of culturally aware interventions that reduce risk factors and increase the protective factors of students.
- Typical Tier 3 examples in schools include complex function-based behavior support plans that address problem behavior at home and school, evidence-based individual and family intervention, and comprehensive wraparound plans that include natural support persons and other community systems to address needs and promote enhanced functioning in multiple life domains of the student and family.

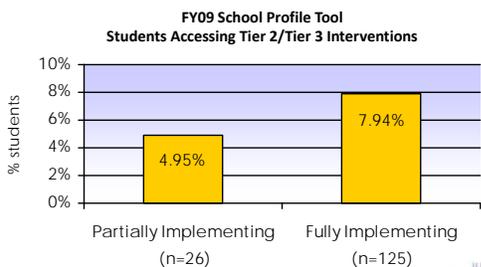


Examples of Ineffective Secondary/Tertiary Structures

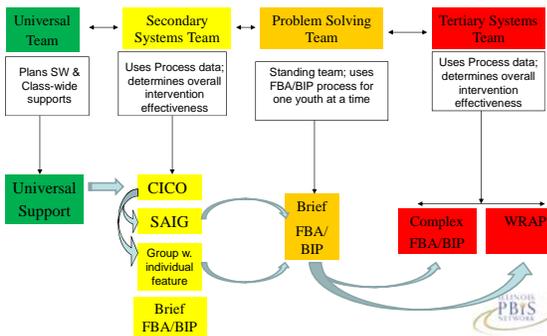
- Referrals to Sp. Ed. seen as the “intervention”
- FBA seen as required “paperwork” vs. a needed part of designing an intervention
- Interventions the system is familiar with vs. ones likely to produce an effect
 - (ex: student sent for insight based counseling at point of misbehavior)



More Students Access Tier 2/3 Interventions When Tier 1/Universal is in Place

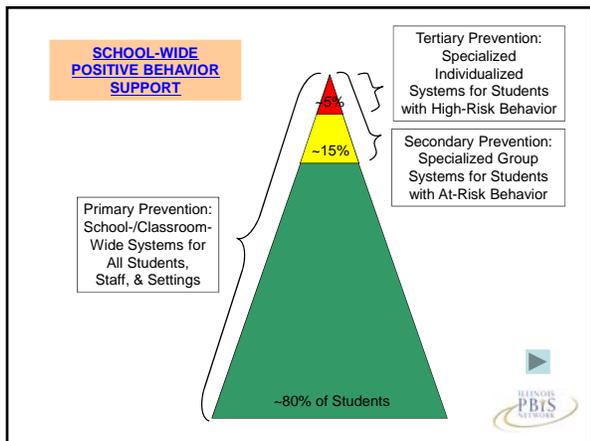


3-Tiered System of Support Necessary Conversations (Teams)



How has the PBIS Tier 3 demo in IL impacted systems and roles of school-based clinicians and the Special Education structures?





Social Worker/School Psychologist
Discussion of Role Changes

Questions raised by Current Model

- What data /criteria are used for determining support services?
- What data /criteria are used for monitoring student progress?
- What data /criteria are used for determining whether student are prepared for exiting or transitioning from support services?

Specifics of Proposed Model

- Review ODRs, CICO, grades, attendance, parent/teacher concerns
- We model, reinforce, practice skills we want students to obtain (rate skill attainment)
- Review ODRs, CICO, grades, attendance, parent/teacher concerns



**Social Worker/School Psychologist
Discussion of Role Changes**

Current Model

- Testing for special education eligibility based on...
- Referrals for support services based on...

Proposed Model

- Facilitate team based brief FBA/BIP meetings
- Act as a communication liaison for secondary / tertiary teams
- Facilitate individual/family support plan meetings



Social Skills/Academic Instructional Groups

- Selection into groups should be based on youths' **reaction to life** circumstance not existence of life circumstances (ex. fighting with peers, not family divorce)
- Goals for improvement should be **common** across youth in same group (ex. use your words)
- Data should measure if skills are being **USED** in natural settings, not in counseling sessions (transference of skills to classroom, café etc.)
- **Stakeholders** (teachers, family etc.) should have input into success of intervention (ex. Daily Progress Report)



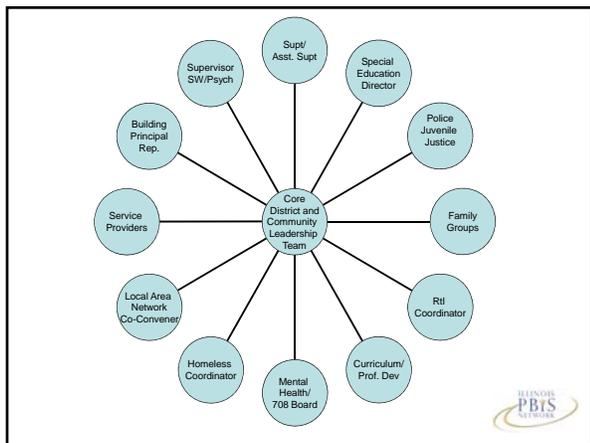
**Proposed Core District/Community
Leadership Team Structure:
Under 'Development' in IL District and
IL PBIS State Work Group (2008)**



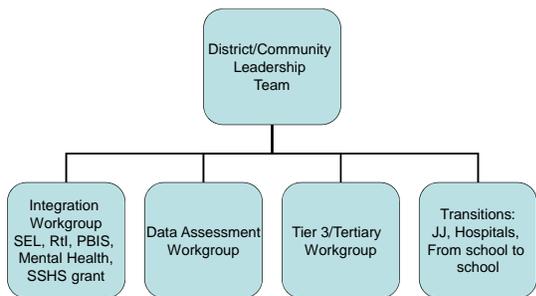
Community Partners Roles in Teams

- Participate in all three levels of systems teaming: Universal, Secondary, and Tertiary
- Facilitate or co-facilitate tertiary teams around individual students
- Facilitate or co-facilitate small groups with youth who have been identified in need of additional supports





Team Structure for Core District/Community Leadership Team

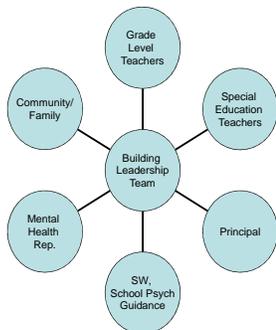


Possible Tasks/Functions of Core Leadership Team:

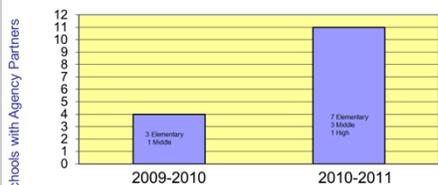
- Developing a three tiered support network that integrates schools and communities
- Review data for community and school planning
- Develop a consistent mission for mental wellness for all youth
- Address re-positioning staff for more integrated support systems
- Assess how resources can be used differently
- Creating integrated system, procedures and protocols
- Community and District resource mapping



Building Level Model



Agency Partners on Secondary Systems Teams



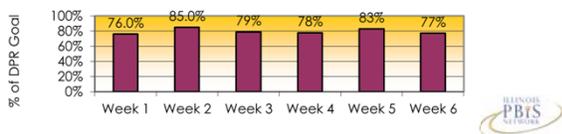
Agency partners trained in PBIS systems and collaborating with secondary systems teams in layering Tier 2 interventions with PBIS progress monitoring component.



Community Partners Assist Schools with Interventions

Elgin SD U-46, in partnership with Streamwood Behavioral Health, initiated social skills instructional groups for selected students at Lords Park Elementary School. Students on a Check-In Check-Out intervention who were not achieving a 70% rate with daily progress reports (DPRs) were identified. Following the targeted group intervention, these students began experiencing success within the first week and consistently achieved DPRs of 70% or higher for the following six weeks.

Lords Park Elementary Social Skills Instructional Group



Urbana SD 116 Integration

- Classroom teachers providing Social Emotional Lesson plans
- Classrooms community Circles
- School-wide bully prevention integration
- Local public Mental Health practitioner participating as active member on Tier 2 systems team
- SPARCS co-lead groups (mental health and social worker) in EBD self-contained elementary classrooms and as tier two supports within middle school
- Community agencies at tier 2/3 district trainings
- Community partners present at district in-service days
- Tier 2/3 Coach active member of ACCESS Initiative team



SPARCS

- Mission of SPARCS: To enhance trauma focused services available to traumatized children and adolescents (complex trauma)
- Group members – history of chronic interpersonal trauma and living with significant ongoing stressors

The National Child Traumatic Stress Network, 2005



Champaign SD 4 Integration

- Co-lead (mental health/school counselor) SPARCS group at Centennial High School
 - 2011-2012SY Mental health worker one day/week at high school
 - Member of secondary systems meeting
 - Co-lead groups
 - Wraparound/RENEW
- External coach a member of SAMSHA team
- Community mentor coordinator sitting on tier 2 systems team at Westview Elementary



Integration Efforts Crosspoint Human Services

- DMH Grant – Hoopston School District #11
- DMH Grant - Pine Crest
- Urbana SD #116



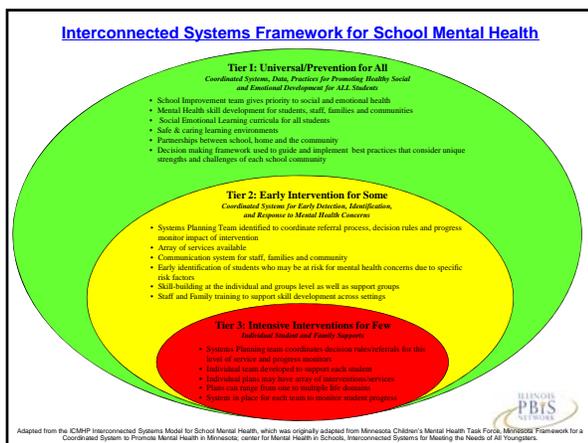
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Example: Community Clinicians Augment Strategies

- A school located near an Army base had a disproportionate number of students who had multiple school placements due to frequent moves, students living with one parent and students who were anxious about parents as soldiers stationed away from home.
- These students collectively received a higher rate of office discipline referrals than other students.
- The school partnered with mental health staff from the local Army installation, who had developed a program to provide teachers specific skills to address the particular needs students from military families.
- Teachers were able to generalize those skills to other at risk populations.
- As a result, office discipline referrals decreased most significantly for those students originally identified as at risk but also for the student body as a whole.

Example: Systems Collaboration and Cost Savings

- A local high school established a mental health team that included a board coalition of mental health providers from the community.
- Having a large provider pool increased the possibility of providers being able to address the specific needs that the team identified using data, particularly as those needs shifted over time.
- In one case, students involved with the Juvenile Justice System were mandated to attend an evidence-based aggression management intervention.
- The intervention was offered at school during lunch and the school could refer other students who were not mandated by the court system, saving both the school and the court system time and resources and assuring that a broader base of students were able to access a needed service.
- As a result of their efforts, the school mental health team was able to re-integrate over ten students who were attending an off site school, at a cost savings of over \$100,000.

ISF: School Readiness Assessment

- 1) High status leadership and team with active administrator participation
- 2) School improvement priority on social/emotional/behavioral health for all students
- 3) Investment in prevention
- 4) Active data-based decision making
- 5) Commitment to SMH-PBIS integration
- 6) Stable staffing and appropriate resource allocation



ISF, Indicators of Team Functioning

- Strong leadership
- Good meeting attendance, agendas and meeting management
- Opportunities for all to participate
- Taking and maintaining of notes and the sense of history playing out
- Clear action planning
- Systematic follow-up on action planning



ISF Funding Workgroup

Current Conditions:

Guiding Prompts/Questions that promote discussion around current condition

1. Explore and describe current funding sources/system
2. Describe strengths to current approach
3. Describe road blocks and challenges
4. Is current condition effective and efficient for delivering EBP and integration of efforts?



ISF Funding Workgroup

Probable Future:

Guiding Questions:

1. If current status remains the same, what will be the likely result?
2. What research supports this future?
3. Is there a need for change?



ISF Funding Workgroup

Preferred Future:

Guiding Questions

1. If you were in charge, what would change?
Explore possible solutions.
2. What would blending funding structures look like to provide EBP, early intervention, skill development for staff , MH access to flexible role (MH person participates in teams at all 3 tiers; MH person leads small groups based on data; MH person co-facilitates FBA/BIP or wrap individual teams for students, team facilitation roles, etc.)?



ISF Funding Workgroup

Action Plan for Change:

Guiding Prompts/Questions

1. Provide examples of changes occurring with blending funding sources
2. Provide examples that have allowed for flexible job roles in MH and education.
3. Is there current legislation proposing such changes?



ISF Funding Workgroup

Guiding Questions:

1. What are the current and available resources?
2. How could the resources be made available more readily?
3. How could access be made more flexible?



ISF Funding Workgroup

Action Plan for Change:

1. Who are the individuals with authority to make necessary changes? (At the federal, state and local level)
2. Brainstorm ways to disseminate/build awareness/influence stakeholders at federal, state and local level for considering change.
3. What would be the outcome(s) of such a change to funding structure/system?



Resources for Building Community Based MH Partnerships

- ICMHP Guidelines for School Community Partnerships
<http://www.icmhp.org/icmhproducts/gdlnsclcmnty.html>
- SAMHSA Realizing the Promise of the Whole-School Approach to Children's Mental Health: A practical guide for schools
<http://www.promoteprevent.org/publications/pp-guides/realizing-promise-whole-school-approach-children%E2%80%99s-mental-health-practical-gu>



Before you leave the session...

- Take a moment to reflect on the session
- Record your thoughts in the back of your program booklet
- These notes will assist you in completing the online evaluation after the conference
- Your comments are valued and assist in developing future conference sessions