PBIS Forum in Brief:
Interconnected Systems Framework (ISF)

Introduction

This paper serves as a summary document from the Mental Health presentation strand and Roundtable Discussion for the *Interconnected Systems Framework* that took place at the 2015 Positive Behavioral Interventions and Supports Leadership Forum in Rosemont, Illinois. It was developed based on input and discussion from presenters and participants at both the sessions and RDQ session. Its purpose is to share strategies to effectively implement ISF by outlining its rationale, procedures for implementation, a site implementation example, frequently asked questions about ISF, and additional resources. The authors aim to provide practitioners, leaders, and policy makers with a useful guide to implement the ISF, so as to best provide mental health services to children, families, and community members.

Interconnected Systems Framework (ISF)

The Interconnected Systems Framework (ISF) provides guidance on the interconnection of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing emotional/behavioral challenges. ISF blends education and mental health systems and resources toward prevention and intervention within a team-based, collaborative multi-tiered framework, allowing for greater efficiency and effectiveness (see Barrett, Eber & Weist, 2013).

Rationale

The ISF promotes improved processes for increasing the likelihood of positive outcomes for students and addresses critical gaps of each system. Historically, PBIS and SMH systems have operated separately, resulting in disorganized delivery of mental health services and lack of depth in Tiers 2 and 3 and mental health community agency involvement at Tier 1 for PBIS. By joining together, the likelihood of achieving depth and quality in programs at all three tiers is greatly enhanced. Service delivery in isolation does not meet the needs of youth with challenging emotional and behavioral problems. ISF, which systematically joins together practices and resources from PBIS and SMH, facilitates positive outcomes for all youth.

From a public health perspective that covers the continuum from prevention to intensive intervention, a focus on SMH is logical and empirically supported. Almost all children attend school for some time in their lives. Consequently, school is the ideal environment for implementing universal interventions aimed at promoting protective factors associated with resilience and positive emotional development. A mechanism such as ISF that can enhance the effective implementation of mental health services in schools has the potential to make a major contribution to improving outcomes for our children. Likewise, PBIS appears to be a good choice for linkage with SMH. From an implementation science perspective, PBIS is demonstrating current capacity and future growth potential to reach a level of scale that will make a difference. Today, almost one-fifth of all the schools in the country have some type of PBIS component. In terms of its focus, PBIS has always had academic functioning as it core outcome, in line with national goals.

School Mental Health (SMH)

School mental health initiatives seek to address the significant gap between youth who need and youth who receive mental health supports. Significant numbers of school-aged children and youth, as many as 20% (Leaf et al, 1996; President's New Freedom Commission on Mental Health, 2003), have mental health challenges that warrant intervention. These children and youth require multifaceted

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academic/behavior and mental health supports which the usual systems within education and mental health have not routinely provided. Despite the promise of the evidence-base for mental health promotion and intervention in schools (Kutash, Duchnowski, & Lynn, 2006), there is, at best, inconsistent and generally limited implementation of empirically supported practices within school districts in North America (Evans & Weist, 2004; Fagan & Mihalic, 2003; Kratochwill, 2008).

Positive Behavioral Interventions and Supports (PBIS)

Schools have been increasingly invested in building multi-tiered systems of support to address the academic and social behavioral needs of more students beyond the application of special education for students with identified disabilities, most commonly named PBIS. These school-based systems of support create a structure and foundation for providing a range of evidence-based mental health interventions often missing from schools and communities. Consistent with an RtI process, these multi-tiered systems of support increase the likelihood that youth will have access to and benefit from mental health interventions. For example, earlier access to less intensive evidence-based academic and behavior interventions promotes better student outcomes across school settings and may reduce the need for more intense supports. Active progress monitoring of these academic and behavioral interventions establishes greater likelihood they are delivered with fidelity, effectiveness and sustainability. Matching the range of academic and social needs within a school involves layering of interventions from a universal curriculum to targeted group instruction and, for some students, adding on highly individualized interventions that are linked to the lower-tiered structures and instruction (Freeman et al., 2006). Systems that support this range of academic and social interventions are ideal for also supporting a range of mental health interventions for universal or individualized implementation.

Implementation of ISF and site implementation example

Implementation Step	Description of Step	Worcester County Example
Exploration	Need for change identified, possible solutions explored, learning about what it takes to implement effectively, stakeholders are identified and developed, and decision is made to move forward.	1. Met with Health Department 2. Determined common purpose 3. Identified evidence-based practices 4. Planned a community partner luncheon to inform efforts of school and health department and to determine interest in expanding partnerships to include trainings in evidence-based practices 5. Conducted a parent survey to determine needs and held informational parent nights 6. Held informational meetings and trainings on the implementation of project Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW; Molloy, Drake, Cloutier, & Couture, 2015) with community agencies, school administrators, and counseling services. 7. Shared outcome data and case studies that were developed collaboratively by the schools and collaborating partners from the mental health system
Installation	Resources needed	1. Mental Health First Aid Training scheduled (hosted by the Health

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	to implement innovation with fidelity and desired outcomes in place.	Department) 2. PBIS Training by Parks and Recreation Department and Worcester Health Department (hosted by Worcester County Public Schools) 3. PBIS in Home, FBA/BIP at Home, Introduction to RENEW parent trainings scheduled (hosted by Worcester County Public Schools) 4. RENEW and Cognitive-Behavioral Intervention for Trauma in Schools (C-BITS; Jaycox, 2004) trainings scheduled (hosted by PBIS state partners) 5. Social-Emotional Foundations of Early Learning (SEFEL; Hemmeter, Ostrosky, & Fox, 2006) trainings scheduled (hosted by Worcester County Public Schools)
Initial Implementation	Innovation is in place in schools, implementation largely guided by external TA providers.	1. Worcester County Public School staff trained in Mental Health First Aid 2. Worcester Public Schools counselors and special educators, Maryland Choices (Maryland wraparound community service agency), Maryland Coalition for Families, Worcester Health Department therapists trained in RENEW 3. Worcester Public Schools counselors, Maryland choices, Maryland coalition for families, Worcester health department therapists trained in Cognitive Behavioral Intervention for Trauma in Schools (C-BITS; Jaycox, 2004). 4. PBIS implemented in Worcester Recreation Department, with support from Behavioral Health Department 5. SEFEL implemented in Head Start and Judith P. Hoyer Early Child Care and Family Education Centers (early childhood education and support services centers for readiness in Maryland) 6. Worcester Youth and Family and Seaside Counseling scheduled breakout sessions at PBIS conference 7. PBIS at Home, FBA/BIP at home, and RENEW trainings held for parents and youth

Initial planning steps for ISF implementation

Select district and schools

Local political units share high priority for safe, nurturing, learning environments, climates that are conducive to family and community involvement, increased access to quality mental health care and increased local infrastructure that helps address a range of emotional and behavioral problems for all children and youth.

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1. Team has support of state /region/local agencies
   - Member of state/regional team is assigned by state/region to meet with team on regular basis and serves as ISF facilitator
2. District and Schools agree to participate – 2-3 schools serve as knowledge development sites.

Form or expand district team

Identify the local integration team. Membership should include representation from local stakeholders (i.e. school system student services and special education directors, local mental health provider, agency coordinator, law enforcement official/juvenile services coordinator, coalition of families representative, family, youth, and community members, local management board representative, social services representative).

- Which voices with mental health expertise within the school system could benefit this team?
- Which voices of mental health agency partners could benefit this team?
- Who are in optimal positions to be social/emotional leaders for the district?
- How will we ensure that multiple stakeholders' voices will remain throughout development and implementation?

Establish operating procedures

Establish meeting procedures and common way of work, by which roles and functions of members are established. Define how evidence-based practices will be selected. Provide the funding, visibility, and political support needed to fully adopt the ISF system.

1. Team develops mission that is outcome oriented. (e.g. school completion, eliminating the achievement gap)
2. Team defines regular meeting schedule and meeting process to create an active community of practice that support the sharing and dissemination of information.

Conduct resource mapping

1. Team conducts needs assessment that identifies existing collaborations and initiatives, utilizing a resource mapping process to determine current activities.
2. Team examines use of school and community based clinicians.
3. Team examines organizational barriers (funding, policy)
   - System in place to help community providers, schools, families and individual student behavior teams address systemic barriers to accessing quality mental health care and /or obtaining desired outcomes.
4. Team establishes measureable goals
   - Goal must include way students and youth and their families are benefiting.

Develop evaluation plan

1. Identify fidelity tools.

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2. Establish a data system and include ways to screen students and youth, track referrals, progress monitor, track fidelity of implementation and outcomes.
   - What data are currently being used to show the effects of PBIS?
   - What data systems are being used?
3. Document economic benefits of program and compute cost/benefit analysis.

Develop integrated action plan

Based on data, determine steps to develop a formal process for selecting evidence-based practices, systems for screening students and youth, and for communicating and disseminating activities. Identify steps, specific steps to be taken, who is responsible, and a timeline for completion.

Write Memorandum of Understanding (MOU)

Determine who will implement the integrated action plan. Include funding sources to cover activities for at least three years. Identify implementation team. Districts and agency must have an explicit conversation about their commitments, roles, and function of staff.

Suggested Tools for ISF Implementation

Tool	Guiding Question	Purpose	User
District Community Implementation Guide	As an ISF facilitator, I am interested in supporting the District/Community leadership team	Provides a structure for ISF facilitators to use to install core features of ISF at the district/community level	ISF facilitators
Implementation Guide: District Community Leadership Team	Our district is interested in exploring ISF, but need to develop a team for an integrated approach	Assesses current district/community team or stakeholders who are in the process of developing an integrated approach. Helps develop a multiagency leadership team	Stakeholders interested in forming a district/community leadership team
Implementation Guide: Funding	Our district is interested in exploring ISF, but current funding is a barrier	Promotes dialogue around current funding status and helps teams determine specific action steps to promote flexible funding model.	District/Community Leadership Team
Implementation Guide: Evaluation Tools	Our district is interested in exploring ISF, and needs to determine an integrated evaluation plan	Helps create an evaluation systems to improve effort, justify integration, and access necessary resources required for sustained integration effort	District/Community Leadership Team
Resource Mapping in Schools and School Districts: A Resource Guide	Our district is interested in exploring ISF, and needs to identify and organize resources and services available within the community and schools	Mapping resources helps to better organize the heterogeneous resources and assets that are available within a larger system into a standardized, understandable, and centralized format.	District/Community Leadership Team, School Leadership Team
Survey on School	Our school is interested	Assesses current district/community	Teachers, students,

Readiness for Interconnecting Positive Behavior Interventions and Supports and School Mental Health	in exploring ISF, and wants to obtain information on readiness	team or stakeholders who are in the process of developing an integrated approach and helps develop a multiagency leadership team	administrators, family members
Selecting Mental Health Interventions within a PBIS Approach	Our school/district is interested in selecting new initiatives and wants to assess new initiatives for fit and effectiveness across the tiers	When data indicates the need for new initiative this guide will help determine the best fit, and will guide teams in effective implementation	School/Community Team who include stakeholders who are responsible for evaluating, selecting and installing new initiatives
Tiered Fidelity Inventory (TFI)	What is the current status of PBIS across the tiers?	Helps determine current status of PBIS across the tiers, assists in developing an action plan for further implementation as well as measuring ongoing Implementation efforts	School Leadership Team
ISF Implementation Inventory	What is the current status of ISF across the tiers?	Helps determine current status of ISF across the tiers, assists in developing an action plan for further implementation as well as measuring ongoing implementation efforts	School system planning teams including community mental health members

Frequently asked questions

Q: How do schools and agencies address funding? *Suggestions on how to deal with funding issues? How to get billable hours for mental health agencies? How do you agree on your shared agenda and braid funding so not all has to be billable hours?*
A: When schools and mental health organizations enter into a partnership to provide integrated mental health services to students, it is essential first to engage in meaningful dialogue about the expectations, outcomes, and practices associated with the partnership. That is, school and agency leaders must clearly communicate with one another about the resources they will provide and those of which they will share responsibility. Since this is a partnership and services are provided across shared settings (i.e. the school and the agency), both parties must have a shared agenda, in which they are equally committed to providing high quality services to students, and this can be accomplished through sharing financial resources. Further, the school and the agency should develop a Memorandum of Understanding, in which the financial agreements of the partnership are documented by both parties. This document will serve as a guide for the school and agency to follow throughout their shared service delivery to students, and keep both parties invested and committed to the agreements developed upon entering into the Interconnected Systems Framework together. In our team's work with districts across the country, we have observed several successful and creative funding agreements in which both parties recognize that to be effective in jointly providing mental health services to students within the community, financial resources must be shared. For example, the Baltimore City School District uses funding from the county, the juvenile justice system, schools, and mental health agencies together. They

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built this funding in so that only 40% of their funding has to be billable hours from the mental health agency clinicians. It is important to look beyond the current state of practice and streamline existing funding sources.

Q: Resources right now are grant-funded. When the grant is over, how do we pay for key individuals? *We are afraid that ISF might not be sustainable because the money will run out and we will not have any people or resources.*
A: Resources that are dependent upon funding from granting sources may pose difficulty for schools and agencies to successfully sustain the infrastructure they created upon the beginning of the ISF partnership. However, funding (by way of grants) barriers may be eliminated by ensuring that they are addressed early on and continuously throughout the grant evaluation process. It is essential that grantees continuously collect data about the utilization of key resources or people. The data will then serve as objective demonstrations of the great utility these grant-funded resources and individuals have to provide high quality mental health services within the school and community. Then, when creating budgets and allocating resources after the grant is over, the data will have supported the need for continued funding for these key individuals, and thus fuel sustainability planning. The goal will be write in the resources and individuals into the standard operating procedures of the school and agency because shared and integrated delivery of mental health services would fail or diminish in quality without them.

Q: How do schools and agencies best collaborate with each other and take advantage of each other's strengths?
A: A collaborative relationship between schools and agencies can be leveraged at many levels throughout the educational, social, and political systems. Schools and agencies should also seek out key individuals who support the integration of mental and behavioral health service delivery to best implement practices across and within their organizations and districts. Firstly, school leaders and agency leaders need to develop a collaborative relationship by way of creating a team of representative individuals from across the partnership and develop a common mission, language, and operating procedures. Those commonalities will then provide a framework and set of routines for all those who are a part of the agency, district, or school. Data on the effectiveness of ISF within the community should always be available and accessible to community members, legislators, advocacy groups, and the media. Organizations and schools should find allies outside to promote their vision, mission, and utility of their collaborative practices towards supporting positive outcomes for children and families.

Q: How do we get districts and schools to understand that ISF is not an "add on"?
A: The ISF is a framework to integrate and enhance existing systems, practices, and routines related to mental and behavioral health service delivery in schools and communities. Therefore, it is not intended nor designed to be an additional "initiative", "curriculum", "set of practices", or "program". To dispel the idea that ISF is not an additional initiative for schools and agencies to undertake, it will be crucial to be careful about spreading the message of its design and implementation as a framework and reorganization of what is already in place within the school and community. The design and membership of the leadership team should also be carefully adjusted to reflect efficient change to the system. For example, when clinicians join the school team, have them join the already existing PBIS leadership team, and frame the integration as an expansion, not a new practice or program within the school. We recommend that districts who have adopted the ISF serve as exemplars and demonstrate its efficiencies and outcomes as an effective foundation for mental health services at the school and community level, and also at the state and national level to serve as exemplars in action. These districts can speak to how the ISF is an enhancement, not an addition.

Q: What data can be used to track outcomes of this framework?
A: An array of useful data collection and analysis systems are available for schools and agencies to utilize to track outcomes of the Interconnected Systems Framework. It is first important to "go simple" and utilize

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what is already in place in the school, mental health organization or in the community. For example, schools already collect information regarding student attendance and out-of-classroom time (i.e. nurse visits, referrals to the office etc.). Community organizations might have information on students who are seen in their mental health clinics or other community data such as juveniles seen through the courts system or emergency room visits for mental health concerns. These data serve as indicators of students' functioning, and how well the systems and structures in place are working to keep students available for learning and in the classroom to receive instruction. Schools and agencies can also work together to administer and analyze screening tools to identify a broader range of individuals to evaluate their progress over time. For example, the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and Pediatric Symptom Checklist (PSC; Jellinek, Murphy, Robinson et al., 1988) are public domain screeners to quickly identify students with internalizing and externalizing symptoms. They can both be easily accessed for data entry and used in real time monitoring for decision making. Because of their efficiency and design for progress monitoring, they are tools that can be sustained for long periods of time. They should be looked at over time, ideally quarterly, and by different reporters (i.e. family members, teachers, students). For students with specific behaviors or presentations, narrow band measures can also be administered to show progress within and across specific groups. It is also recommended to use systems such as School-Wide Information System (SWIS; Tobin, 2006), which will track office discipline referral (ODR) data, to show changes in problem behaviors across time. It can provide information regarding individual outcomes and systems outcomes. Lastly, data gathered within a program evaluation will provide information regarding intervention effectiveness and outcomes of mental health service delivery. More specifically, the program evaluation could be targeted around identifying the best implementing clinicians and what they are providing, to determine what supports the best outcomes within the ISF system.

Q: How can schools encourage families to engage in Services? *Thoughts or resources on best practices about school sites inviting and welcoming families to engage in services and reduce the stigma of "mental health"?*
A: The enhancement of school mental health and PBIS, through the ISF, depends upon the involvement of mental health organizations and agencies, schools, students, and families. Therefore, family members serve a crucial role in the success of their children and overall outcomes of the system. Schools and agencies may face resistance from families to engage with mental health services provided through their community and/or school due to scheduling conflicts, financial barriers, lack of transportation, insufficient education or information, previous negative experiences with schools or organizations, or stigma attached to receiving mental health support, for example. To alleviate some of these barriers to engaging in services, schools and agency leaders should work to make services accessible and acceptable to families by providing services within schools (i.e. scheduling appointments at the school) and to build welcoming, supportive relationships with families. It will be important for school and agency staff to receive professional development on how to communicate with families and build positive relationships effectively, so as to keep them informed and involved with the care of their children. Families will then be more likely to follow through outside the session and buy-in to the services their children are receiving. Further, it will be important to define the intervention and communicate that to the families. Families will need more information beyond that their child will be seeing a mental health professional. The school and/or agency workers need to define the dosage, length of intervention, when it will take place, and exactly what evidence-based practice will be used with their child. With more information regarding the care their child is receiving, they may be more likely to be invested, engaged, and comfortable with their children engaging in the services.

Q: How do we address the FERPA and HIPPA regulations involved in this work?
A: Joint guide will be very useful in understanding confidentiality and privacy and being ethical.
It is important to recognize that confidentiality and protective regulations should not prevent us from providing best services to our children and communities. Therefore, schools and agencies should not shy away from doing what is in the best interest of a child because of fear of violating regulatory practices.

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Regulatory bodies should not serve as barriers or stop the process of successfully implementing a coordinated system of mental health service delivery, but rather guides to inform us of what is permissible to share. Given that schools and agencies do have to follow regulatory guidelines, they should actively work to satisfy them while still delivering best practices for students and practice sharing of processes related to service delivery. That is, while the specific content of a session with a student is confidential, the process of providing mental health services to students and general discussion of a student's progress is not. Clinicians and educators should be able to discuss what they are doing with a student. They should be able to provide essential information to teams without revealing the specific details of the sessions. They can participate in progress monitoring meetings by sharing goals and progress towards them through observations, without revealing in depth information. Further, keep families involved and informed, as they are the ones who consent to provide information protected by FERPA and HIPPA. Further, all parties involved must act in the spirit of collaboration and recognize that everyone involved with a student is essential. Withholding information from another party involved only inhibits the child's progress. Clinicians who integrate themselves into the school and practices open dialogue with parents, teachers, and other professionals promote success of the student and the system, in general.

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