School Mental Health within a Multi-tiered System of Behavioral Supports

SMH+PBIS=ISF

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- All the ISF Authors and participants
Goals for Today

1. Define Core features of ISF
2. Identify ways to enhance current PBIS implementation
Wellbeing

Should central role of education be building and improving wellbeing?

How would academic achievement improve if we had students, youth, educators in environments that fostered emotional health and wellbeing?

How would that impact healthcare? Justice system, Poverty, Homelessness, Drug Use? Unemployment?
Starts with Equal Priority

Academic Rigor

Social Emotional Health/ Mental Wellness/Physical Health

Organizational Health: Workforce

Socially Significant Outcomes

Adapted from © Fixsen and Blase 2013, 2013
Vermont Joint House/Senate Resolution
(J.R.H 6) 2013

Whereas, following the mass shootings at the Sandy Hook Elementary School in Newtown, Connecticut, we, as a nation, have had time to reflect collectively on who we are and how best to respond to the slaughter of the innocents, and

Whereas, the General Assembly rejects the singular response of meeting force with force, and

Whereas, alternatively, the General Assembly embraces a Vermont commitment that the mental, physical, and nutritional health of our students and their caregivers is addressed with the same level of attention and concern as is our students’ academic and cognitive achievement, and

Whereas, Vermont schools must offer a learning environment that encourages all students to attain mastery of academic content, to practice generosity, to experience belonging, and to realize independence in their daily lives, now therefore be it

Resolved by the Senate and House of Representatives:

That the tears of Sandy Hook and our nation will not fall on fallow ground but will give rise to a rededication to our goal of maintaining safe and healthy schools, and be it further

Resolved: That the General Assembly declares Vermont to be a state in which equity, caring, and safety, both emotional and physical, are evident in all of our schools’ practices.
Balcony View

• Organizing around Public Health Model: PBIS, MTSS, RTI
• Attention toward Equity and Social Justice, Mental Health and Reform efforts—anyone following Nicolas Kristoff in NYT??
• Feds are aligning...Wait what???
  – Justice, MH and Ed are working together
  – NITT: AWARE, School Climate, Prevent
• ESEA: Priority for more than academic success
• Focus on Evidence Based Practices that match student need
• Instructional focus
• Results Driven Accountability—IT IS ALL ABOUT THE OUTCOMES
Current Status: Impact to Society

• One in 5 youth have a MH “condition” that impacts social and academic success
  – About 50% of those get no treatment
  – Early diagnosis and medical intervention improves outcomes dramatically, but there is only one child psychiatrist for every 7,000 children with a mental illness or behavioral disorder.

• School is “defacto” MH provider
  – Of those that do...75% receive services in schools

• JJ system is next level of system default
  – Each year, more than 600,000 youth in America are placed in juvenile detention centers with mental health disorders 3X rate of general population.
Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System

• Nearly 70 percent of youth in contact with the juvenile justice system have a diagnosable mental health disorder.

• Almost 30 percent have disorders that require immediate and significant treatment.

• At least 75 percent of youth in the juvenile justice system have experienced traumatic victimization.
Vulnerable Populations
Kids, Youth and Families
% varies depending on Community

- Living in Poverty
- LGBT
- Homelessness
- Foster Care/Group Home
- Short term Situation/crisis
- Trauma
- ESL
- Medical Diagnosis
- Physical and Mental Disabilities
Protective Factor or Vulnerable Contexts

“Failing School”
“High Achieving School”

Don’t mistake academic label as an indication of “health”
Supports?

• Exclusion as “intervention”
• Not so great interventions
• Confuse label and team as “intervention”
• Confuse paperwork with intervention
• Not so great fidelity
• Not enough resources

Who do we blame?
Higher Risk for...

- Gang
- Drug Use
- Human Trafficking

- Decreased access to instruction (poor attendance)
- Increased risk for problem behaviors
- Increase truancy
- Increase dropout

LIFE LONG
- Justice System
- Poor Health...
Families, Schools and Communities

- We thrive in environments that are safe, feel valued, have social connections and have the skills to be successful
ISF Defined

– **Structure and process** for education and mental health systems to interact in most effective and efficient way.

– Guided by **key stakeholders** in education and mental health/community systems

– Who have the **authority** to reallocate resources, change role and function of staff, and change policy.
ISF Defined

– Tiered prevention logic
– Cross system problem solving teams
– Use of data to decide which evidence based practices to implement.
– Progress monitoring for both fidelity and impact.
– Active involvement by youth, families, and other school and community stakeholders.
ISF Core Features

- **Effective teams** that include community mental health providers
- **Data**-based decision making
- Formal processes for the selection & implementation of **evidence-based practices** (EBP)
- **Early access** through use of comprehensive screening
- Rigorous **progress-monitoring** for both fidelity & effectiveness
- Ongoing **coaching** at both the systems & practices level
Key Messages

1. Single System of Delivery
2. Access is NOT enough
3. Mental Health is for ALL
4. MTSS essential to install SMH
1. Single System of Delivery

- One committed and functional team with authority guides the work, using data at three tiers of intervention
- MH participates across ALL Tiers
- Evidence Based Practices/ Programs integrated at each tier
- Symmetry (of process) at District and Building level
  - District has a plan to integrate MH at all buildings
  - Plan is based on community and school data
- Plan to build “social emotional” capacity across staff
  - Training and Coaching in place for ALL staff (community and school employed)
  - Staff are competent and confident in identifying, intervening and/or referring
2. Access is NOT enough

All work is focused on ensuring positive outcomes for ALL children and youth and their families.

- Interventions matched to presenting problem using data, monitored for fidelity and outcome
- Teams and staff are explicit about types of interventions students and youth receive (e.g. from “student receives counseling” to “student receives 4 coping skills group sessions”)
- Skills acquired during sessions are supported by ALL staff (e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day)
Child Outcomes Survey (COS) Family Functioning (n= 285 youth 11 schools)

DATA linked to specific intervention
Child Outcomes Survey (COS) Child Functioning\( (n=285\) youth 11 schools)\): DATA linked to specific intervention
Measuring Fidelity: ISF Implementation Inventory

• Tool designed and piloted to measure fidelity of ISF implementation in schools

• Benefits:
  – To assist school and community partners in their installation and implementation of ISF
  – To assess baseline and/or ongoing progress on critical features of ISF implementation
  – For action planning
3. Mental Health is for ALL

• Positive school climate and culture serves as protective factor. Social/emotional/behavioral health addressed with same level of attention and concern as is our children’s academic and cognitive achievement.

• Social behavior skills taught and reinforced by ALL staff across ALL settings, and embedded in ALL curriculum

• Behavior examples used to explicitly teach what behaviors look like and sound like across school settings.
3. Mental Health is for ALL

**Tier 3 – Intensive** mental health supports designed to meet the unique needs of students who already display a concern or problem.

**Tier 2 – Targeted** mental health supports provided for groups of students identified as at risk for a concern or problem.

**Tier 1 – Universal** supports that ALL students receive. Promoting wellness & positive life skills can prevent or reduce mental health concerns or problems from developing.
Link MH to Domains of Instruction: Teaching Process is the SAME !!!

Academic Enablers
- Organizational Skills
- Study Skills
- Group Process
- Time Management

Social/Emotional
- Communication Skills
- Healthy Relationships
- Managing Stress

Academic Content
- Academic Standards
- Graduation Requirements

And...if we ask employers
“What are the skills you are looking for in a potential employee?”

So what are the skills required to succeed in college, career and life?
EBP = Teaching Skills

Define simply

Based on data, adjust instruction & reteach

Monitor & provide positive feedback & reinforcement

Model/demonstrate with range of examples

Practice in range of natural settings

Based on data, adjust instruction & reteach
<table>
<thead>
<tr>
<th>Teaching Matrix</th>
<th>INCORPORATE Coping Strategies for Managing Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect</strong></td>
<td>All Settings</td>
</tr>
<tr>
<td></td>
<td>Halls</td>
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<tr>
<td></td>
<td>Playgrounds</td>
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<tr>
<td></td>
<td>Lunch</td>
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<td></td>
<td>Library/Computer Lab</td>
</tr>
<tr>
<td></td>
<td>Assembly</td>
</tr>
<tr>
<td></td>
<td>Bus</td>
</tr>
</tbody>
</table>

1. **Expectations**

- Be on task.
- Give your best effort.
- Be prepared.
- Walk.
- Have a plan.
- Study, read, compute.
- Sit in one spot.
- Watch for your stop.

2. **CONTEXT (Locations)**

- Invite those sitting alone to join in
- Have a lunch plan and choose quiet or social lunch area
- Invite friends to join me
- Whisper. Return books.
- Listen/watch. Use appropriate applause.
- Whisper. Return books.
- Listen/watch. Use appropriate applause.

3. **Rules or Specific Behaviors**

- Be kind. Hands/feet to self. Help/share with others.
- Use normal voice volume. Include others.
- Share equipment.
- Use my breathing technique
- Listen to my signals
- Recycle.
- Clean up after self.
- Pick up litter.
- Maintain physical space.
- Use equipment properly.
- Put litter in garbage can.
- Push in chairs. Treat books carefully.
- Pick up. Treat chairs carefully.
- Wipe your feet.
4. Multiple ways to install behavioral health in schools but always installed and aligned with core features of MTSS framework.

- Core features of a MTSS include teams representative of all stakeholders including families and students; data-based decision making; a formal process for selecting and implementing evidence-based practices; early access through comprehensive screening; progress monitoring for both fidelity and effectiveness; and ongoing coaching.
Need a Framework to Install SMH Approach

School Leadership

School Team

Data based problem solving

Coaching

Effective interventions

Implementation
Impacts of SW-PBIS on Student Outcomes

• Significant reduction in *school-level suspensions*
• Students in PBIS schools were 32% less likely to receive an *office discipline referral*
• A positive effect for school-level *academic performance* (Bradshaw et al., *JPBI*, 2010)
• Significant reductions in teacher-rated behavior problems
  • Rejection & bullying (Waasdorp, Bradshaw, & Leaf, 2012)
  • Service use (e.g., counseling, special education referral, office referrals)
  • Reductions in concentration problems and aggressive/disruptive behavior, and improvements in prosocial behavior and emotion regulation (Bradshaw et al., submitted)
    • Some indication that the intervention effects are strongest the earlier students are exposed to SW-PBIS (Bradshaw et al., submitted)
A Foundation…. but More is Needed…

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

• Youth with “internalizing” issues may go undetected

• 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.
School Mental Health
School and Community Partners
Broader Range of EBP
Emphasis on Family System

“SMH provides a full continuum of mental health promotion programs and services in schools, including enhancing environments, broadly training and promoting social and emotional learning and life skills, preventing emotional and behavioral problems, identifying and intervening in these problems early on and providing intervention for established problems. School mental health promotion programs should be available to all students, including those in general and special education, in diverse educational settings, and should reflect a shared agenda - with families and young people, school and community partners actively involved in building, continuously improving, and expanding them”
Development of ISF

• 2002-2007: Site Development with PBIS Expansion (informal and independent)
• 2005  CoP focus on integration of PBIS and SMH
• 2008: ISF White Paper: formal partnership between PBIS and SMH
• 2009-2013 Monthly calls with implementation sites, national presentations (from sessions to strands)
• 2009-2011 Grant Submissions
• June 2012- September 2013 ISF Monograph
• Monograph Advisory group
• 2015: ISF Learning Community, SOC  Webinar Series
Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

Editors: Susan Barrett, Lucille Eber and Mark Weist

pbis.org
csmh.umaryland
IDEA Partnership NASDSE
Broader Use of The Framework

• What have we learned?
Big Idea #1
Implementation Science

• ISF Implementation is not a single event
• A mission-oriented process involving multiple decisions, actions, and corrections - *Continuous Improvement/Regeneration*
• Uses stages to make the process of change doable
• Anchored to tiered framework
• Always connected to strategic plan
# Stages of Implementation

<table>
<thead>
<tr>
<th>Focus</th>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should we do it</td>
<td>Exploration/Adoption</td>
<td>Decision regarding commitment to adopting the program/practices and supporting successful implementation.</td>
</tr>
<tr>
<td>Getting it right</td>
<td>Installation</td>
<td>Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.</td>
</tr>
<tr>
<td>Initial Implementation</td>
<td>Elaboration</td>
<td>Try out the practices, work out details, learn and improve before expanding to other contexts.</td>
</tr>
<tr>
<td>Making it better</td>
<td>Continuous Improvement/Regeneration</td>
<td>Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Make it easier, more efficient. Embed within current practices.</td>
</tr>
</tbody>
</table>
Work Flow Checklist

1. Select District and Schools
2. Form or Expand District Team (Workgroup of existing team?)
   – Membership
3. Establish Operating Procedures
4. Conduct Resource Mapping of current programs/initiatives/teams
   – Identify gaps/needs
   – Conduct staff utilization
   – Examine organizational barriers
   – Establish priority-measurable outcomes
5. Develop Evaluation Plan
   – District and School Level
   – Tools Identified
   – Economic Benefits
6. Develop Integrated Action plan
   – Identification of Formal Process for Selecting EBP’s
   – System for Screening
   – Communication and Dissemination Plan
7. Write MOU- Determine who will implement the plan
Big Idea #2: Use the TFI to deepen quality of implementation and broaden ways of work to include other systems.

Change in routines and procedures?
(e.g. who needs to be available to participate in team meetings?)

Change in how interventions are selected and monitored?
(e.g. team review of data/research vs individual clinician choice?)

Change in language we use?
(e.g. identifying specific interventions vs generic terms such as “counseling” or “supports”?)

Changes in Roles/functions of staff?
(e.g. clinicians coordinating/overseeing some interventions that non-clinicians deliver?)
SWPBIS Tiered Fidelity Inventory is a Self-Assessment

- Primary purpose of the instrument is to help school teams improve

- Primary audience for instrument results is the team, faculty, families and administrators of the school.

- Effective use of the instrument requires multiple administrations (progress monitoring)
Uses of the SWPBIS Tiered Fidelity Inventory

• Formative Assessment
  – Determine current PBIS practices in place and needed prior to launching implementation

• Progress monitoring
  – Self-assess PBIS practices by tier to guide implementation efforts, and assess progress by tier
  – Build action plan to focus implementation efforts

• Annual Self-Assessment
  – Self-assess annually to facilitate sustained implementation of PBIS

• State Recognition
  – Determine schools warranting recognition for their fidelity of PBIS implementation.
# 1.1 Team Composition: Single System

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teams</strong></td>
<td><strong>1.1 Team Composition:</strong> Tier I team includes a Tier I systems coordinator, a school administrator, a family member, and individuals able to provide (a) applied behavioral expertise, (b) coaching expertise, (c) knowledge of student academic and behavior patterns, (d) knowledge about the operations of the school across grade levels and programs, and for high schools, (e) student representation.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Effective PBIS teams are knowledgeable, representative of stakeholders, and have administrative authority.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Community Partners, including family representatives, can provide an expanded view/context of how the students’ lives outside of school are to be considered and can enhance the Tier 1 Team’s ability to promote healthy social emotional functioning for ALL students.</td>
</tr>
<tr>
<td><strong>ISF Enhancement</strong></td>
<td><strong>ISF leadership teams include community employed and school employed staff with mental health expertise. Teams also include families and students as active leaders.</strong></td>
</tr>
<tr>
<td></td>
<td>Community partners’ roles at Tier 1 are clearly defined through a memorandum of understanding (MOU).</td>
</tr>
</tbody>
</table>
Quick Check: Team Composition

Are all necessary roles/functions represented on the team?
In what ways would we assess if ISF was in place?
**we are not scoring ISF items- we are considering ways to develop ISF logic/enhancements.

• Self-Assessment
  - Coordinator
  - Behavioral/MH expertise
  - Administrative authority
  - Coaching expertise
  - Knowledge about academic/behavior, social emotional outcomes
  - Knowledge about school and community operations
  - Family/Student/Community perspective included
## 1.2 Team Operating Procedures

<table>
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<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teams</strong></td>
<td><strong>1.2 Team Operating Procedures:</strong> Tier I team meets at least monthly and has (a) regular meeting format/agenda, (b) minutes, (c) defined meeting roles, and (d) a current action plan.</td>
</tr>
</tbody>
</table>

**PBIS Big Idea:** Teams with defined roles, consistent procedures, and an ongoing action plan make effective and efficient decisions.

**ISF Big Idea:** Community partners, including family/student representatives, with clearly defined roles can improve ongoing action plans for efficient and effective improvement of social/emotional health of all students.

<table>
<thead>
<tr>
<th>ISF Enhancement</th>
<th>Team review relevant community data, along with school data as they establish measureable goals that include mental health outcomes (climate data/ family and student surveys).</th>
</tr>
</thead>
</table>

**Teams address potential barriers (funding, policy, roles of personnel) and engage in problem solving such as review role and utilization of school and community employed clinicians (e.g time studies to determine how school and community staff time is funded, prioritized and assigned).**
## 1.3 Behavioral Expectations

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td><strong>1.3 Behavioral Expectations:</strong> School has five or fewer positively stated behavioral expectations and examples by setting/location for student and staff behaviors (e.g., school teaching matrix) defined and in place.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> School-wide expectations are a brief, memorable set of positively-stated expectations that create a school culture that is clear, positive, and consistent.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> School-wide expectations foster skill building, positive relationships, and focus on teaching social and emotional competencies.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td><strong>Families, students and community participate in development of the expectations</strong></td>
</tr>
<tr>
<td></td>
<td><strong>All elements of the social emotional curriculum including community enhancements are linked the behavioral expectations</strong></td>
</tr>
</tbody>
</table>
Quick Check: Behavioral Expectations

• Self-Assessment

- Has the team with family input identified five or fewer behavioral expectations?
- Do they include examples by location / setting within school/community/homes?
- Are they posted publically throughout the school/community?
- Social Emotional Curriculum connected to expectations?
## Teaching Matrix

### C. Alton Lindsay Middle School

#### School-Wide Behavior Expectations

<table>
<thead>
<tr>
<th>Safety First</th>
<th>Work Together Respectfully</th>
<th>Accept Responsibility</th>
<th>Guide Me</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Activity</strong></td>
<td><strong>Activity</strong></td>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>Walk directly to my designated area</td>
<td>Walk quietly in a single, straight, and silent line so that others can continue learning and working</td>
<td>Maintain a clean space and conversation</td>
<td>Guide Me</td>
</tr>
<tr>
<td>Stay in my area</td>
<td>Move away from conflict or distractions</td>
<td>Teachers will arrive on time and pick up students on time</td>
<td>Teachers will supervise groups of students at all times</td>
</tr>
<tr>
<td>Talk softly</td>
<td>Ask for help when needed</td>
<td><strong>Guide Me</strong></td>
<td>Supervise groups of students at all times</td>
</tr>
<tr>
<td>Keep hands, feet, and belongings to myself</td>
<td>Be patient</td>
<td>Be prepared for class</td>
<td>- Lesson plans posted</td>
</tr>
</tbody>
</table>

### Guide Me

- **Walk** quietly in a single, straight, and silent line so that others can continue learning and working.
- **Walk** to the right side of the hallway.
- **Conserve** supplies:
  - 2 squirts of soap
  - 2 pushes/turns on the paper towel dispenser
  - Dispose of trash in the trash can
- **Move away** from conflict or distractions.
- **Ask** for help when needed.
- **Be patient**
- **Stay** in line.
- **Listen**
- **Follow** directions the first time given.
- **Ask** appropriately for help.
- **Clean** up after myself.
- **Follow** lab rules and procedures.
- **Accept** feedback and discipline from staff by listening, asking questions, and following directions the first time.
- **Be ready** to learn.
- **Be present and focused**
- **Encourage** others.

### Cafeteria

- **Enter and exit** with a pass or my teacher.
- **Throw away** my trash and tray.
- **Clean** up after myself.

### Classroom

- **Teachers** will supervise groups of students at all times.
- **Teachers** will assign students to their doors and in the hallways.
- **Teachers** will stand by bathrooms to monitor the noise and behavior from the hallway.
- **Teachers** will arrive on time and pick up students on time.
- **Teachers** will walk students directly into the cafeteria.
- **Teachers** will be prepared for class.
  - Lesson plans posted
  - Engaged and present
  - Observable outcomes
<table>
<thead>
<tr>
<th>HELP OUT</th>
<th>Getting up in the morning</th>
<th>Getting to school</th>
<th>Clean-up time</th>
<th>Time to relax</th>
<th>Homework time</th>
<th>Mealtime</th>
<th>Getting ready for bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWN YOUR BEHAVIOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANNERS COUNT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVERYDAY</td>
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</tr>
</tbody>
</table>
# PBIS Matrix for Home

<table>
<thead>
<tr>
<th>I am respectful</th>
<th>Listen to my parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be truthful to my parents</td>
</tr>
<tr>
<td></td>
<td>Play cooperatively</td>
</tr>
<tr>
<td></td>
<td>Speak nicely to others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am responsible</th>
<th>Put away my toys, bike, and equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Help with jobs at home</td>
</tr>
<tr>
<td></td>
<td>Follow my parents’ directions</td>
</tr>
<tr>
<td></td>
<td>Share Thursday folder with parents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am safe</th>
<th>Play safely with others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stay in designated areas</td>
</tr>
<tr>
<td></td>
<td>Stay away from strangers</td>
</tr>
<tr>
<td></td>
<td>Wear bike helmet and equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am prepared</th>
<th>Finish homework and share with parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pack backpack at night for school the next day</td>
</tr>
<tr>
<td></td>
<td>Go to bed on time</td>
</tr>
<tr>
<td></td>
<td>Get up and get ready for school when called</td>
</tr>
</tbody>
</table>
How do we help our children and youth look at differences in school, home and community?

<table>
<thead>
<tr>
<th>Elements of Culture</th>
<th>My values growing up</th>
<th>My values now</th>
<th>What my school values</th>
<th>How my students and families might be different</th>
<th>How this difference may create conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate personal space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Appropriate voice level</td>
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<tr>
<td>Appropriate dress</td>
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<tr>
<td>Appropriate response to insults</td>
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</tr>
</tbody>
</table>
Forest Park Youth will...

- Be Respectful
- Be Responsible
- Be Safe
Sustaining PBIS Implementation Community-wide

- External Coach from the community setting
- Monthly Community-wide Leadership Team mtgs.
- Monthly Community-wide Coaches meetings
- Annual assessment of implementation
- Family/Community Forum/s
- On-going training (new summer staff at pool/park etc.)
- Picnic and other community events
Forest Park Youth will...
- Be Respectful
- Be Responsible
- Be Safe

Take Time for Fun! Park District of Forest Park
## 1.4 Teaching Expectations

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td><strong>1.4 Teaching Expectations:</strong> Expected academic and social behaviors are taught directly to all students in classrooms and across other campus settings/locations.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Active and explicit teaching of school-wide expectations clarifies concepts for students and adults, allows for practice and performance feedback, and reduces misunderstandings regarding what is appropriate at school.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> A review of both community and school data, supported by family input, leads to the selection of school-wide social emotional instruction that promotes overall wellness for all students.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td><strong>Team uses community data and student and family perception data/ focus groups to inform development of student expectations as well as staff expectations for the teaching matrix. Staff expectation should explicitly state how staff support ALL students develop social emotional skills</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Social emotional instruction has an evidence base and is implemented with fidelity for all students</strong></td>
</tr>
</tbody>
</table>
Quick Check: Teaching Expectations

What is the system for teaching behavioral expectations and social emotional skills (i.e. coping, relationship) to all students?

• Self-Assessment

- Are regularly scheduled times identified for teaching expectations at least once per school year?
- Is there a documented teaching schedule?
- Are the behavioral expectations taught to all students across all school settings (i.e., cafeteria, hallways, classrooms, etc.)?
### Teaching Matrix

<table>
<thead>
<tr>
<th>Teaching Matrix</th>
<th>INCORPORATE BULLY PREVENTION / INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>If you see Disrespect</td>
</tr>
<tr>
<td>Achieving &amp; Organized</td>
<td>Library/Computer Lab</td>
</tr>
<tr>
<td>Responsible</td>
<td>Assembly</td>
</tr>
<tr>
<td></td>
<td>Bus</td>
</tr>
</tbody>
</table>

#### 1. Expectations

**Respect**
- Be on task.
- Give your best effort.
- Be prepared.
- Walk.
- Have a plan.

**Achieving & Organized**
- Be kind.
- Hands/feet to self.
- Help/share with others.
- Use normal voice volume.
- Walk to right.
- Share equipment.
- Include others.

**Responsible**
- Recycle.
- Clean up after self.
- Pick up litter.
- Maintain physical space.
- Use equipment properly.
- Put litter in garbage can.
- Push in chairs.
- Treat books carefully.
- Wash your feet.

#### 2. Natural Context (Locations)

**If you see Disrespect**
- **STOP:** Interrupt & model respect, rather than watch or join in.
- **WALK:** Invite people who are being disrespected to join you and move away.

**Library/Computer Lab**
- Whisper.
- Return books.
- Listen/watch.
- Use appropriate applause.

**Assembly**
- Watch for your stop.
- Sit in one spot.
- Watch for your stop.
- Whisper.
- Return books.
- Listen/watch.
- Use appropriate applause.

**Bus**
- Watch for your stop.
- Sit in one spot.
- Watch for your stop.
- Whisper.
- Return books.
- Listen/watch.
- Use appropriate applause.

#### 3. Rules or Specific Behaviors

**Expectations**
- WALK: Invite those who are alone to join in.
- STOP: Interrupt, say “that’s not ok.”
- Walk: Walk away.
- Don’t be an audience.
- Talk: REPORT to an adult.
• Support staff considering the cafeteria as a place to embed services in the natural context
  – Teaching how to socialize in the cafeteria
  – Teaching healthy eating habits
• Team approach that involves admin, teachers, café supervisors, food service personnel, students and families
## 1.5 Problem Behavior Definitions

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier 1 Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td><strong>1.5 Problem Behavior Definitions:</strong> School has clear definitions for behaviors that interfere with academic and social success and a clear policy/procedure (e.g., flowchart) for addressing office-managed versus staff-managed problems. <strong>PBIS Big Idea:</strong> Explicit definitions of acceptable versus unacceptable behavior provides clarity to both students and staff and is a critical component of identifying clear procedures for staff to respond to inappropriate behavior objectively. <strong>ISF Big Idea:</strong> Community, family/student input to the definitions of acceptable vs unacceptable behaviors expands the view of behavioral definitions and increases likelihood of cultural relevancy and student engagement.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>The school team develops a clearly documented and predictable system for managing disruptive behavior that represent community family/student values and culture. <strong>Referral procedures include ways to track students leaving their instructional environment (e.g., visits to the nurse or school counselor) so the needs of youth with internalizing as well as externalizing challenges inform the behavior definition process.</strong></td>
</tr>
</tbody>
</table>
Quick Check: Problem Behavior Definitions

What is the process for identifying problem behavior?
What is the process for tracking lost instructional time indicating a student may need increased supports?

• Self-Assessment

- Are problem behavior definitions written down and out of instructional time documented? (nurse, counselor log)
- Do the definitions clearly differentiate between staff-managed and office-managed problem behaviors?
- Are all staff and faculty members trained on the definitions?
- Are the definitions shared with families and students?
Broaden Use of Data: Focus on Internalizing Issues
Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

WHAT WILL PARTICIPANTS LEARN?
The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling — rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.
Parent Screener for ALL students transitioning to Middle school

_School Readiness Check-In_
Welcome to the new school year!
We’re checking in with you to learn about your student’s strengths and needs for support at school.
By answering these questions, you can help us start the year off right!

<table>
<thead>
<tr>
<th>Please rate your student in the following areas:</th>
<th>Doing Great</th>
<th>Some Concern</th>
<th>Serious Concern</th>
<th>Need Support?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperating with adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaving well at school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting grades that are appropriate for his/her skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having good relationships with other students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following classroom rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focusing and staying on task in class</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Completing homework and assignments on time</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Showing up on time to school or other activities</td>
<td></td>
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<tr>
<td>Avoiding tasks that seem difficult or challenging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending time with students who break school rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting depressed, anxious, or irritable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting easily distracted by other kids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needing structure and supervision to stay on task and behave well</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liking attending school</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Relationships and Youth Connectedness

ESSENTIAL to children’s well being.

• A sample of 2,022 students (999 boys and 1,023 girls) ages 12-14 years was measured at two time points twelve months apart on school connectedness and mental health symptoms (general functioning, depression, and anxiety symptoms). After adjusting for any prior conditions that could have led to mental health problems, the authors of the study reported stronger than previous evidence of the association with school connectedness and adolescent depressive symptoms and a predictive link between school connectedness to future mental health problems.

• 22 Early studies suggest that there are substantial percentages of violent youth who do not perceive themselves to be liked by classmates and who report loneliness.

(Clin, 2006 Adol Psychology)
## 1.6 Discipline Policies

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.6 Discipline Policies:</strong></td>
<td>School policies and procedures describe and emphasize proactive, instructive, and/or restorative approaches to student behavior that are implemented consistently.</td>
</tr>
<tr>
<td><strong>PBIS Big Idea:</strong></td>
<td>Proactive or instructive responses to problem behavior are more likely to lead to improved student outcomes than exclusionary practices such as office referrals or suspensions.</td>
</tr>
<tr>
<td><strong>ISF Big Idea:</strong></td>
<td>Policies and procedures that incorporate promotion of wellness and mental health can inform a more comprehensive system of support for ALL students.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>The school is committed to having a clear, consistent, and positive discipline policy that encourages a safe environment where students’ overall wellness, including social/emotional health, is a priority.</td>
</tr>
<tr>
<td></td>
<td>Policies and procedures are reviewed by the District/Community Leadership Team, where members with the authority to change policies or procedures review community and school data, and act accordingly.</td>
</tr>
</tbody>
</table>
Quick Check: Discipline Policies

Do the discipline policies emphasize proactive, preventative disciplinary measures? Is overall wellness a priority?

• Self-Assessment
  
  ❑ Are disciplinary practices proactive and preventative?
    • Do they help keep children in school and the classroom or is there a reliance on exclusionary practices?
  
  ❑ Is there clear documentation of discipline policies?
  
  ❑ Do administrators report consistent use of proactive, preventative approaches?
Vermont Joint House/Senate Resolution (J.R.H 6) 2013

Whereas, following the mass shootings at the Sandy Hook Elementary School in Newtown, Connecticut, we, as a nation, have had time to reflect collectively on who we are and how best to respond to the slaughter of the innocents, and

Whereas, the General Assembly rejects the singular response of meeting force with force, and

Whereas, alternatively, the General Assembly embraces a Vermont commitment that the mental, physical, and nutritional health of our students and their caregivers is addressed with the same level of attention and concern as is our students’ academic and cognitive achievement, and

Whereas, Vermont schools must offer a learning environment that encourages all students to attain mastery of academic content, to practice generosity, to experience belonging, and to realize independence in their daily lives, now therefore be it

Resolved by the Senate and House of Representatives:

That the tears of Sandy Hook and our nation will not fall on fallow ground but will give rise to a rededication to our goal of maintaining safe and healthy schools, and be it further

Resolved: That the General Assembly declares Vermont to be a state in which equity, caring, and safety, both emotional and physical, are evident in all of our schools’ practices.
Families, Schools and Communities

• We thrive in environments that are safe, feel valued, have social connections and have the skills to be successful
### 1.7 Professional Development

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td><strong>1.7 Professional Development:</strong> A written process is used for orienting all faculty/staff on 4 core Tier I SWPBIS practices: (a) teaching school-wide expectations, (b) acknowledging appropriate behavior, (c) correcting errors, and (d) requesting assistance.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Formal processes for providing training and practice to staff on implementing SWPBIS increases fidelity and consistency in SWPBIS practices.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Cross training of school employed and community employed staff can ensure consistent implementation of the Tier I curriculum with staff feeling confident and competent to support the social/emotional health of all students.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td>**Staff with mental health expertise assists team in determining needs of staff and faculty in regards to PBIS and how it supports MH conditions (e.g., trauma). School employed and community employed staff receive professional development on SWPBIS practices, effective mental health integration into their SWPBIS, as well as mental health awareness and the basics of behavioral health and wellness.</td>
</tr>
</tbody>
</table>
Quick Check: Professional Development

What is the system for training all staff members?
Is there a focus on mental health and wellness for staff and students?

• Self-Assessment

- Are there scheduled trainings for school team members?
- To what extent are we cross training? (school employed and community employed)
- Is there a faculty-wide orientation led by the full Tier I team?
- Is there a scheduled annual orientation for new faculty?
- Are there documented strategies for orienting substitutes or volunteers?
- Is the process for requesting assistance around behavioral health concerns known by all, easy to follow, and encouraged?
Youth Mental Health First Aid

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- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.
How will new information translate into actions?

• How confident and competent are staff with this new information?
• What will we all say and do differently as a result? How does this link to current referral process and other procedures?
• What interventions are available to students once we recognize need? (i.e. skills to manage anxiety)
• What is my role?
• How will we know we are effective? (DATA)
• What do I do if I need help?
## 1.8 Classroom Procedures

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td><strong>1.8 Classroom Procedures:</strong> Tier I features (school-wide expectations, routines, acknowledgements, in-class continuum of consequences) are implemented within classrooms and consistent with school-wide systems.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> SWPBIS classroom systems that are aligned with school-wide systems improve student outcomes.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Classrooms that promote wellness and mental health through the integration of behavior management and social/emotional instruction (i.e. classroom management, trauma, function-based thinking, etc.), provide preventative and proactive measures to improve student outcomes.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>Through professional development (offered by school-based clinicians, community partner agencies, etc.) teachers are more confident and competent to promote wellness and mental health, as well as, have an understanding of how to identify if a student may need additional support or intervention., and how to get him/her connected to those supports. For example, teachers trained in effects of trauma and proactive responses for the classroom.</td>
</tr>
</tbody>
</table>
Quick Check: Classroom Procedures

How has the school-wide system translated to classrooms?
Teachers and staff are confident promoting wellness and fostering connections with their students. They know process for referral.

• Self-Assessment

  - Do classroom procedures match proactive school-wide disciplinary practices?

  - Are all core features of Tier I supports visible?
    - Positively stated expectations and consistent routines
    - System for acknowledging appropriate behavior
    - In-class system for responding to inappropriate behavior
### 1.9 Feedback and Acknowledgement

<table>
<thead>
<tr>
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<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td><strong>1.9 Feedback and Acknowledgement:</strong> A formal system (i.e., written set of procedures for specific behavior feedback that is (a) linked to school-wide expectations and (b) used across settings and within classrooms) is in place and used by at least 90% of a sample of staff and received by at least 50% of a sample of students.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Attending to and acknowledging students’ desired behaviors increases the likelihood of these behaviors recurring and promotes a positive school culture.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Having a basic understanding of mental health and the needs of the school population allows the Tier I team to ensure contextual fit of the entire acknowledgement system.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td><em>The integrated Tier I team considers population and specific mental health needs when developing acknowledgement system.</em></td>
</tr>
<tr>
<td></td>
<td>For example, students who tend to exhibit characteristics that are internalizing in nature (i.e., withdrawal, isolation, difficulty advocating for needs, etc.) may not feel that a large assembly or celebration is rewarding to them, rather it could actually make their symptoms worse. Instead, these students may prefer to play a board game with a friend or go to the art room, etc.</td>
</tr>
</tbody>
</table>
Quick Check: Feedback and Acknowledgement

What is the integrity of the school-wide system of acknowledgement? Team considers community factors when developing their acknowledgement system.

• Self-Assessment

☑ Are students and staff interviewed at least once per year to see if they are receiving and distributing acknowledgements?

☑ Are those acknowledgements linked to school-wide expectations?

☑ Are they distributed across school settings?

☑ Do at least 80% of students interviewed report receiving them?
# 1.10 Faculty Involvement

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td>1.10 Faculty Involvement: Faculty are shown school-wide data regularly and provide input on universal foundations (e.g., expectations, acknowledgements, definitions, consequences) at least every 12 months.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Faculty voice is essential in establishing and maintaining staff commitment and consistency in implementation.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Student, family, and community voice is essential in establishing and maintaining commitment and consistency in implementation from all.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>School employed and community employed staff receive professional development to understand and interpret data from one another’s systems.</td>
</tr>
<tr>
<td></td>
<td>Community data (e.g., food pantry visits, calls to crisis centers, juvenile arrests) are included in the review of data provided to all faculty.</td>
</tr>
<tr>
<td></td>
<td>Families and students also have an opportunity to review data and provide feedback.</td>
</tr>
</tbody>
</table>
Quick Check: Faculty Involvement

What are feedback systems to regularly involve faculty and stakeholders? Faculty review climate surveys. Secure Faculty commitment to impact of MH on academic outcomes. Community data reviewed by faculty and used to for planning.

• Self-Assessment

- Is there documentation of a process for receiving feedback on Tier I supports?
- Does that documentation include input from faculty?
- Was the most recent feedback within the past 12 months?
- How often is school-wide data shared with faculty and?
Belonging

“I feel like I belong”

60% of students agree/strongly agree

40% disagree/strongly disagree

* strongly disagree
* disagree
* agree
* strongly agree
Relationships and Youth Connectedness

ESSENTIAL to children’s well being.

• A sample of 2,022 students (999 boys and 1,023 girls) ages 12-14 years was measured at two time points twelve months apart on school connectedness and mental health symptoms (general functioning, depression, and anxiety symptoms). After adjusting for any prior conditions that could have led to mental health problems, the authors of the study reported stronger than previous evidence of the association with school connectedness and adolescent depressive symptoms and a predictive link between school connectedness to future mental health problems.

• 22 Early studies suggest that there are substantial percentages of violent youth who do not perceive themselves to be liked by classmates and who report loneliness.

(Clin, 2006 Adol Psychology)
# 1.11 Student/Family/Community Involvement

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<thead>
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<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
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</thead>
<tbody>
<tr>
<td>Implementation</td>
<td><strong>1.11 Student/Family/Community Involvement:</strong> Stakeholders (students, families, and community members) provide input on universal foundations (e.g., expectations, consequences, acknowledgements) at least every 12 months.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Engaging stakeholders enhances the contextual fit of SWPBIS systems and may increase consistency across school and other settings.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea: Having:</strong> Family and community members as full and active team members expands the opportunities for cultural relevance and improved implementation.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td><strong>Family and community members actively participate on the District and Community Leadership Team, as well as the building level Tier I systems team.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Family and community member perspectives on the components of ISF Implementation are solicited at least annually through a variety of methods.</strong></td>
</tr>
</tbody>
</table>
Quick Check: Student/Family/Community Involvement

What are feedback systems to regularly involve stakeholders? Stakeholders contribute to iterative process.

- Self-Assessment
  - Is there documentation of a process for receiving feedback on Tier I supports?
  - Does that documentation include input from faculty, students and families?
  - Was the most recent feedback within the past 12 months?
How will you find kids and youth who feel like they don’t belong?

- Recognize and Respond!!
- Adults and Students Actively recruiting
- Student Focus Groups and Interviewing
- Activity/Club/Sports Fair
- Personal Invitation
- Relationships and Connections with Families and Communities
N.E.S.T. Time

During school year 2010-2011, “NEST Time” was implemented instead of the previous 4 lunch periods.

NEST is a one hour lunch period for all students and staff. Students choose where and when they will eat lunch. Teachers have a duty for one half of NEST time and have a duty-free lunch for the other half.

Students can go to a quiet room and do their homework. They can get extra tutoring to improve their GPA. They can practice for HSAs, have their hair and nails done in the cosmetology salon, they can join one of the 86 clubs – there’s something for everyone, from Comic Book Club to Gardening to Yard Games to Sports Reporting! Students check in with teachers and are tracked with the “NEST Tracker” so that teachers, guidance and administrators can track where students are choosing to spend their time. This data is compared to assessment scores to identify students who need extra help but may not be taking advantage of tutoring sessions.

NEST stands for:
• N – Nourishment (Food! Lunch!)
• E – Extracurricular and clubs
• S – Socialization while Studying
• T – Tutoring
## 1.12 Discipline Data

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation</strong></td>
<td>1.12 Discipline Data:</td>
</tr>
<tr>
<td></td>
<td>Tier I team has instantaneous access to graphed reports summarizing discipline data organized by the frequency of problem behavior events by behavior, location, time of day, and by individual student.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Teams with access to current and reliable data are able to make more accurate and relevant decisions regarding staff and student instruction and support.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Reviewing community data provides a broader range of information to make more informed decisions regarding the interventions and supports that need to be put into place for all students in schools</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>School employed and community employed staff receive professional development to understand and interpret data from one another’s systems.</td>
</tr>
<tr>
<td></td>
<td>Community data, from a variety of settings, are shared/reviewed, and analyzed at Tier I team meetings.</td>
</tr>
</tbody>
</table>
Quick Check: Discipline Data

How is data collected, organized, and summarized for decision making? Is community data easily accessible and summarized?

• Self-Assessment
  - Is there a centralized data system to collect and organize behavior incident data?
  - Does the Tier I team have instantaneous access to graphed reports summarizing discipline data?
  - Are those data organized to review all of the following: frequency of problem behavior events by behavior, location, time of day and student?
Take a Broader View: Geographic Information System

• Mapping of the locations of the schools in relation to
  • community-based resources (e.g., libraries, churches, hospitals,
  • community centers)
  • risks (e.g., alcohol outlets, crime).
  • community level census data (e.g., income of surrounding zip codes)
Other Datasets
Using Census (income, family structure, population)

<table>
<thead>
<tr>
<th>Positive Assets</th>
<th>Potential Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parks &amp; Playgrounds</td>
<td>• Alcohol Outlets</td>
</tr>
<tr>
<td>• Hospitals</td>
<td>• Crime</td>
</tr>
<tr>
<td>• Community Centers</td>
<td>• Vacant Housing</td>
</tr>
<tr>
<td>• Recreation Centers</td>
<td>• Fast food outlets</td>
</tr>
<tr>
<td>• Libraries</td>
<td>• Lottery/Gambling Outlets</td>
</tr>
<tr>
<td>• Religious Buildings</td>
<td></td>
</tr>
</tbody>
</table>
School Data ➔ Community Data
Student and System level

- **Academic** (Benchmark, GPA, Credit accrual etc)
- Discipline
- Attendance
- Climate/Perception
- Visits to Nurse, Social Worker, Counselor, etc
- Screening from one view

- Community Demographics
- Food Pantry Visits
- Protective and Risk Factors
- Calls to crisis centers, hospital visits
- Screening at multiple views
## 1.13 Data-based Decision Making

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
</table>
| **Evaluation**  | **1.13 Data-based Decision Making:** Tier I team reviews and uses discipline data and academic outcome data (e.g., Curriculum-Based Measures, state tests) at least monthly for decision-making.  
**PBIS Big Idea:** Teams use data on a regular basis to problem solve and identify solutions that are efficient, effective, relevant, and durable.  
**ISF Big Idea: Including:** community data as part of ongoing data review can expand and enhance relevant instruction and intervention.                                                                                      |
| **ISF Enhancements** | **School employed and community employed staff receive professional development to understand and interpret data from one another’s systems.**  
**Community data, from a variety of settings, inform action planning at the Tier 1 level.**                                                                                     |
Quick Check: Data-Based Decision Making

What is the system for accessing data necessary for decision making? TIPS process taught to school and community partners. Community data analyzed and inform action planning

• Self-Assessment

☐ Does the team have access to discipline data for the entire student body (school-wide)?

☐ Does the team have access to academic data for the entire student body?

☐ Are those data clearly and logically linked to the annual action plan for Tier I?

☐ Are those data reviewed at least monthly?
# 1.14 Fidelity Data

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation</strong></td>
<td>1.14 Fidelity Data: Tier I team reviews and uses SWPBIS fidelity (e.g., SET, BoQ, TIC, SAS, Tiered Fidelity Inventory) data at least annually.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Teams assess fidelity of implementation to understand the extent to which they are implementing the core components of SWPBIS and identify next steps for implementation.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Community/mental health, family and student team members can provide an expanded perspective of how to assess and improve fidelity.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>As fidelity assessment is conducted by coaches and teams, the input of students/families and community team members is directly solicited.</td>
</tr>
<tr>
<td></td>
<td>The team conducts fidelity assessment of the a) integration of mental health/community with the PBIS framework in the school; and b) the integrity of implementation of selected interventions at the school-wide/classroom level.</td>
</tr>
</tbody>
</table>
Selecting Evidence Based Practices

Buy me
I’ll change your life
Selecting Mental Health Interventions within a PBIS Approach
Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis and George Sugai

Designed to help integrated system teams interested in expanding the continuum of behavioral supports and mental health services to invest in formalizing a selection process

—take an inventory (and examine effectiveness and fidelity) of current practices before investing in new interventions or programs.
—When data indicates a need for a new initiative, consider using this guide
Consumer Guide Logic
Guiding Questions

- Are need and intended outcome specified?
- Is the most appropriate evidence-based practice selected?
- Is practice adaptable to local context and culture?
- Is support for local implementation developed?
- Is system level continuous progress monitoring and planning in place?
Installing Equitable and Restorative Practice within the Framework of PBIS

Step 1: What does the data say? (discipline patterns, climate surveys, fidelity checks)
Where and what time are vulnerable decision points most like to occur?
The most significant concern is _________ defined as ______________ that is taking place most often in _________ (problem location). This behavior occurs ____________(frequency/quantify behavior), and is most likely to happen ___________ (time of day). Students from _____________ (group of students/grade level) are most frequently referred. This may be due to _________________.

Step 2: What is the SMART (specific, measurable, attainable, realistic, time-bound) goal?
Decrease incidents of ________ as measured by a decrease of __________ ODRs for __________ behavior by ____________. Increase on-task student behavior measured by teacher observation.

Step 3: What will we do to support student behavior and provide necessary RP skills?

Promote and Prevent First!!
Promote inclusive culture and climate by:
Develop caring connections (morning meetings)
Teach expectations, rules and routines
Develop acknowledgement system

When behaviors occur:
Teach how to be accountable
Teach how to Repair Harm, Reengage and Reintegrate (i.e. Circles)

Step 4:
How do we teach staff the necessary skills? 9i.e neutralizing routines) How do we support staff to implement with fidelity?
Professional Learning Communities used to support one another in development of practices. How do we use data to monitor progress toward our goal and inform each other? How do we improve?
The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library
http://implementation.fpg.unc.edu

<table>
<thead>
<tr>
<th>EBP:</th>
<th>5 Point Rating Scale:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.</td>
</tr>
<tr>
<td>Need</td>
<td></td>
</tr>
<tr>
<td>Fit</td>
<td></td>
</tr>
<tr>
<td>Resource Availability</td>
<td></td>
</tr>
<tr>
<td>Evidence</td>
<td></td>
</tr>
<tr>
<td>Readiness for Replication</td>
<td></td>
</tr>
<tr>
<td>Capacity to Implement</td>
<td></td>
</tr>
</tbody>
</table>

©2013 Karen Blase, Laurel Kiser and Melissa Van Dyke
Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith (2007)
Quick Check: Fidelity Data

What role does fidelity data play in the actions of the Tier I team?

• Self-Assessment
  - Is the team assessing fidelity of implementation at Tier I?
  - Is there regular assessment of fidelity?
  - Are the fidelity data used for decision making and action planning at Tier I?
### Evaluation

**1.15 Annual Evaluation:**
Tier I team documents fidelity and effectiveness (including on academic outcomes) of Tier I practices at least annually (including year-by-year comparisons) that are shared with stakeholders (staff, families, community, district) in a usable format.

**PBIS Big Idea:** Schools are accountable to their communities and stakeholders and have an obligation to report the fidelity and effectiveness of their implementation.

**ISF Big Idea:** As part of an integrated Tier 1 team, community partners, families/youth are active participants problem solving challenges with fidelity of implementation, progress monitoring, and outcomes that impact long-term sustainability.

### ISF Enhancements

**Families and community employed stakeholders actively participate in the evaluation, review of data, and action planning.**

**Community/family members provide annual community data summary of related community data to school staff.**
Quick Check: Annual Evaluation

What is the process for regularly examining Tier I systems?
What is the process for including families and communities?

• Self-Assessment
  - Is there an evaluation conducted for Tier I systems?
  - Does this happen annually?
  - Are the outcomes shared with all stakeholders (faculty, students, family, board members, superintendent, etc.)?
  - Are the outcomes clearly linked to a Tier I action plan?

• Scoring
  - 0 = No evaluation takes place, or evaluation occurs without data
  - 1 = Evaluation conducted, but not annually, or outcomes are not used to shape the Tier I process and/or not shared with stakeholders
  - 2 = Evaluation conducted at least annually, and outcomes (including academics) shared with stakeholders, with clear alterations in process based on evaluation
# 2.1 Team Composition

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier II Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teams</strong></td>
<td><strong>2.1 Team Composition:</strong> Tier II (or combined Tier II/III) team includes a Tier II systems coordinator</td>
</tr>
<tr>
<td></td>
<td>and individuals able to provide (a) applied behavioral expertise, (b) administrative authority, (c)</td>
</tr>
<tr>
<td></td>
<td>knowledge of students, and (d) knowledge about operation of school across grade levels and programs.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Effective PBIS teams are knowledgeable, representative of stakeholders, and have</td>
</tr>
<tr>
<td></td>
<td>administrative authority.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Community partners familiar with operations of school and work can strengthen the</td>
</tr>
<tr>
<td></td>
<td>promotion of healthy social/emotional functioning for all students.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>**Tier II teams include community employed and school employed staff with mental health expertise. Teams</td>
</tr>
<tr>
<td></td>
<td>also include families and students as active leaders.</td>
</tr>
<tr>
<td></td>
<td>**Tier II team includes those who have the authority to allocate resources, develop policies and commit to</td>
</tr>
<tr>
<td></td>
<td>necessary and critical changes in how both school and community employed personnel function at the school</td>
</tr>
<tr>
<td></td>
<td>and student level (i.e. school-based clinicians, etc).</td>
</tr>
</tbody>
</table>
Tier 2 Team Roles

Roles Needed:

- Team leader / Tier 2 Coach
- Intervention coordinators
  - CICO
    - Data? Communication?
  - SAIG
    - Data? Communication?
  - Mentoring
    - Data? Communication?
  - FBA/BIP
    - Data? Communication?
- Action plan recorder
- Time keeper
- Family Representative
- Community partner

Who can fill these roles?

- General Education Teachers
- Special Education Teachers
- Paraprofessionals
- Specials teachers (music, PE, librarian, etc.)
- Administrators
- Volunteers
- Mental Health Agency partners
- Social Workers, psychologists, guidance counselors, psychotherapists, etc.
## 2.3 Screening

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier II Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teams</strong></td>
<td><strong>2.3 Screening:</strong> Tier II team uses decision rules and multiple sources of data (e.g., ODRs, academic progress, screening tools, attendance, teacher/family/student nominations) to identify students who require Tier II supports. <strong>PBIS Big Idea:</strong> Quick access to additional supports increases the likelihood of student success. <strong>ISF Big Idea:</strong> Screening for social, emotional, and behavioral concerns; both internalizing and externalizing; allows students to be identified early and linked to the appropriate intervention.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td>School-wide screening protocol includes a process to identify both internalizers and externalizers. <strong>Data from screening and Tier II decision rules are used to select appropriate evidence-based intervention (e.g., if a small group of students are experiencing anxiety, an intervention specifically aligned to teach coping skills is selected).</strong></td>
</tr>
</tbody>
</table>

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student’s behavior over the last six months or this school year.

Student’s name  
Date of birth  

<table>
<thead>
<tr>
<th>Item</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares readily with other youth, for example pencils, books, food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often loses temper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would rather be alone than with other youth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally well behaved, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many worries or often seems worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Examples of Universal Screening Instruments

<table>
<thead>
<tr>
<th>Screener</th>
<th>Basic Info</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990) [http://store.cambiumlearning.com](http://store.cambiumlearning.com) | • Well-validated (Endorsed in 1990 by the Program Effectiveness Panel of the U.S. Department of Education)  
• Efficient (Screening process can be completed within 45 minutes to 1 hour)  
• Most effective instrument for identifying internalizers (Lane et al., 2009)  
• Meets AERA/APA instrument selection criteria |  
• (Manual= $131.49; includes reproducible screening forms) |
| BASC-2/BESS (Kamphaus & Reynolds, 2007) [http://www.pearsonassessments.com](http://www.pearsonassessments.com) | • Measures behaviors associated with internalizing & externalizing problem behaviors & academic competence  
• Meets AERA/APA instrument selection criteria  
• Incorporates three validity measures to rule out response bias  
• Utilizes large (N= 12,350 children & youth), nationally-representative sample  
• Web-based screening capacity available via AIMSweb |  
• Online access via AIMSweb:  
  Additional $1.00 per student for subscribers and $4.00 per student for non-subscribers)  
• Computer software $600 |
## Examples of Evidence-based Screening Instruments

<table>
<thead>
<tr>
<th>Screener</th>
<th>Basic Info</th>
</tr>
</thead>
</table>
| Strengths & Difficulties Questionnaire (SDQ; Goodman, 2001) <http://www.sdqinfo.org> | • Measures internalizing/externalizing behaviors (although skewed more towards externalizing behaviors)  
• Free  
• Option of completing pencil & paper, or online version  
• Can be scored online  
• Technically sound: Large, representative normative group |
| Student Risk Screening Scale (SRSS; Drummond, 1993) | • Measures internalizing/externalizing behaviors  
• Free  
• Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students)  
• Easy to understand & interpret score results  
• Technically-adequate  
• Being revised by Kathleen Lane et al |
| Social Skills Improvement System (SSIS; Gresham & Elliott, 2008) <http://psychcorp.pearsonassessments.com/pai/ca/cahome.htm> | • Measures problem behaviors, social & academic competence  
• Computer & web-based (AIMSweb) administration & scoring available |
# 2.6 Tier II Critical Features

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier II Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions</td>
<td><strong>2.6 Tier II Critical Features:</strong> Tier II behavior support interventions provide (a) additional instruction/time for student skill development, (b) additional structure/predictability, and/or (c) increased opportunity for feedback (e.g., daily progress report).</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> When critical features are in place, students are more likely to respond and have improved success.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> When critical features include both internalizing and externalizing needs, a broader range of interventions will be available to address the needs of ALL students.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td><strong>School employed and community employed staff receive professional development regarding their role in Tier II critical features, including the teacher's role in providing prompts, pre-corrects and reinforcement of skills being taught in Tier 2 interventions (e.g. using the Daily Progress Report with all Tier2 interventions)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>As interventions are selected through a team-based protocol, critical features are addressed specific to each intervention before implementation begins. Linkage to Tier 1 expectations and progress monitoring are clarified.</strong></td>
</tr>
</tbody>
</table>
# Daily Progress Report (DPR) Sample

NAME:______________________  DATE:__________________

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student’s achievement in relation to the following sets of expectations/behaviors.

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>1st block</th>
<th>2nd block</th>
<th>3rd block</th>
<th>4th block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Safe</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td>Be Respectful</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td>Be Responsible</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
</tbody>
</table>

Total Points

Teacher Initials

Adapted from Grant Middle School STAR CLUB
## Daily Progress Report (DPR) Sample

NAME: ____________________  DATE: ____________________

### EXPECTATIONS

<table>
<thead>
<tr>
<th></th>
<th>1st block</th>
<th>2nd block</th>
<th>3rd block</th>
<th>4th block</th>
<th>5th block</th>
<th>6th block</th>
<th>7th block</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be Safe</strong></td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td><strong>Label feeling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use deep breathing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Be Respectful</strong></td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td><strong>Use calm words with peers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Be Responsible</strong></td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td><strong>Let teacher know feeling temperature if above yellow</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Total Points

<table>
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<tr>
<th></th>
<th>1st block</th>
<th>2nd block</th>
<th>3rd block</th>
<th>4th block</th>
<th>5th block</th>
<th>6th block</th>
<th>7th block</th>
</tr>
</thead>
</table>

**Teacher Initials**
And... always make sure what you do links to the outcomes you seek..

• Pay attention to fidelity
• Use Instructional Approach
• Ensure it meets specific need
National Forum Practice Brief

• www.pbis.org

• Under “what’s new” –
  – PBIS Forum 2015 Practice Briefs
PBIS Forum in Brief: 
Interconnected Systems Framework (ISF)

PBIS Leadership Forum- Roundtable Dialogue

December 2015

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).
Need more?

- www.pbis.org
- www.csmh.org
- National Implementation Research Network (NIRN)
- Scaling Up Center- SISEP.org