How to Implement Mental Health in Schools: Blending School and Community Mental Health and PBIS

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League of Education Voters
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Our Mission: To promote high-quality, culturally-responsive programming to meet the full range of social, emotional, and behavioral (SEB) needs of all students through research, training, technical assistance, and support to policy-making.

Website: https://education.uw.edu/smart
Twitter: @SMARTCtr
Acknowledgements

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> National Positive Behavioral Interventions and Supports (PBIS) TA Center
> National Center for School Mental Health
> Northwest PBIS Network
Youth suicides in Washington 2013-17

Number of suicides


Students Experiencing Significant Behavioral Health Issues:

Suicidal Feelings & Actions

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<thead>
<tr>
<th></th>
<th>8th</th>
<th>10th</th>
<th>12th</th>
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<tbody>
<tr>
<td>Considered suicide</td>
<td>20%</td>
<td>23%</td>
<td>22%</td>
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<tr>
<td>Made a plan</td>
<td>16%</td>
<td>18%</td>
<td>18%</td>
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<tr>
<td>Attempted</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
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Students Experiencing Significant Behavioral Health Issues:

Depression & Anxiety

- Depressive feelings
- Anxious
- Can't control worry

8th Grade:
- Depressive feelings: 32%
- Anxious: 45%
- Can't control worry: 55%

10th Grade:
- Depressive feelings: 40%
- Anxious: 67%
- Can't control worry: 55%

12th Grade:
- Depressive feelings: 41%
- Anxious: 68%
- Can't control worry: 59%
Schools play a major role in promoting the emotional wellness of our children & youth.

Most youth who require mental health services do not receive them.

Positive school climate can buffer youth from external risk factors.

SMH accounts for >70% of all MH services – and can improve service access for underserved youth.

Social-emotional learning programs improve school achievement by 11% on average (Durlak et al., 2011).
Emotional/Behavioral Problems in Students

> ‘Externalizing’
  - Attention-Deficit/Hyperactivity Disorder (ADHD)
  - Oppositional Defiant Disorder
  - Conduct Disorder

> ‘Internalizing’
  - Anxiety
  - Depression
  - Trauma
Advantages of School Mental Health Initiatives

> Improved access
> Improved early identification/intervention
> Reduced barriers to learning, and achievement of valued outcomes
> *WHEN DONE WELL*
Positive Behavior Intervention and Support (www.pbis.org)

> In around 26,000 U.S. schools
> Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
  - Data based decision making
  - Measurable outcomes
  - Evidence-based practices
  - Systems to support effective implementation

UNIVERSITY of WASHINGTON
Advantages of School-wide PBIS

> Promotes effective decision making
> Reduces punitive approaches
> Improves student behavior
> Improves student academic performance
> *WHEN DONE WELL*
What is needed to take SMH to scale WITH QUALITY?

1. Well-Accepted Implementation Structures
2. Systematic Screening
3. Effective School-wide / “Tier 1 Universal” Strategies
4. Training/support on effective, efficient Tier 2-3 models
5. District – Community Leadership Teams
   – Memoranda of Agreement with providers
6. Quality Monitoring and Improvement
7. Funding to Achieve the Above and to Fill Gaps
   – District/LEA and Medicaid is not enough
Building a SYSTEM for responding to emerging student needs is far more effective than reacting to issues as they “pop up”.

Too often our approach to responding to emerging issues in school is like the game of Whack a Mole.

(Walker, B. 2018)
PBIS Provides a Solid Foundation… but More is Needed…

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

- Many systems struggle to align multiple initiatives.

- Youth with “internalizing” issues may go undetected.

- PBIS systems (although showing success in social climate and discipline) often do not address broader community data and mental health prevention.
Need for Interconnected Systems: Challenges

Ad hoc and weak connections of community mental health providers to schools

- Need for community partners to be integrated into school teams
- Need funding/support for partners to function at Tier 1 and 2, vs only “co-located” at Tier 3
- Need for systematic MOUs to clarify roles and functions of integrated teams/’work’
Advancing Education Effectiveness: Interconnecting School Mental Health (SMH) and School-Wide Positive Behavior Support (PBIS)

Editors: Susan Barrett, Lucille Eber and Mark Weist

pbis.org
csmh.umd.edu
IDEA Partnership NASDSE

Volume II Coming Soon!
Interconnected Systems Framework: Aligning PBIS and Expanded School Mental Health

Traditional

MH counselor “sees” student at appointments

Clinicians only do “mental health”

Case management notes

An Interconnected MTSS

MH person on teams at all tiers; Interventions are defined (core features, dosage, frequency, outcomes)

MH is everyone’s job; Clinicians contribute to integrated plan

Fidelity AND outcome data determined before delivery; Data monitored continuously by teams

http://www.midwestpbis.org/interconnected-systems-framework
Multi-Tier System of Supports (MTSS)
A continuum of evidence-based supports for social-emotional needs

Targeted/Intensive
FEW, High-risk Students
Individual Intervention
(3-5%)

Selected
SOME, At-risk Students
Small Group & Individual Strategies
(10-25% of students)

Universal
ALL Students
School/class-wide, Culturally Relevant Systems of Support
(effective for 75-90% of students)

Tier 3 Menu of Individual Supports for a FEW:
- FBA-based Behavior Intervention Plan & Replacement Behavior Training
- Cognitive Behavior Therapy
- “Tier 3 Wraparound” teaming

Tier 2 Menu of Default Supports for SOME:
- Behavioral contracting
- Self monitoring
- School-home note / “Class pass”
- Mentor-based programs
- Targeted individual MH treatment
- Group social-emotional skills training

Tier 1 Menu of Supports for ALL:
- School-wide PBIS
- Positive relations with all students
- Social-emotional learning (SEL)
- Evidence based prevention
  E.g., Good behavior Game
- Proactive classroom management
Key Messages

1. Single System of Delivery

2. Access is NOT enough

3. Mental Health is for ALL

4. MTSS essential to install SMH
MTSS: In a nutshell...

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

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

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

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

• And make sure we are continuously improving
  – Team based problem-solving process
  – Culture of Coaching
  – Progress monitoring and performance feedback
  – Increasing levels of intensity
In other words, we cannot place systemic responses on the shoulders of individual educators. Dana Ashley, *American Educator* (2015)

...or individual mental health practitioners we place in schools...
PRIORITIES FOR WASHINGTON STATE

• FUND SCHOOL MENTAL HEALTH

• SUPPORT A SYSTEM of high-quality implementation of School Mental Health

  – Through a quality framework for MTSS + training and coaching + CQI with monitoring
Recommendations for State Legislators and Advocates (with thanks to Mark Weist, Univ of So Carolina)

1. Fund School Mental Health. With a goal of a MH provider in every school
2. Build a strong state-level initiative for SMH, with the state in a liaison role in relation to federal and national supports
3. Pursue a “Shared Agenda” with leaders from education, mental health, family advocacy and other youth-serving systems guiding the initiative
Recommendations for State Legislators and Advocates (with thanks to Mark Weist, Univ of So Carolina)

4. Move toward standardization of services and expectations through memoranda of agreement, with funding to support MH system involvement in the schools

5. Develop strong infrastructure for training, coaching and technical assistance. Choose university and other partnerships carefully.

6. Assure systems of accountability for MTSS and SMH services.
Recommendations for State Legislators and Advocates (with thanks to Mark Weist, Univ of So Carolina)

7. Emphasize the multi-tiered system of support (MTSS) and focus on reducing and removing barriers to learning through screening, prevention and early intervention.

8. Increase systematic screening for social, emotional and behavioral challenges and matching of evidence-based programs/services to early and developing problems.

9. Support the development of exemplary buildings and districts and broadly publicize experiences within them.

10. Fund School Mental Health. With a goal of a MH provider in every school.
Contact Information and Resources

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Websites

- UW SMART Center  https://education.uw.edu/smart
- NW MHTTC  https://mhttcnetwork.org/centers/northwest-mhttc/school-based-mental-health
- OSPI MTSS Website  http://www.k12.wa.us/MTSS
- National PBIS TA Center  www.pbis.org
- ISF Website  http://www.midwestpbis.org/interconnected-systems-framework