



Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 301: INSTALLING AN INTEGRATED APPROACH

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This is the third of a series of three Fact Sheets on the Interconnected Systems Framework (ISF) developed through a collaboration between the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). The ISF is offered as an option to address the inefficiencies of co-located systems and social, emotional, behavioral programs working in isolation. Building on the success of PBIS, the ISF applies the core features of MTSS to deliberately integrate mental health, community, school, and family partners through a single system of support. The purpose of this series is to deepen knowledge and understanding of the ISF by highlighting key features illustrated by case examples that reflect the diversity of school communities in the region and demonstrate how data-based decision making occurs in a local context. This fact sheet will focus on the steps to installing an integrated approach at the District Community Level.

Installation Process: District and Community Leadership

Adopting and installing an interconnected system ideally involves layered implementation from the state to the local level. This layered implementation happens simultaneously across both state and districts, with school staff providing feedback to district level staff and districts providing input and guidance to state level staff.

- State systems model and support district level alignment efforts
- Districts organize the partnerships and administrative components needed to guide effective integration at each school building

Many states also use regional or county structures for providing support to districts engaged in the integration of PBIS and mental health. State, district, and school teams benefit from this symmetry across organizational levels as consistent policy, funding, systems alignment, and workforce structures support a solid foundation for sustainable change. Because the unit of implementation of an ISF is most transformative at the local level, we will detail the installation process at the district/community and school levels. Implementers who have a role at the regional or state level can extrapolate the concepts presented for district/community leaders and apply the logic and the tools within their systems.

The purpose of the installation phase is to allocate or reallocate resources to initiate innovation. People who have the authority to allocate resources are identified; awareness activities are taking place; and roles, functions, and overall organizational structure are carefully analyzed.



Using the [ISF Leadership Installation Guide](#), teams, coaches, and facilitators work together through the installation process with specific focus on five key steps as shown in Exhibit 1.0. This document provides an overview of the main activities within each step.

**Installation Outcomes:
What’s at the End of the Road?**

The installation process (see Exhibit 1.0) results in a comprehensive action plan, outlining the activities for the integration of district/community effort into an interconnected system of social, emotional, behavioral supports. The action plan considers organizational structures that influence the way the child/youth serving agencies, school systems, and other key stakeholders work together to promote a culture of wellness.

These actions will typically include:

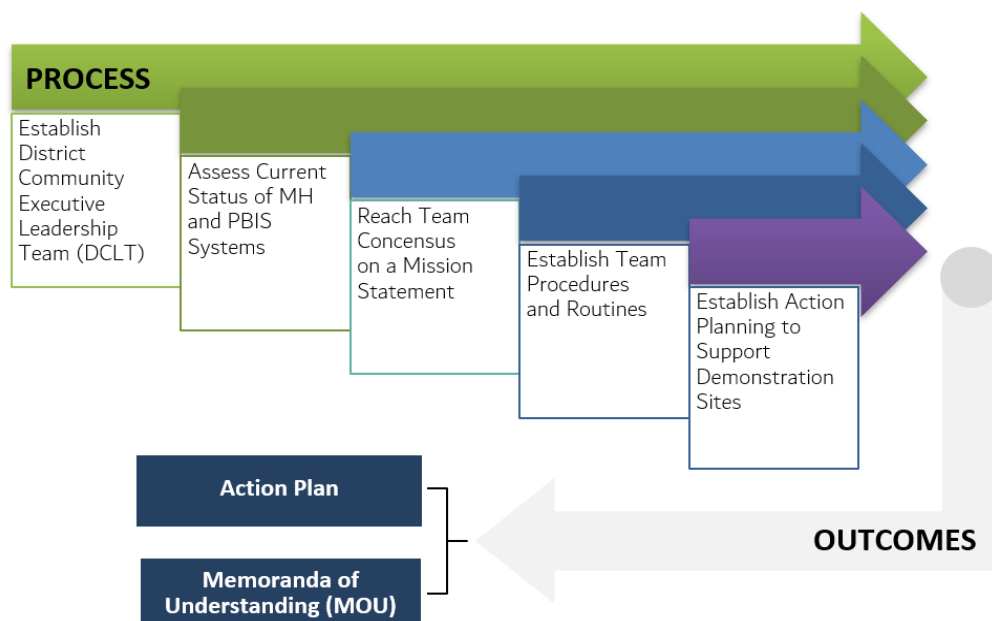
- A new or revised Memorandum of Understanding (MOU) that defines the roles and functions of the parties involved.
- A funding plan that articulates how partners operate within the system.

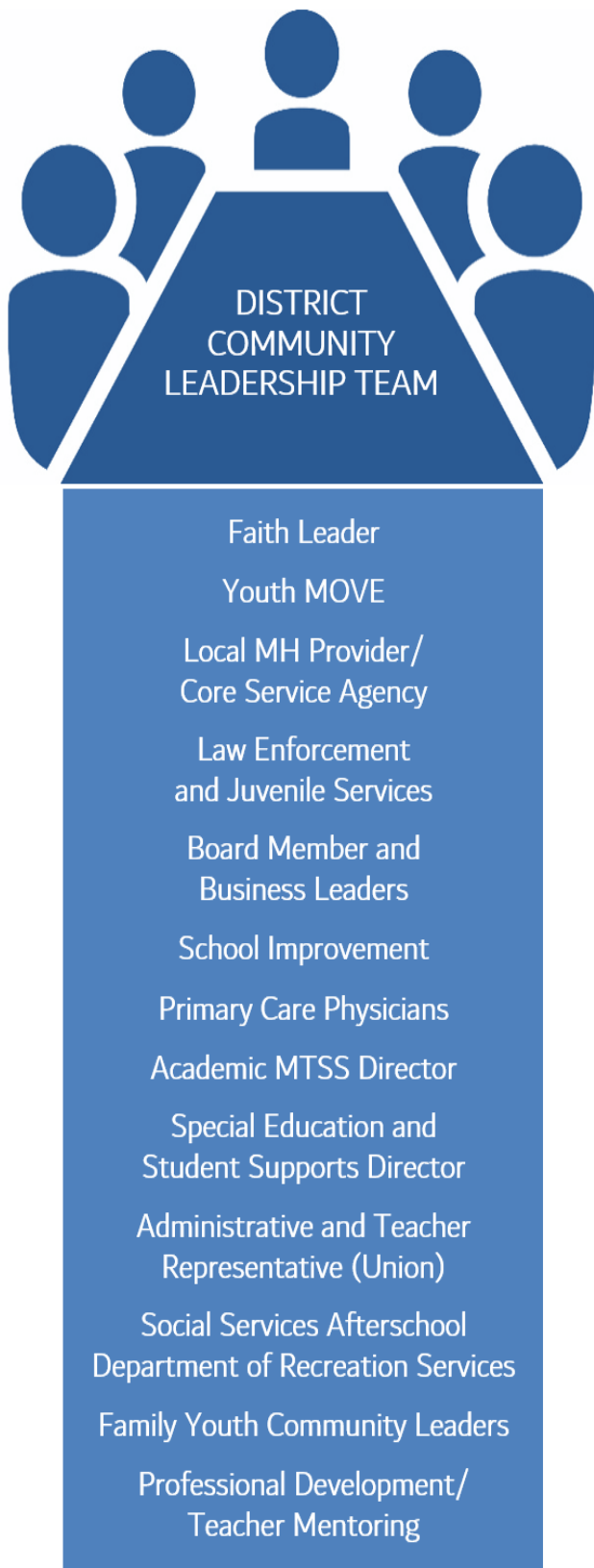
**STEP 1
Establish a District/Community
Executive Leadership Team**

The development of an interconnected system of behavioral/mental health in schools should be initiated and led by executive-level leadership from education, mental health, and other partnering agencies. Adopting a truly integrated way of working involves organizational change, requiring active leadership from those with authority to change policy, blend or braid funding streams, and re-position personnel and procedures at the school level.

A District/Community Leadership Team (DCLT) invests in formal operating structures. The development of an integrated leadership structure should reflect the local context by building on existing strengths. For example, many districts have an executive level team that supports their PBIS implementation; a viable strategy is to expand this team to include community partners and family/youth representatives. Other districts may have an interagency partner who provides mental health services in schools and who can be part of an integrated system of delivery. The DCLT operations structure should follow these guidelines:

Exhibit 1.0
ISF Key Installation Steps Process and Outcomes





- Meet regularly with key stakeholders
- Continuously assess the extent to which systems are efficient and effective
- Allocating resources as needed to achieve maximum impact on student outcomes

STEP 2

Assess the Current Status of Mental Health and PBIS Systems in the District

As the DCLT engages in their assessment of existing systems, they may create smaller work groups to gather more information and share findings with the full team as they move toward action steps. The goal is to establish a shared understanding of:

- The current status of mental health programs and services in schools
- The existing relationships between the district and the community mental health system
- The current implementation of the MTSS core system features.

Districts and schools can be in various stages of SMH - PBIS partnerships to begin implementation of an ISF. For example, all schools in a district may be implementing PBIS with fidelity at all three tiers, or there could be no schools with PBIS implementation at any tier within the district. Similarly, with SMH, districts may have MOUs that designate agency clinicians to caseloads of identified students in schools, whereas other districts may have no actual interaction with community agencies but recognize unmet student need that prompts them to investigate partnering with community providers.

Exhibit 2.0

DCLT Implementation Review Process

1. Assess existing system structures
 2. Review the status of current initiatives related to behavior/mental health
 3. Conduct a staff utilization review
 4. Review existing school and community data
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Regardless of the starting point, the DCLT can determine the current level of implementation by considering the status of the factors in Exhibit 2.0. Using the [ISF Leadership Installation Guide](#), these team-based assessments can help the DCLT identify the top 3-5 priorities that will determine the initial implementation tasks for action planning.

STEP 3 Reaching Team Consensus on a Mission Statement

As district and community leaders begin to coalesce around agreed upon priorities, they will need consensus on a shared mission that is valued by all stakeholder groups. An example is shown in Exhibit 3.0. A mission statement:

- Defines the purpose of the team
- Establishes goals for work
- Creates a shared vision that can be communicated with stakeholders, including teachers, students, and families

STEP 4 Establish DCLT Procedures and Routines

A vital part of the installation of an ISF is to establish procedures and routines that augment the use of the core features of a MTSS at both the district and building levels. This installation includes procedures for teams to:

- Choose and install a universal screener
- Select interventions
- Monitor fidelity and outcomes

As the routines and procedures are agreed upon, the DCLT will develop an integrated action plan.

Step 4a: Selecting and Installing a Universal Screener. It is recommended that the DCLT select the screener to be used district-wide. When choosing a screener, leadership should ensure that the tool identifies both internalizing and externalizing behavioral concerns of students. As many screening tools are available, DCLTs should engage in a selection process that compares tools across metrics (see Exhibit 4.0). There are both

Exhibit 3.0

County Mission Statement

Healthy school environments and social-emotional learning improves student behavior and academic achievement. We will provide positive, predictable, and safe environments for all students and we will explicitly teach the social, emotional, and behavioral skills to promote student success. Trauma and stress can impact brain development and impact student learning. We will provide supports for students impacted by trauma that help regulate brain functioning to improve student attention to instruction and social-emotional behavior.

cost and no-cost options available, but the fit for the district needs and capacity is imperative.

Step 4b: Selection Process for Evidence-based Practices. The DCLT should establish a formal process for selecting interventions for installation across all schools. The DCLT will be responsible for deploying resources (e.g., funding, staff to facilitate interventions, coaching supports) and will need to carefully determine how the overall system will be impacted if another initiative is added to the menu of available interventions. The DCLT may want to consider using the [Hexagon tool](#) (Blasé, Kiser, VanDyke, 2013) to help make decisions about new interventions to be installed district-wide. The Hexagon Tool guides dialogue and decision-making for selecting potential interventions by organizing information across multiple metrics (see Exhibit 4.0). This tool allows

Exhibit 4.0

DCLT Screener Comparison Process

1. Evidence of each tool
2. Resources (e.g., staff time, technology, cost) needed to implement
3. Fit with other district initiatives and priorities
4. Readiness and capacity to implement

The Hexagon Tool Assessment Metrics

1. Need
 2. Fit within current initiatives
 3. Evidence of effectiveness
 4. Capacity to implement
 5. Readiness for replication
 6. Resources and supports
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the DCLT to assess the fit between the proposed intervention, prioritized need, and DCLT mission. This process will support an informed consensus on whether to adopt a specific intervention. Additionally, the Hexagon Tool allows the DCLT to determine if they have the resources to install, sustain, and expand the intervention to all students.

Step 4c: Process to Monitor Fidelity of Interventions. Once the DCLT has decided to launch a new intervention, the team has the task of determining how to accurately assess the extent to which the intervention is being implemented with fidelity. This information will be needed to help the DCLT deploy training and coaching resources more effectively. Choosing fidelity measurement tools and processes is an essential step in developing an evaluation plan. The team will be considering how the new fidelity tool fits with other measures and processes already in place. The questions in Exhibit 5.0 can assist the DCLT in determining how to measure fidelity as part of the installation of a new intervention.

Step 4d: Process to Monitor Outcomes of Interventions. In addition to ensuring that all building-level teams follow a consistent process to monitor fidelity, the DCLT also has a role in ensuring that building level teams monitor outcomes of each intervention. As part of the district action plan, the DCLT will develop an evaluation plan that includes fidelity measures and data collection procedures.

This [resource](#) describes which elements should be included in a robust evaluation plan and what questions should drive plan development.

STEP 5 Develop Action Planning to Support Demonstration Sites

At this stage the team has spent time reviewing data, assessing current status, and identifying action steps for integrating efforts using the MTSS framework. Although determining action items is ongoing during Steps 1-4, we describe the action planning process as Step 5, resulting in a comprehensive 3-5-year action plan. In

addition to addressing the executive functions of the integrated system (stakeholder engagement, policy, systems alignment, funding, and workforce capacity, described in the PBIS Implementation Blueprint link the action plan addresses several critical components related to implementation. These components include an **evaluation plan** and a **professional development plan** that provides for training and coaching designed to build capacity by increasing the number of staff with social-emotional behavior expertise. Other key components include a method for the selection of **demonstration sites** with defined readiness and commitment factors. Finalizing the **MOU** is also a key component for the 3-5-year action plan. The MOU outlines the resource commitment of all organizations involved and articulates how they will work in an integrated way.

ISF in Practice

One of the functions of the DCLTs is to identify a **formal process for selecting and implementing interventions**. Having a formal process for selection and implementation will prevent the system from becoming bogged down with too many initiatives and interventions; this can lead to poor implementation and an overwhelmed workforce. While the DCLT provides the formal process, implementation of interventions within individual schools may have slight variances based on the school-specific data. A formal process for selecting evidence-based interventions supports teams to consider the status of existing interventions and the

Exhibit 5.0 Monitoring Fidelity

1. What tool will teams use to assess implementation fidelity?
 2. When and how often will the teams assess implementation fidelity?
 3. For this intervention, what is an acceptable level of implementation fidelity?
 4. What will the DCLT do if implementation fidelity is below this acceptable level?
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contextual fit and capacity to implement newly proposed intervention(s). The questions in Exhibit 6.0 provide further descriptions to consider including in the process. The identified process will become the team's guide or checklist before investing in any new interventions. A successful intervention will match the need identified by data and have evidence to demonstrate effectiveness for identified need (e.g., preventative/Tier 1 intervention, intensive/Tier 3 intervention) and population of students (e.g., age, demographic). The district's ability to ensure implementation of intervention with fidelity will also be a critical factor. The DCLT will need to consider staff capacity, training, and coaching needs to support implementation. For a specific example of selecting interventions based upon mental health data, see the Local Spotlight below.

Exhibit 6.0 Considerations in Selecting Interventions

- How the intervention matches the identified *need* of students?
- How the intervention *fits* within current initiatives and interventions?
- Is there *evidence* to support the use of the intervention for an identified problem and population of students?
- Does the district and community provider have the *capacity* to implement the intervention?
- Is there *readiness* to implement or replicate?
- Are the *resources* and supports available to implement?
- Are *data systems* available to monitor fidelity and outcomes of implementation?

Local Spotlight

With an increase in mental health diagnosis and youth suicides in California, Placer County Educational Services (PCOE) identified a need to focus on mental wellness for all students. One high school in this county, utilized a formal process to develop their response to this data and select practices within a multi-tiered system of support approach. To begin, the school leadership team completed District Initiative Inventory to identify current status of initiatives in place to support social-emotional-behavioral (SEB) needs of students. Once current status of initiatives was complete, the team recognized a need for Tier I practice to prevent suicidal ideation.

To guide their selection process, the school leadership team used the Hexagon Tool from the National Implementation of Research Network (NIRN). Before using the Hexagon Tool to guide their conversation, the team identified two practices: NAMI on Campus and Signs of Suicide to explore further. After discussion and team rating guided by Hexagon Tool, NAMI on Campus had a higher score indicating this practice as the best fit for their Tier I preventive response. Another focus for the school leadership team was building staff's awareness and capacity to support students' social emotional behavioral needs.

With an understanding of limited staff resource, this team strategically considered what skills *all staff* (e.g.: teachers, custodians) needed to support SEB, *some staff* (e.g.: counselors, school resource officers, administrators) needed to respond to at-risk SEB needs, and a *few staff* (e.g.: school-based clinicians) needed to intervene to students displaying current SEB needs. The tiered approach to considering staff skills allowed the team to select Eliminating Barriers to Learning, an online modularized training for all staff, Youth Mental Health First Aid, an eight-hour training for some staff, and Applied Suicide Intervention Skills Training (ASIST) for a few staff. This tiered system of support for staff provided staff the skills needed to connect students to higher-level interventions.

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