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Interconnected Systems Framework 101: An Introduction

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Interconnected Systems Framework (ISF) 101

An Introduction
The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Pacific Southwest & Northwest Mental Health Technology Transfer Centers (MHTTCs)
Mental Health Technology Transfer Center (MHTTC)

Our Role

We offer a collaborative MHTTC model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care.

Our Goal

To promote evidence-based, culturally appropriate mental health prevention, treatment, and recovery strategies so that providers and practitioners can start, strengthen, and sustain them effectively.
Mental Health Technology Transfer Centers (MHTTC)

Services Available

No-cost training, technical assistance, and resources

- Webinars
- Newsletter
- Affinity-group Learning
- Online Courses
- Tools
- Regional Trainings
- Individual Coaching
- Individual Consultation
Today’s Presenter
Susan Barrett, MA
sbarrett@odu.edu

Susan Barrett, MA, is the Mrs. Barrett serves as a Director for the Center for Social Behavior Supports Center (CSBS) at Old Dominion University and an Implementer Partner with the U.S. National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). She assists with large-scale implementation of PBIS, partners with researchers to evaluate the impact of PBIS on students, school staff and school communities. and serves on the Association of Positive Behavior Supports Board of Directors. She also co-leads the development of the Interconnected Systems Framework, a mental health and PBIS expansion effort. Susan has been published in the areas of large-scale adoption of PBIS, mental health, cost-benefit analysis, advanced tier system development, and adoption of evidence-based practices in schools.
Text Supporting Today’s Learning
Find it in your handouts!

Agenda

• Defining Interconnected Systems Framework (ISF)

• Context, Language, and Key Messages

• Steps for Getting Started
Objectives

• Learn how to establish an integrated ISF leadership team

• Understand the foundational steps to establish ISF at the school or district level

• Define the process of evaluating potential evidence-based practices for inclusion in schools

• Discuss implementation challenges, solutions, and innovations with ISF practitioners
Defining Interconnected Systems Framework
The Interconnected Systems Framework (ISF)

• Deliberate application of the multi-tiered PBIS Framework for all social-emotional-behavioral (SEB) interventions (e.g. Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention, etc.)

• Aligning all SEB related initiatives through one system at the state/regional, district and school level

• Active participation of Family and Youth is a central feature of the ISF
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.

- Key stakeholders have the **authority** to reallocate resources, change role and function of staff, and change policy.
Benefits of ISF

- Uncovering students with mental health needs earlier
- Linking students with needs to evidence-based interventions
- Data tracking system to ensure youth receiving interventions are showing improvement
- Expanded roles for clinicians to support adults as well as students across all tiers of support.
- Healthier school environment
Impact

50%  
50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs  
The average delay between onset of symptoms and intervention is 8-10 years.¹

37%  
37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%  
70% of youth in state and local juvenile justice systems have a mental illness.¹
The scientific foundation has been created for the nation to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others.

- Institute of Medicine, 2009
What if, making our environments more nurturing could guide us in preventing almost every problem we face?
School Mental Health, PBIS, System of Care, and Implementation Science

- ISF builds on the success of various social service platforms
- ISF provides specific steps for integration and alignment

This typically requires the difficult process of abandoning long held patterns of “doing business” and creating new models based on the strengths of the schools/district/community, and the changing needs of students and families.
PBIS is an Implementation Framework

Systems-Data-Practices-Outcomes

• We organize our resources
  – Multi-Tier Mapping, Gap Analysis

• So kids get help early
  – Actions based on outcomes (data!), not procedures

• We do stuff that’s likely to work
  – Evidence-Based interventions

• We provide supports to staff to do it right
  – Fidelity: Tiered Fidelity Inventory

• And make sure they’re successful
  – Coaching and Support
  – Progress monitoring and performance feedback
  – Problem-Solving process
  – Increasing levels of intensity
Evidence of Impact of PBIS

• Improved academic achievement  
  (McIntosh, Chard, Boland, & Horner, 2006)

• Reduced student discipline referrals and suspensions  
  (Anderson & Kincaid, 2005; Frey, Lingo, & Nelson, 2008)

• Improved social emotional functioning  
  (Kincaid, Knoster, Harrower, Shannon, & Bustamante, 2002, Bradshaw et al., 2012)
Foundation....

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

• Youth with “internalizing” issues may go undetected

• Not enough staff and resources

• PBIS systems (although showing success in social climate and discipline) often do not address broader community data and mental health prevention.

....but MORE is needed.
School Mental Health

A decade long national movement occurred to develop mental health services for children and youth to serve them “where they are,” resulting in significantly improving access to services promoting positive student SEB; and fostering better academic outcomes.

Weist & Ghuman, 2002; Atkins et al., 2006; Catron, Harris, & Weiss, 1998
Stages of Implementation and Operational Descriptions

Exploration/Adoption

During this stage, a team is assessing the needs of the district and community and selecting evidence-based practice(s) to meet the identified needs while also assessing the readiness to implement (e.g. financial, political, resources).

Installation

The installation stage is about acquiring or repurposing resources to support the implementation of new practice or program. Resources include staffing, training, funding, evaluation systems, and coaching.

Initial Implementation

This is referred to as the ‘fragile’ or ‘awkward’ stage of implementation when staff are beginning to implement changes. District continues to shift resources to support staff.

Full Implementation

When practices become the norm, and are integrated into policy and procedure. Practitioners are implementing with proficiency, leadership is supporting implementation needs, and stakeholders have adapted to innovation.
1. Single System of Delivery

2. Access is NOT enough

3. Mental Health is for ALL

4. MTSS essential to install SMH

Key Messages

One Set of Teams

Success defined by Outcomes
ISF Applies MTSS Features to all SEB Interventions

- **Effective teams** that include community mental health providers

- **Data-based** decision making that include school data beyond ODRs and community data

- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making

- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs

- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers

- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals
Teaming Structures Across the Cascade of Implementation

CLASSROOM
Teaching Rules, Routines alongside calming strategy

SCHOOL
Social Emotional Behavior Competencies are embedded in academic content

DISTRICT LEADERSHIP TEAM
Single Set of Teams
School Improvement, Equity; Special Ed, Gen Ed, Community; School; Student, Family

REGIONAL OR COUNTY

STATE
Co-Sponsored PD Events Co-Branded resources Policy Funding

REGIONAL OR COUNTY
WHY Focus on District/Community Leadership Teams for Installation?
• Adopting a truly integrated way of working involves organizational change and therefore requires active leadership from those who have authority to change policy, blend funding streams and re-position personnel and procedures at the school level.

• If we focus on building level installation without DCLT, there will be barriers that stall implementation
  – Roles of clinicians within MTSS (teams, data, fidelity, etc.)
  – Issues with confidentiality
  – Agency productivity/funding policies
• **Executive Functions:** Provide the funding, visibility, and political support needed to allow school teams to travel through the full sequence of adoption stages. Adopting an integrated framework is a process that will challenge the assumptions and traditional practices of most school faculty, and mental health systems.

• **Implementation Functions:** Provide the training, coaching and feedback systems needed to establish personnel with both the specific technical skills needed to deliver integration and the organizational vision to deliver those skills within a unified framework.
School employed and community employed staff use community and school data to assess the needs of young people in their school community and, together as an integrated team, select evidence-based practices that match specific needs.

This means moving away from a co-located model to a fully integrated system!
## Expanding Data Sources

What are the specific needs of the community?

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>General Trends and Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Data</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Climate Survey                                   | • 60% of students feel like they belong to the school community  
• 80% of our staff feel like they belong to the school community  
• 60% of students feel safe at school.                                                                 |
| Youth Risk Assessment Survey                      | • 23% of students reported being in a fight one or more times during the last 12 months.  
• 6% of students reported they had been threatened with a weapon on school property.                  |
| Academic Health                                  | • 80% of students are on track to graduate on time  
• 70% of students are reading at proficiency                                                        |
| Social Behavior Health                            | • 70% of students have engaged in behavior resulting in 0-1 office referrals during the last 12 months  
• 30% of students screened positive for anxiety                                                      |
| Attendance Data                                  | • 94% attendance rate- with variability across sub-groups.                                       |
| **Community Data**                               |                                                                                                 |
| Census Data                                       | • 11% of families living in poverty  
• 5% unemployment rate                                                                                |
| Community Assets and Wellness                    | • 50% of students live within a mile of a park or faith based building.                           |
| Community Health Indicator                       | • 5% of homes in our community have elevated lead levels.                                        |
| Behavior Risk Factor Surveillance Data: Health Risk Behaviors | • 15% of families are without health insurance (as compared to 6% district wide)  
• 20% of families impacted by opioid misuse (as compared to 5% district wide).                     |
District and Community Working Agreements

- Are roles and functions clearly defined across the tiers of implementation?

- How is funding blended to enable providers to serve on teams across tiers?

- What professional development training and coaching is required to ensure staff are skilled to deliver interventions and clinicians can support teachers in their classrooms?

- How are community providers invited to participate in district trainings and team meetings and learn about how the education system operates?
Exploration (District Level)

Steps

- Establish an exploration team
- Examine current partnerships
- Assess impact of existing initiatives/programs
- Develop a shared understanding of ISF
- Determine benefit
- Decide to adopt or not

Coaching Questions

- Do you have an existing district leadership team?
- Do you have family or community partners on your team?
- What existing agreements do you have with community partners?
- What is current status of MTSS structures/implementation?
## Resource Mapping
### Sample Initiative Inventory

<table>
<thead>
<tr>
<th>Initiative</th>
<th>What is connection to DCLT mission?</th>
<th>What personnel are involved in the implementation?</th>
<th>What is expected outcome?</th>
<th>What evidence of outcomes are there thus far?</th>
<th>What is financial commitment and source of funding?</th>
<th>What fidelity measures exist?</th>
<th>What professional development exists including coaching and performance feedback?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PBIS</strong></td>
<td>School climate and culture</td>
<td>All Staff</td>
<td>Reduction in suspensions, ODRs, restrictive placements</td>
<td>Improved suspension, ODR and restrictive placements</td>
<td>District Coach FTE, Stipends for building coaches, &amp; professional development</td>
<td>Tiered Fidelity Inventory</td>
<td>Quarterly coaching for building coaches; PD for new staff; On-going PD and coaching for all staff</td>
</tr>
<tr>
<td><strong>Social Emotional Behavioral Skills Curriculum</strong></td>
<td>School climate and culture through social and emotional learning</td>
<td>School counselors and social workers</td>
<td>Improved skills for students in grades K-5</td>
<td>Reduction in ODRs from last school year</td>
<td>Purchasing curriculum plans for each grade level and professional development for integrating into academic content</td>
<td>Self-report of counselor or social worker</td>
<td>None</td>
</tr>
<tr>
<td><strong>Wellness</strong></td>
<td>Increasing awareness of whole child</td>
<td>All Staff</td>
<td>Increased awareness of mental health issues</td>
<td>Unknown</td>
<td>Paying for materials for each teacher</td>
<td>None</td>
<td>1 hour PD for staff</td>
</tr>
<tr>
<td><strong>Bullying Prevention, •Stop, Walk, Talk</strong></td>
<td>Aligns with PBIS framework</td>
<td>All elementary staff</td>
<td>Increased awareness of interactions and respect for self and others</td>
<td>SWIS data shows reduction in ODRs for bullying behavior</td>
<td>None</td>
<td>Part of fidelity check for PBIS – TFI</td>
<td>Teachers receive ongoing PD, coaching and TA from district and building coaches</td>
</tr>
<tr>
<td><strong>Suicide Prevention</strong></td>
<td>Increasing awareness of whole child</td>
<td>All high school staff</td>
<td>Increase awareness</td>
<td>Increase in suicide ideation and attempts</td>
<td>None</td>
<td>None</td>
<td>8 hours of PD for all staff</td>
</tr>
</tbody>
</table>

* Items indicated in red are “flagged” for conversation and action to be taken by DCLT.
What is your “local” context?

Status of...

• PBIS/SMH?
  – Fidelity?
  – Outcomes?

• Existing partnerships?
  – MOUs?
  – Co-located systems?

• Leadership Structures?
  – District leadership team for PBIS/SMH?
  – Established District/Community leadership team?
Resources
Mental Health/Social-Emotional Well-Being

The term 'mental health' refers to how we think, feel and behave; it is a critical part of our overall health. Current rates of mental illness, substance misuse and opioid abuse are alarming and require significant societal shifts. Mental health prevention is now recognized as a critical part of education, but schools struggle with how to establish a comprehensive system of mental health support. The Interconnected Systems Framework (ISF) is an emerging approach for building a single system to address mental health and social-emotional well-being in schools.

Examples
Check out these samples, case studies and lesson plans and use them as a springboard to improve your own implementation.

Materials
Resources in this section include journal articles, templates, practice descriptions, fact sheets, and much more.

Presentations
Presentations about their experiences, published research, and best practices from recent sessions, webinars, and trainings.

Publications
Publications listed below include every eBook, monograph, brief, and guide written by the PBIS Technical Assistance Center.

Video
Recordings here include keynotes and presentations about PBIS concepts as well as tips for implementation.
Advancing Education Effectiveness: Interconnecting School Mental Health (ISF) and School-Wide Positive Behavior Support (PBIS)

Editors: Susan Barrett, Lucille Eber, and Mark Weist

pbis.org
csmh. umaryland
IDEA Partnership NASDSE
NEW Materials!!

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

The National ISF Leadership Team has developed this Implementation Guide and district and school resources for teams to install and implement an Interconnected Systems Framework.

Links to District and School Installation Guides and resources are found below.

Contents
1 Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide
2 ISF Monograph v1
3 New ISF Factsheets

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

Advanced launch. Final version coming to PBIS.org end of October.

Preface: Mark Weist, Professor at University of South Carolina, Department of Psychology - Coming soon!
Chapter 1: Introduction: Setting the Stage for an Interconnected System of Education and Mental Health - Coming soon!
Chapter 3: Exploration and Adoption - Coming soon!
Chapter 4: Installing an Interconnected System at the District/Community Level
District/Community Leadership Installation Guide
Click here to access supporting resources
Chapter 5: Installing Initial Implementation of an Interconnected System at the School Level
School Level Installation Guide
Purpose: This guide is intended to be used by facilitators and coaches to support District/Community Leadership Teams to install structures/systems needed to support an Interconnected System Framework (ISF). The goal is for teams to examine current system using installation activities and generate actions to move toward a more efficient and effective service delivery model.

<table>
<thead>
<tr>
<th>Step 1: Establish a District/Community Executive Leadership Team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Features</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Representative DCLT team identified.</td>
</tr>
<tr>
<td>• Provide authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect education, behavioral and mental health supports.</td>
</tr>
<tr>
<td>• Present concerning data and needs to those with authority and propose a way of working.</td>
</tr>
</tbody>
</table>

**Guiding Questions:**
- Which voices with social-emotional-behavioral health expertise within school system could benefit this team?
- Which voices of mental health, juvenile justice, core service agency partners could benefit this team?
- In what ways are we ensuring that multiple stakeholders’ voices (i.e.: staff, MH agencies, parents/families, students, etc.) will stay at the table through the development of systems and overall implementation?
Purpose: This guide is intended to be used by facilitators and coaches to support District/Community Leadership Teams to install structures/systems needed to support an Interconnected System Framework (ISF). The goal is for teams to examine current system using installation activities and generate actions to move toward a more efficient and effective service delivery model at the building level.

**Step 1: Establish a single set of teams**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Installation Activities</th>
<th>Action Needed</th>
<th>By who?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Identify need for merging teams with similar goals</td>
<td>• Use Aligning Teaming Structures: Working Smarter Not Harder worksheet to identify all teams and details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review data on Working Smarter matrix and use guiding questions below to develop an action plan for eliminating or modifying teams as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guiding Questions**

- What teams exist at your school?
- What are their roles and responsibilities?
- Who are the staff who serve on the teams?
- How often does the team meet?
- Does the team use data?
- Does the team respond to student needs in a timely fashion?
- Do we have teams with similar goals? Are there teams with goals that do not align to current mission?
- Do we use same or different set of rules and processes?
- Is the team effective? What data is used for decision making and monitoring outcomes?
- How would our teams work more effectively if we had one set of teams to address social-emotional-behavioral and academic needs of our students?
- Is there any duplication or overlap?
- What communication loops and/or progress monitoring exists among all of these support personnel?
Questions?
Closing
Join us for the rest of the ISF West Coast Party!

Interconnected Systems Framework (ISF) 201: *When School Mental Health is Integrated Within an MTSS - What's Different*
Tuesday, December 10
6-7 p.m. ET / 3-4 p.m. PT / 12-1 p.m. HT
Register: [https://tinyurl.com/MHTTC-ISF-201](https://tinyurl.com/MHTTC-ISF-201)

Interconnected Systems Framework (ISF) 301: *Installing an Integrated Approach*
Tuesday, January 21
6-7 p.m. ET / 3-4 p.m. PT / 12-1 p.m. HT
Register: [https://tinyurl.com/MHTTC-ISF-301](https://tinyurl.com/MHTTC-ISF-301)
Pacific Southwest MHTTC
Winter Learning Institute

January 14-16, 2020
9am – 4pm
Long Beach Marriott
Long Beach, CA

This is a 3-day, no-cost, intensive professional development training session designed for the mental health workforce and the school mental health workforce of Region 9. Faculty bios, session details, and registration coming soon!

https://conta.cc/2VNehe5x
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www.surveymonkey.com/r/MHTTCneedsassessment
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Website: https://mhttcnetwork.org/centers/northwest-mhttc/school-based-mental-health

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https://tinyurl.com/nw-smh-news
Thank you for attending!

We need to hear from you to keep bringing you these no-cost resources!

Please take a few minutes to give us your feedback! We use it to plan our future events—and we are required to include it in our reports for our funder, SAMHSA.

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