Addressing Students with Internalizing Needs Through School-wide PBIS

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Improving Multi-Tiered Systems of Support for Students
with "Internalizing" Emotional/Behavioral Problems

Weist, M.D., Eber, L, Horner, R.H., Splett, J.D., Barrett, S., Perales, K., Fairchild, A. J., Hoover, S. (2018). Improving Multitiered Systems of Support for Students With "Internalizing" Emotional/Behavioral Problems. *Journal of Positive Behavior Interventions DOI:* 10.1177/1098300717753832

Today's Content

1. Internalizing Behaviors
2. Applying ISF to the Problem
3. Results and Recommendations from ISF Study

Objectives:

- Describe context/history
- Describe an Interconnected Systems Framework as a whole population and systemic response

"Internalizing" Problems

- Depression
- Anxiety
- Fears/ phobias
- Trauma symptoms

Challenges to focus on Internalizing problems

- Less visible problems less likely to be focused on generally and especially in the very busy environment of schools
- Staff generally not trained or supported for effective identification and intervention with these youth

Youth with Externalizing vs Internalizing Challenges

	Received Mental Health Services	Received Special Education Services
Externalizing	85%	75%
Internalizing	65%	40%

Bradshaw, C. P., Buckley, J. A., & Ialongo, N. S. (2008). School-based service utilization among urban children with early onset educational and mental health problems: The squeaky wheel phenomenon. *School Psychology Quarterly, 23*(2), 169.

Distinguishing Internalizing from Externalizing Problems

- Externalizing problems are highly interactive and social
- By contrast, internalizing problems are notable for what they are not
- Social and academic "treading water" or "disappearing" while others are moving forward
- Examples: requesting to leave events, reduced participation in activities, poor completion of work, frequent trips to the school nurse , withdrawal from peer interaction

Reducing the Likelihood of Early Identification/Intervention

- A percentage of students with internalizing problems use academic achievement as a coping mechanism; hence, are doing "well" and are even less likely to be identified and offered support/help
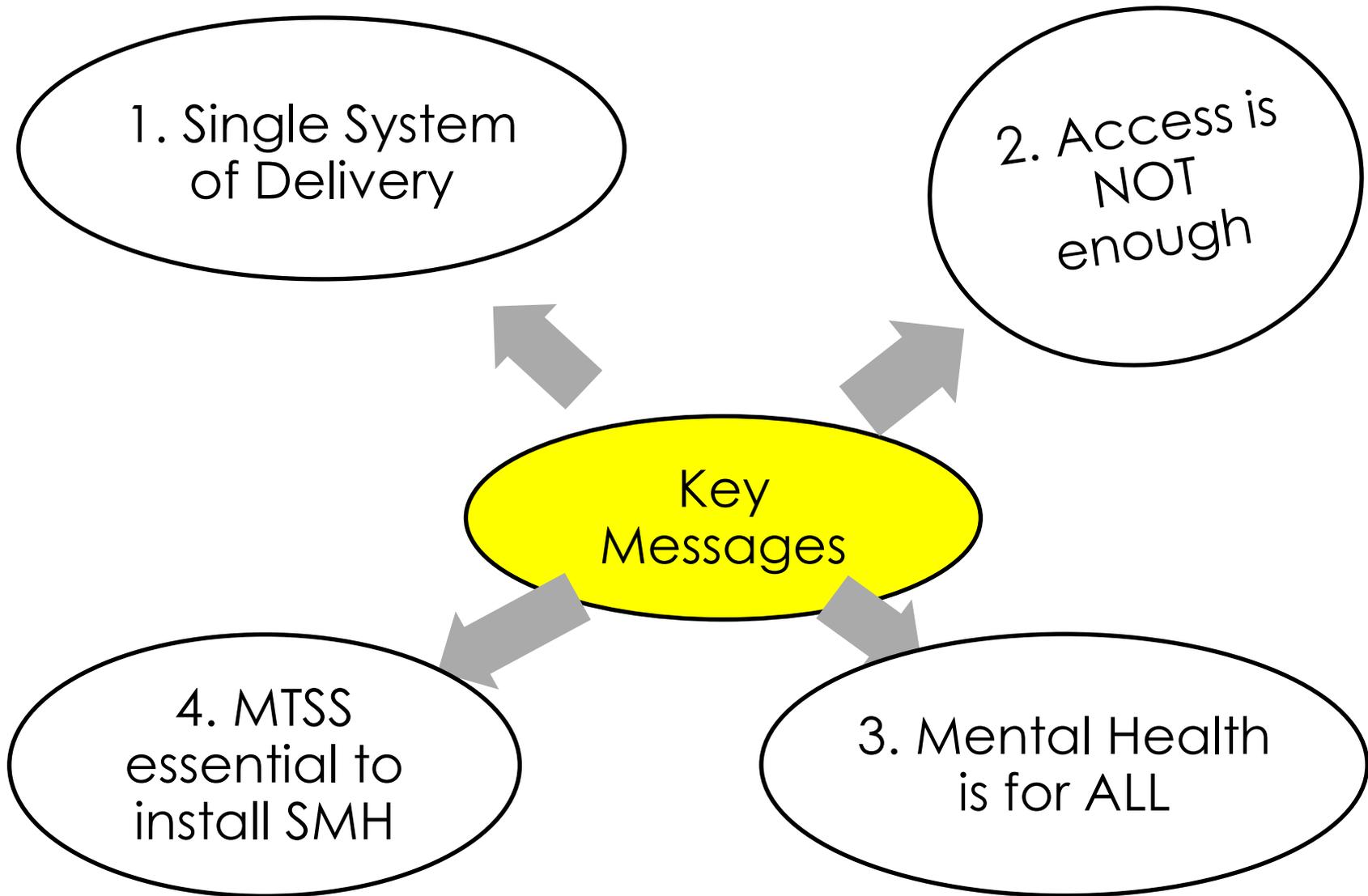
Part 2:

- Applying logic of an Interconnected approach to the problem

An Interconnected Systems Framework (ISF) Defined

– A <u>Structure</u> and <u>process</u> for education and mental health systems to interact in most effective and efficient way.

– guided by <u>key stakeholders</u> in education and mental health/community systems, youth/family

– who have the <u>authority</u> to reallocate resources, change role and function of staff, and change policy.

ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers
- **Data**-based decision making that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals

Where We've Been:

- 2002-2007: Site Development with PBIS Expansion (informal and independent)
- 2005: Community of Practice focus on integration of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (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
- 2016: Randomized Control Trial (RCT) Grant awarded
- 2016: Targeted Work Group Webinars (8)
- 2017: Targeted Work Group Webinars continuing, knowledge development sites across country
- 2018: Continued webinars and knowledge development sites
- 2018: Expanded Training/TA curriculum and workbook available online
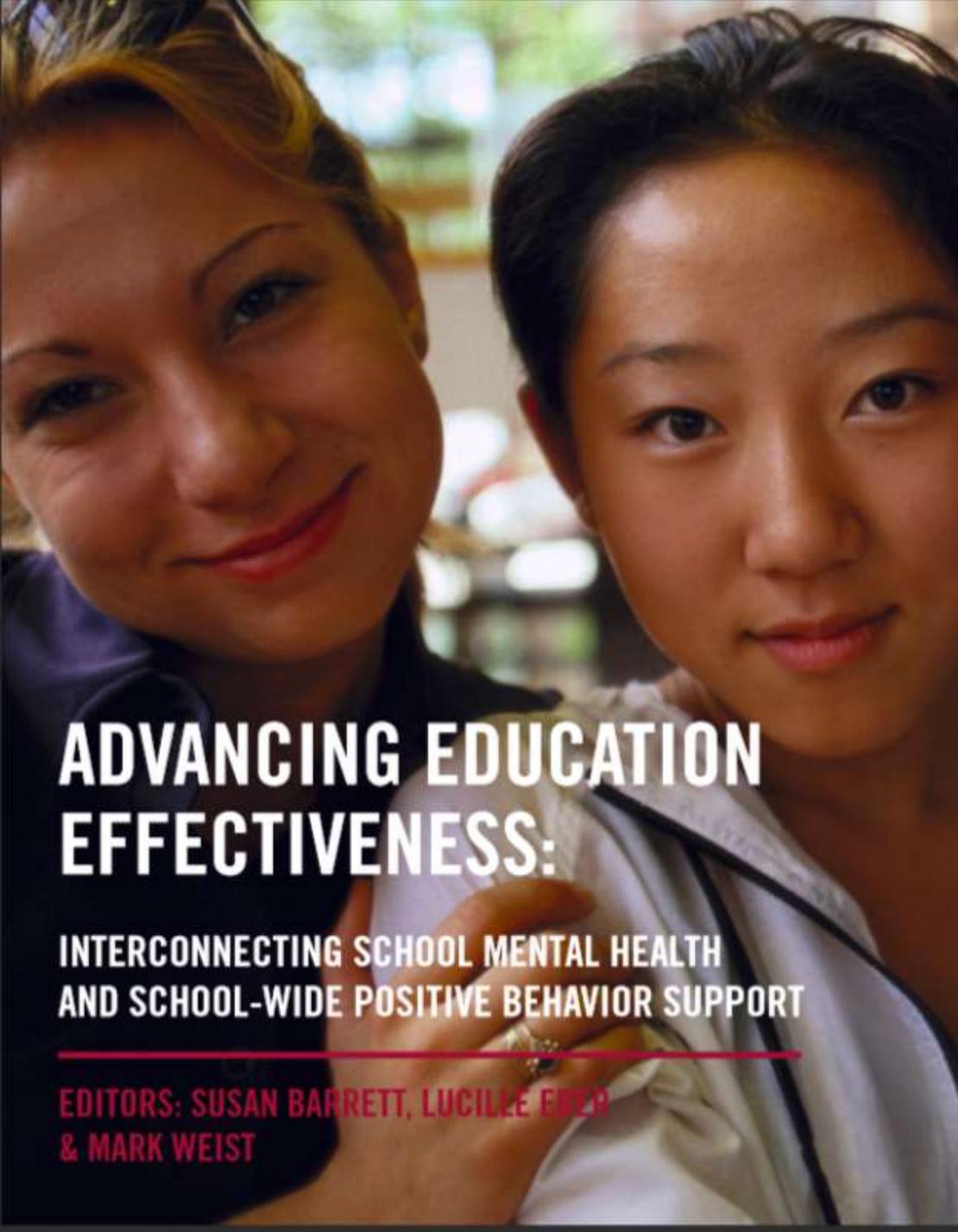
Advancing Education Effectiveness: Interconnecting School Mental Health (ISF) and

School-Wide Positive Behavior Support (PBIS)

Editors: Susan Barrett, Lucille Eber and Mark Weist

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csmh.umaryland

IDEA Partnership NASDSE

ISF Volume 2: An Implementation Guide

- Chapter 1: Context and Structure for Volume

- Chapter 2: Defining ISF: Origins, Critical Features, and Key Messages

- Chapter 3: Exploration and Adoption

- Chapter 4: Installing ISF at the District and Community Level

- Chapter 5: Installing ISF at the Building Level

- Chapter 6: Innovation, Summary, and Recommendations to the Field

1. Single System of Delivery
One set of teams

❖ Community and School MH staff serve on leadership team and make decisions as a TEAM

❖ Symmetry of Process
   ❖ State
   ❖ County
   ❖ District
   ❖ School

❖ A seamless system for accessing interventions
   ❖ Both school and community based supports

What Does it Look Like?

Invest in one set of school "behavioral health" teams organized around tiers.

Flexibility of funding to allow community employed staff to serve on teams and assist serving ALL students.

Role and function of staff are explicitly stated in MOU.

ALL Requests for Assistance managed within one set of teams.

ALL school and community employed staff take part in teaching Social/Emotional/Behavioral (SEB) necessary to navigate social situations, school, family and work environments.

What Does it Mean to Integrate?

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?)

2. Access is NOT Enough
Success is defined by student impact

- ❖ Interventions are evidenced based and matched to presenting problem using data

- ❖ Interventions are progress monitored for fidelity and impact

- ❖ Teams are explicit about intervention description (what, when, how long)

- ❖ Skills taught in Tier 2/3 interventions are assessed across all tiers by ALL Staff across ALL settings linked to Tier 1 Social Emotional Behavioral (SEB) instruction

What Does it Look Like?

The District and School team includes community providers, families, students and persons who have authority to make structural changes within their organizations.

Teams works collaboratively with leaders to continuously assess student needs, implement programs, and eliminate, adjust, replace programs at all tiers to increase their impact on students.

Ineffective programs or practices are eliminated.

Trauma-Informed Tier 2 Group

Daily Progress Report (DPR) Sample

NAME:_____ DATE:_____

EXPECTATIONS	1 st block	2 nd block	3 rd block	4 th block
Be Safe **Self-Check** **Use calming strategy**	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful **Use your words** **Use safe hands**	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible **Ask for help** **Connect with safe person**	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

Adapted from Grant Middle School STAR CLUB

What Does it Look Like?

3. Mental Health is FOR ALL
From Few to ALL

❖ Integrate SEB competencies into PBIS Matrix

❖ Vast majority of students will benefit from safe, predictable, positive nurturing environment, mentoring and academic support.

❖ Universal Screening to identify ALL possible MH/Behavioral needs (externalizers and internalizers)

❖ Need MH experts to triage and identify students with positive screen to determine next steps. However, not all interventions require clinical expertise

-

ALL staff are trained and supported through PD plan/coaching process.

MOU defines roles of all staff working in schools.

Clinicians role includes support of systems and support of ALL adults as well as delivery of some interventions with students.

Teachers provide social emotional behavior (SEB) instruction along with academic content.

District Leadership prioritizes Staff Wellness

Teaching Matrix

	INCORPORATE Coping Strategies for Managing Stress						
	All Settings	Halls	Playgrounds	Lunch	Library/Computer	Assembly	Bus
Respect	Be on time. Clean up.		Have a plan.	Invite those sitting alone to join in			Watch for your stop.
Achieving & **O**rganized	Be kind. Hands/feet to self. Help/share with others.	Use normal voice volume. Walk to right.	Share equipment. Include others.	Have a lunch plan and choose quiet or social lunch area Invite friends to join me	Whisper. Return books.	Listen/watch. Use appropriate applause.	Use ___ voice. Stay in your seat.
Responsible	Recycle.		___ in garbage can.	Use my breathing technique Listen to my signals	Push in chairs. Treat books carefully.	Pick up. Treat chairs carefully.	Wipe your feet.

Expectations

1. Expectations

2. NATURAL CONTEXT (Locations)

3. Rules or Specific Behaviors

4. Use MTSS Framework
Need implementation science to guide the work

❖ Data-based decision making is used at all tiers with type of data matched to specifics and complexity of interventions.

❖ A formal process for selecting and implementing evidence-based practices is established.

❖ Comprehensive screening allows for early access to interventions.

❖ Progress monitoring for both fidelity and effectiveness;

❖ Skills taught in Tier 2/3 interventions are supported by ALL Staff across ALL settings linked to Tier 1 SEB instruction

❖ Ongoing professional development and coaching to ensure fluency and to guide refinement of implementation.

What Does it Look Like?

The system models a Public Health Approach

All initiatives/programs are aligned and installed with core features of MTSS

The continuum of evidence-based interventions are linked across tiers, with dosage and specificity of interventions increasing from lowest to highest tiers.

Installing a Trauma Approach within the Framework of PBIS

Step 4:

How do we teach staff the necessary skills? 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 ?

Step 1: What does the data say? (Community factors, behavior patterns, climate surveys, fidelity checks) How many students are impacted? How many staff are impacted?

SYSTEMS – Support Staff Behavior

DATA – Supports Decision Making

PRACTICES – Support Student Behavior
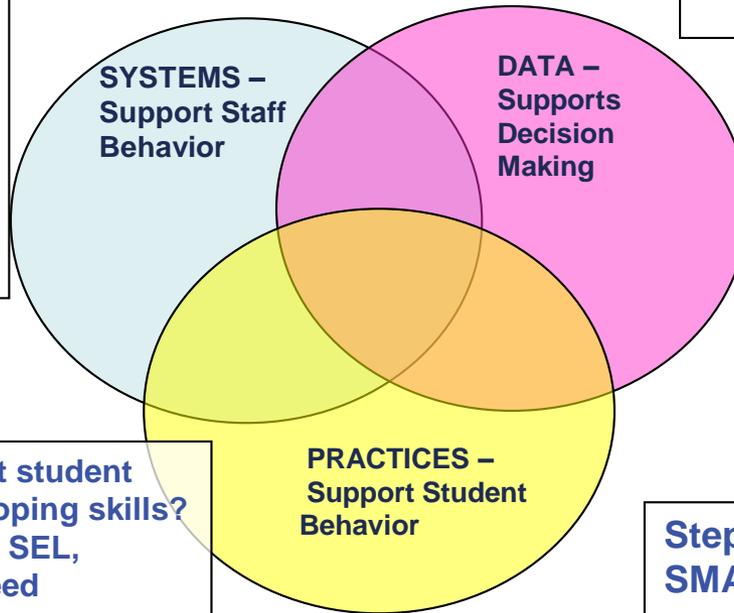
Step 3: What will we do to support student behavior and provide necessary coping skills? What curriculum will we use? (e.g. SEL, Coping Cat, SPARKS) Match to need

Promote predictable, positive, safe, and consistent environments by:
-Develop caring connections (e.g. morning meetings)
-Teach expectations, replacement skills
-Develop acknowledgement system

Layered Daily Progress Report with additional time for acquiring coping skills

Step 2: What is the SMART (specific, measureable, attainable, realistic, time-bound) goal?

An ISF Approach Starts with

- District Community Leadership Team
  - Authority to overcome organizational barriers and foster pathways for ALL staff to be engaged in the effort
  - Inclusive of family, student and community members as leaders

Who should be on the team?

Academic MTSS Director

School Improvement

Professional Development/Teacher Mentoring

Special Education and Student Supports Director,

Local MH provider/Core Service Agency

Family Youth Community Leaders

Board Member and Business Leaders

District Community Leadership Team

Faith Leader
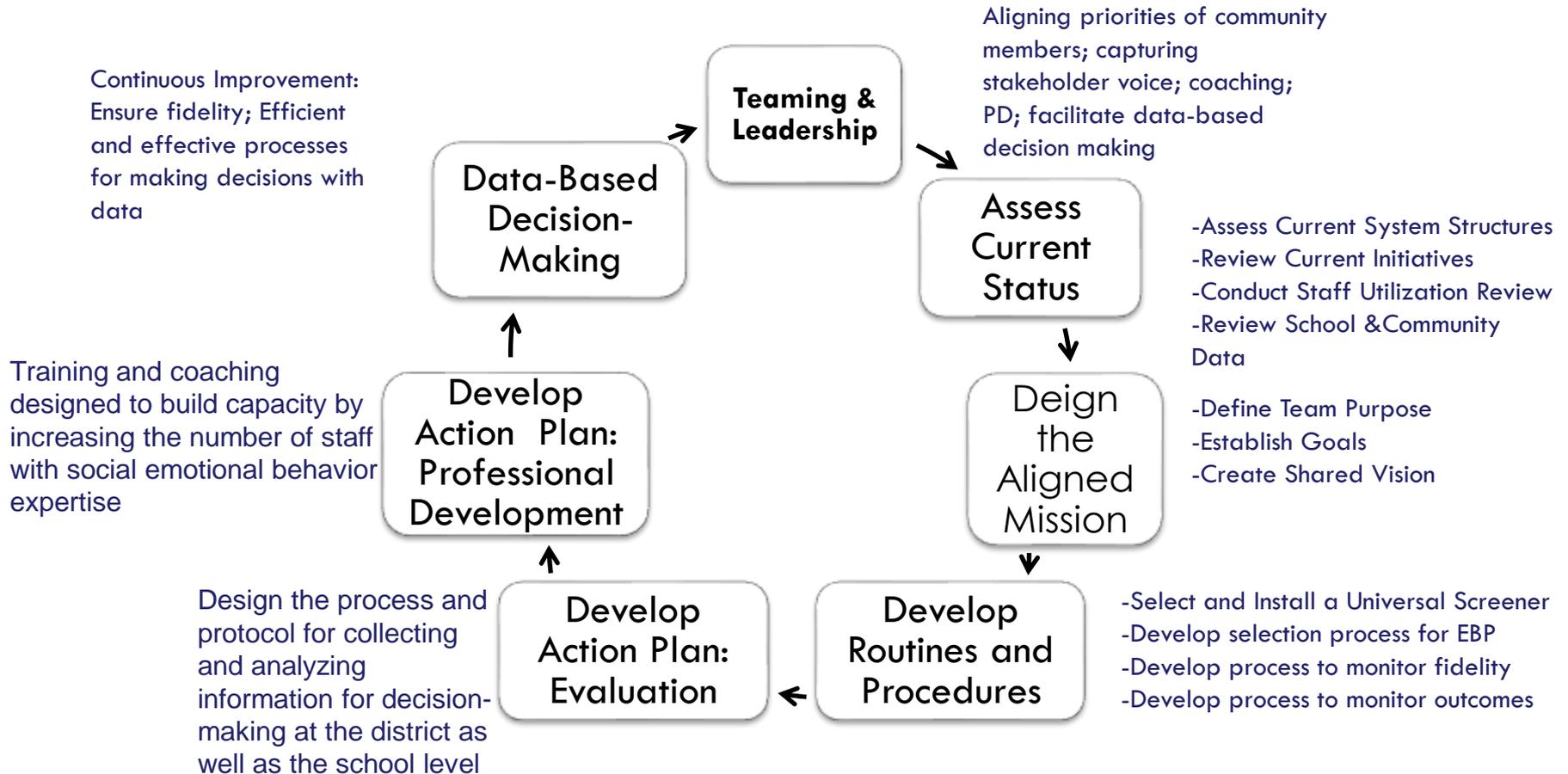
Primary Care Physicians

Youth Move

Social Services
Afterschool
Dept of Recreation Services

Administrative and Teacher Representative (Union)

Law Enforcement and Juvenile Services

District Community Leadership Team Installation Steps

Teaming & Leadership

Aligning priorities of community members; capturing stakeholder voice; coaching; PD; facilitate data-based decision making

Assess Current Status

-Assess Current System Structures
-Review Current Initiatives
-Conduct Staff Utilization Review
-Review School &Community Data

Deign the Aligned Mission

-Define Team Purpose
-Establish Goals
-Create Shared Vision

Develop Routines and Procedures

-Select and Install a Universal Screener
-Develop selection process for EBP
-Develop process to monitor fidelity
-Develop process to monitor outcomes

Develop Action Plan: Evaluation

Design the process and protocol for collecting and analyzing information for decision-making at the district as well as the school level

Develop Action Plan: Professional Development

Training and coaching designed to build capacity by increasing the number of staff with social emotional behavior expertise

Data-Based Decision-Making

Continuous Improvement: Ensure fidelity; Efficient and effective processes for making decisions with data

ISF Action Planning Companion Guide to SWPBIS TFI

- The purpose is to guide action planning for integration of Mental Health into PBIS

- Not for use in scoring the TFI
  - (at this point, the ISF enhancements do not impact PBIS fidelity measures; to measure ISF fidelity, consider piloting the ISF II)

Uncovering Students with Internalizing Needs

- What if we looked at attendance, tardiness, behavior referrals, suspensions, grades, visits to nurses office and loitering in hallway as an indication that our students and youth more social emotional supports?

…and exclusionary responses will make it worse?

1.5 Problem Behavior Definitions

Subscale	Tiered Fidelity Inventory: Tier I Features
Implementation	**1.5 Problem Behavior Definitions**: 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.
	PBIS Big Idea: 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. **ISF Big Idea:**. 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.
ISF Enhancements	*The school team develops a clearly documented and predictable system for managing disruptive behavior that represent community family/student values and culture.*
	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.

Broaden Use of Data:
Focus on Internalizing Issues

Time Out of Class Form

Name: _____

Date: _____ **Time:** _____

Teacher: _____

Grade: K 1 2 3 4 5 6 7 8

Referring Staff: _____

Location

Playground   Library

Cafeteria   Bathroom

                           A   B   C

Hallway   Arrival/Dismissal

Classroom   Other _____

Others involved in incident: None   Peers   Staff   Teacher   Substitute

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
Inappropriate language	Abusive language	Obtain peer attention
Physical contact	Fighting/ Physical aggression	Obtain adult attention
Defiance	Defiance/Disrespect	Obtain items/activity
Disruption	Harassment/Bullying	Avoid Peer(s)
Dress Code	Dress Code	Avoid Adult
Property misuse	Inappropriate Display	Avoid task or activity
Tardy	Electronic Violation	Don't know
Electronic Violation	Lying/ Cheating	Other _____
Other _____	Skipping class	Nurse
	Other _____	School Counselor

Administrative Decision/Time Out of Class= _____	
Loss of privilege	Individualized instruction
Time in office	In-school suspension (____hours/ days)
Conference with student	Out of school suspension (____days)
Parent Contact	Other _____

What activity was the student engaged in when the event or complaint took place?

Whole group instruction	
Small group instruction	
Individual work	
Working with peers	
Alone	
1-on-1 instruction	
Interacting with peers	
Other: Please identify below	

Ask the Families!
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,
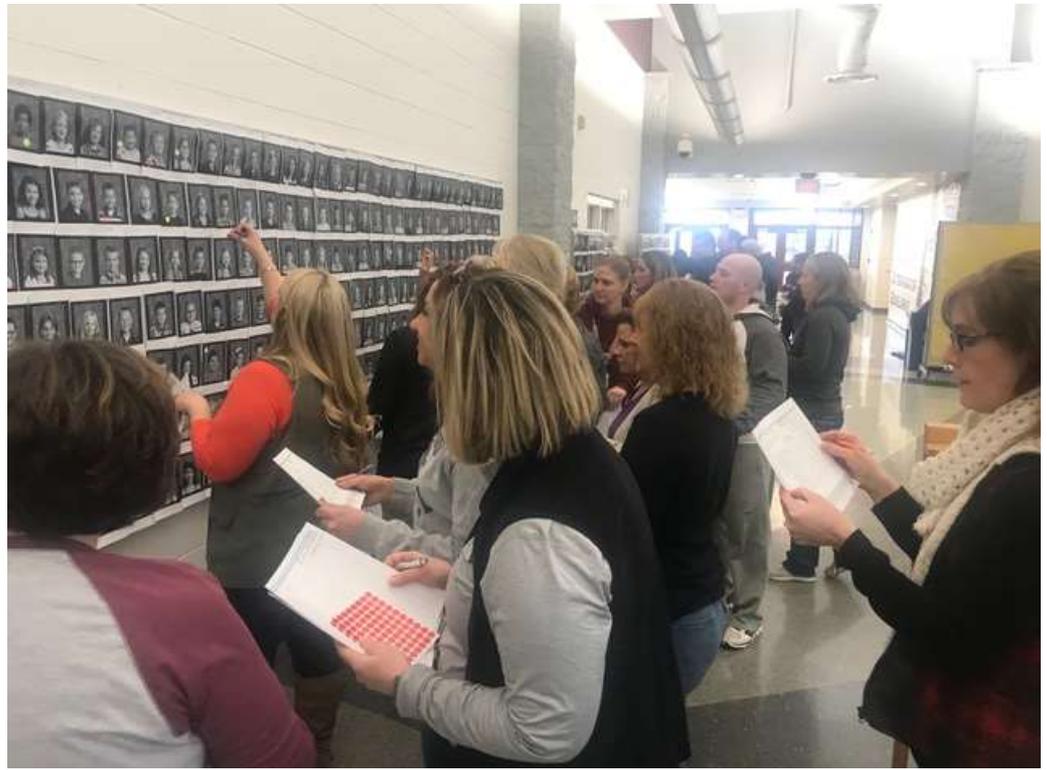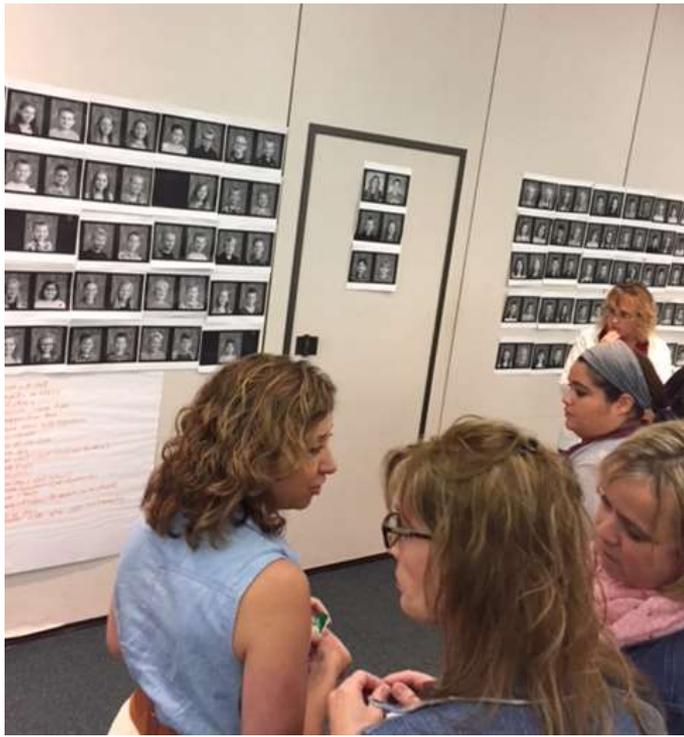*you can help us start the year off right!*

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

Missoula, MT
Adapted from Dishion et al
https://reachinstitute.asu.edu/

2.3 Screening

Subscale	Tiered Fidelity Inventory: Tier II Features
Teams	**2.3 Screening**: 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. **PBIS Big Idea:** Quick access to additional supports increases the likelihood of student success. **ISF Big Idea:** Screening for social, emotional, and behavioral concerns; both internalizing and externalizing; allows students to be identified early and linked to the appropriate intervention.
ISF Enhancements	*School-wide screening protocol includes a process to identify both internalizers and externalizers.* *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).*

2.4 Request for Assistance

Subscale	Tiered Fidelity Inventory: Tier II Features
Teams	**2.4 Request for Assistance**: Tier II planning team uses written request for assistance form and process that are timely and available to all staff, families, and students.
	PBIS Big Idea: Communicating how to refer a student for additional supports allows all staff, families, and students to understand how to get help. **ISF Big Idea:** Promoting awareness of available interventions and their purpose (e.g., a group for students who have experienced trauma), as well as how to join the intervention, improves the knowledge of staff, families and students regarding how to access help.
ISF Enhancements	*There are written procedures that are shared with staff, families, and students regarding how to access the continuum of interventions.*
	ALL available interventions, regardless of who facilitates/delivers them, are included in one request for assistance process.

3.3 Screening

Subscale	Tiered Fidelity Inventory: Tier 3 Features
Teams	**3.3 Screening**: Tier III team uses decision rules and data (e.g., ODRs, Tier II performance, academic progress, absences, teacher/family/student nomination) to identify students who require Tier III supports.
	PBIS Big Idea: Quick access to additional supports increases the likelihood of student success.
	ISF Big Idea: Mental health/community and family/student participation in data review can a) provide a broader perspective and b) offer additional screening tools, for ensuring all youth in need of Tier III are identified as soon as possible.
ISF Enhancements	*School and community employed staff participate on Tier III systems teams, along with family/youth, to consider possible screening data, additional screening tools (e.g. trauma screening for individual students) and to review data for students in need of Tier III supports.*
	The integrated Tier III systems team is trained to fluency in and available to facilitate screening tools with individual families (e.g. "Family Check-up") to assess individualized needs for either school or community-based supports.

Universal Emotional Health Screening at the Middle School Transition
Addressing an Increased Need

- Don't assume everyone will have a need for specialty mental health services.

Case Example (Vander Stoep et al 2005)
- 861 Middle School Students
- 131 screened positive

Triage

- 131 Students with Positive Screen
- Within 2 weeks, a 20-30 minute clinical assessment completed with 131 students
  - Diagnostic interview, suicide risk screen
  - Source of Stress Identified in 3

Academic Supports HW Club, Tutoring	**Isolation and Social Adjustment** School Activities/ Clubs, School Counselor	**Clinical Need** Technical Expertise
24%	47%	13%

Cost

- 50 minute class time to conduct screening
- Triage Assessment =43 hours for 131 students
- Hired short term clinicians to conduct assessment
- $9- $15/student

- How much does it cost if we wait?

PASS

Project About School Safety

NIJ Comprehensive School Safety Initiative

- **Interconnecting PBIS and School Mental Health to Improve School Safety: A Randomized Trial**
  - Awarded January 2016, $4.1 million
  - PI Mark Weist, Co-PI Joni Splett, Co-I Colleen Halliday-Boykins, Lead Research Manager Elaine Miller
- **Study Aims:**
  - Evaluate impact of all conditions on school discipline rates, teacher and student perceptions of school climate and safety and reported behavioral functioning of students
  - Evaluate the impact of all conditions on the functioning of teams, and access to treatment, quality of intervention and cost-effectiveness relative to improving behavior and school safety

Study Design

- 24 Participating Elementary Schools
  - Charleston County, SC (12)
  - Marion County, FL (12)
  - Prior to study all were implementing PBIS; none were implementing SMH
- Each school is randomized to one of three conditions
  - PBIS Only
  - PBIS + SMH (business as usual)
  - Interconnected Systems Framework (ISF)
- Intervention (ISF) in place for 2 academic years
- All students in the building are participants unless they opt of study

Project About School Safety (PASS) Goals

- Improved coordination and communication between school and mental health staff
- Enhanced provision of school-wide mental health promotion and prevention programs
- Improved proportion of children with mental health problems who receive treatment interventions
- Enhanced connection of students to school mental health interventions for full range of mental health needs

PASS Goals (Cont'd.)

- Decrease the amount of time between problem identification and effective intervention delivery

- Improved selection and implementation of evidence-based school mental health services across tiers

- Students and families receive greater dose of effective interventions

Data-Based Decision Making

Do your data capture internalizing concerns?

Do your teams have capacity to plan/monitor interventions for internalizing concerns?

In PASS, did our data capture internalizing concerns?

- Used BASC-3 BESS Teacher with externalizing, internalizing, and adaptive skill subscales
- Compared students already receiving intervention to those **newly identified** by BASC-3 BESS Teacher

Splett et al., (2018). Comparison of Universal Mental Health Screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders, 43(3),* 344-356. https://doi.org/10.1177/0198742918761339

In PASS, did our data capture internalizing concerns?
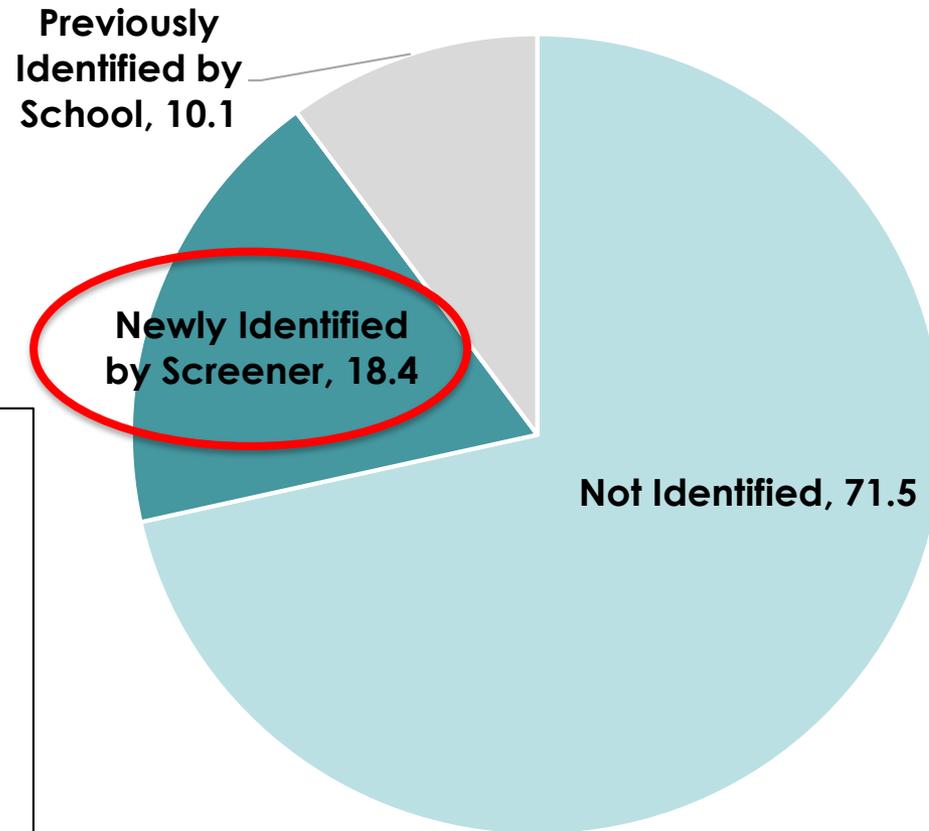
180% increase in identified need with screener

Previously Identified by School, 10.1

Newly Identified by Screener, 18.4

Not Identified, 71.5

Splett et al., (2018). Comparison of Universal Mental Health Screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders, 43(3),* 344-356. https://doi.org/10.1177/0198742918761339

In PASS, did our data capture internalizing concerns? YES!

- **Paper in preparation**

Chart categories:
- Normal Range
- Borderline Adaptive Skills
- Borderline Externalizing
- Elevated Externalizing and Adaptive, Borderline Internalizing
- Extreme Externalizing, Elevated Internalizing and Adaptive

Columns: Previously Identified by School, Newly Identified by Screener

Callout: 50% of newly identified had internalizing concern
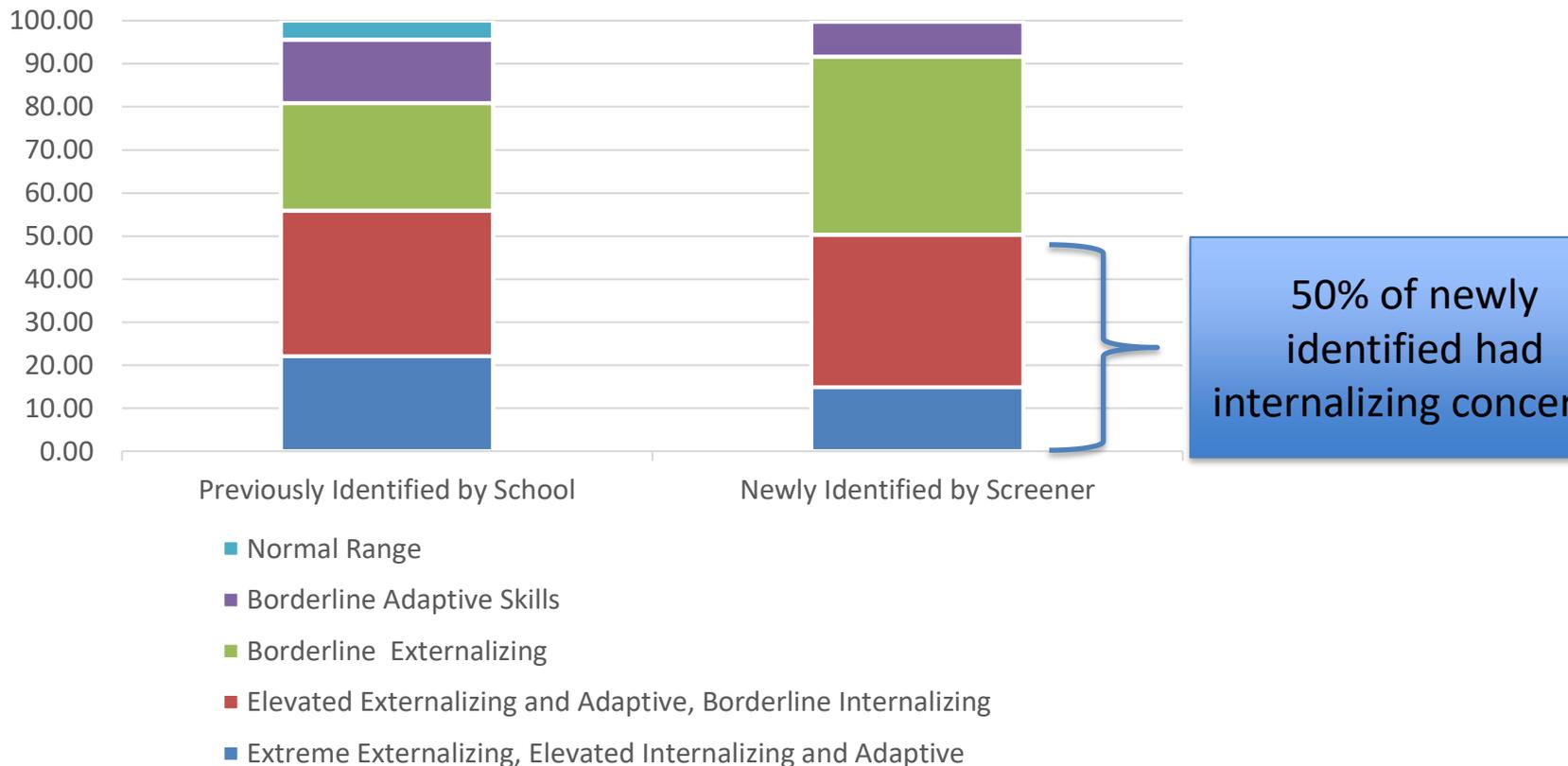
Does your team have capacity to plan/monitor interventions for internalizing concerns?

- Externalizing and internalizing concerns identified as problems at equal rates
- But externalizing rated as more severe and more concerning than internalizing


Figure 2: How serious is the problem?

Figure 3: How concerned are you about the problem?
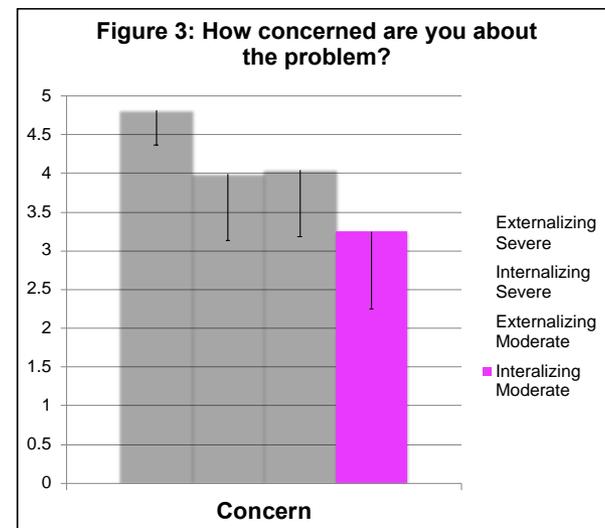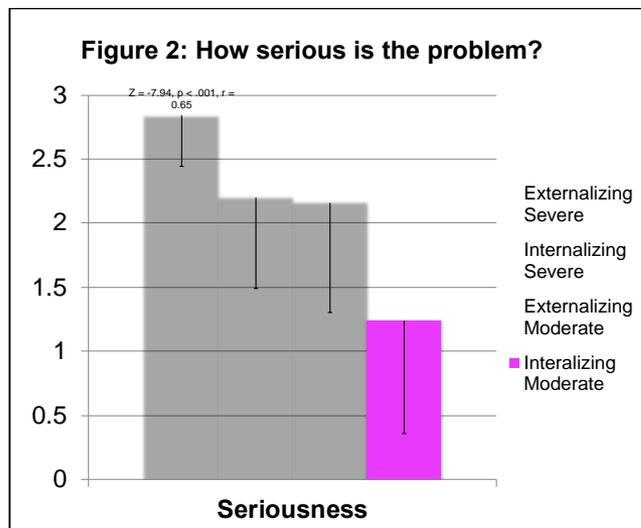
Does your team have capacity to plan/monitor interventions for internalizing concerns?

- Teachers who are more concerned and rate problem as more serious are more likely to refer student to school and community mental health professionals

- How can we ensure teams are concerned about internalizing concerns?

Does your team have capacity to plan/monitor interventions for internalizing concerns?

1. Ensure data triangulation doesn't "wash out" internalizing concerns
   – Total Risk significantly correlated at 0.7 with Externalizing Risk but only .4 with Internalizing

2. Disaggregate screening data and intervention receipt by problem type
   – Are students with internalizing concerns receiving intervention at equal rates as those with other concerns?

Does your team have capacity to plan/monitor interventions for internalizing concerns?
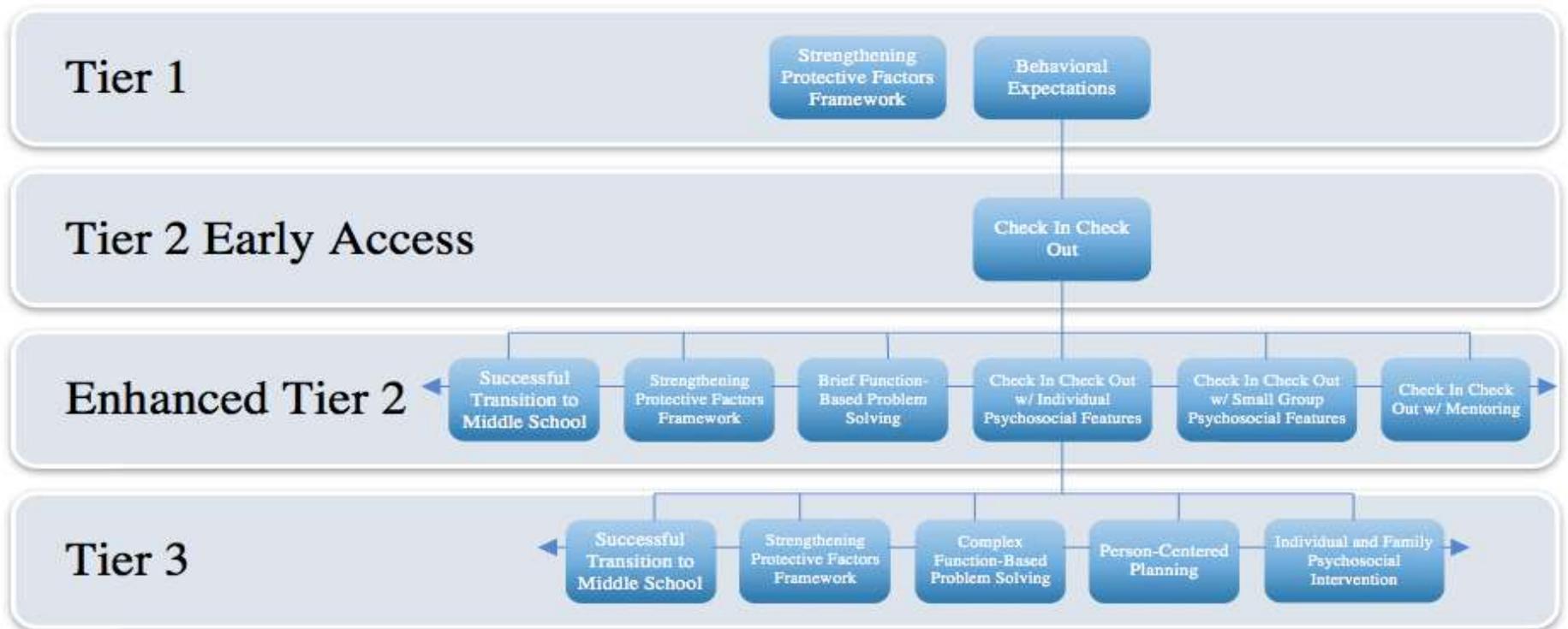
Marion County Public Schools

Developing Successful Citizens -- Every Student, Every Day

+

The Centers
Hope • Healing • Health

District Demographics

- Large, rural school district with many "critical-needs" outlying schools

- MTSS/PBIS implemented, but inconsistently across schools

- Barriers to preventive mental health services (family resources, stigma of mental health issues)

- Prior use of contracted mental health services inconsistent in quality and perceived effectiveness

Initial Steps: Ensuring ISF Implementation

- Administrative Support
  - District level
  - School level
- Organizational Structure
  - Adequate PBIS implementation at schools (BoQ, TFI)
  - Data team established; roles/responsibilities ("Point of Contact")
  - Professional development regarding ISF/mental health services
- Coaching
  - Skills needed: teaming, communication, technology, MTSS/PBIS
- Information/Technology Support
  - Systems compatibility (data management, universal screening)
- Introduce Integration of school/community MH services
  - Community-employed mental health professionals provide services
      collaboratively with school-based mental health providers
  - Integrated into a multi-tiered system of behavioral supports
  - Needs professional development

ISF Implementation Inventory

- Assists school and community partners in their <u>installation and implementation of ISF</u>

- <u>Assesses baseline and/or ongoing implementation progress</u> of critical ISF features

- <u>Informs action planning</u> that advances and enhances ISF implementation

- Measures ISF implementation <u>fidelity</u>

Tier 1	Tier 2	Tier 3
19 items	16 items	19 items

Implementation of SWPBIS: Are core features of SWPBIS implemented with fidelity?

Teaming: Do team members collaborate? Do team members include education and mental health system representatives, families, and students as indicated with active opportunities for participation and collaboration

Collaborative Planning and Training: Do all team members have PD and training across systems and core features of ISF, as well as intervention practices as appropriate?

Family and Youth Engagement: Are students and families included in teaming, decision making, intervention selection and implementation, intervention monitoring, and system processes?

Intervention Selection, Implementation and Progress: Are evidence-based interventions selected based on need, implemented with fidelity, progress monitored, and concluded after attainment of positive outcomes?

Data-Based Decision Making: Are **data representative of school, home and community behavior collected, analyzed and used for decision making**, including outcome/impact, process, and fidelity data?

Integration of Community Data

General Agenda Topics	
Team News	• Ms. Ray and Mr. Miller will be retiring at Winter Break
Data review	• Review any data presented by team members
Community data	• Data on DCF interactions presented by school counselor • DCF interactions are up significantly (11 for the year as of last month, 17 currently)
Housekeeping	• Teachers have requested more information about Zones of Regulation so that they can support it in the classroom • Hannah will provide that information through the Clinician's Corner • Make sure we complete IRF for attendance CICO as well
Behavior intervention data review	• Summary of intervention data presented by ISF coach; discussion of variety of interventions, and student numbers
ISF Implementation Inventory Action Planning	• ISF Implementation action planning conducted (see below) • Overall, we have made continuous growth with our ISF implementation inventory
Referrals for behavior intervention service	• No referrals presented at this time

Using Universal Screening Data
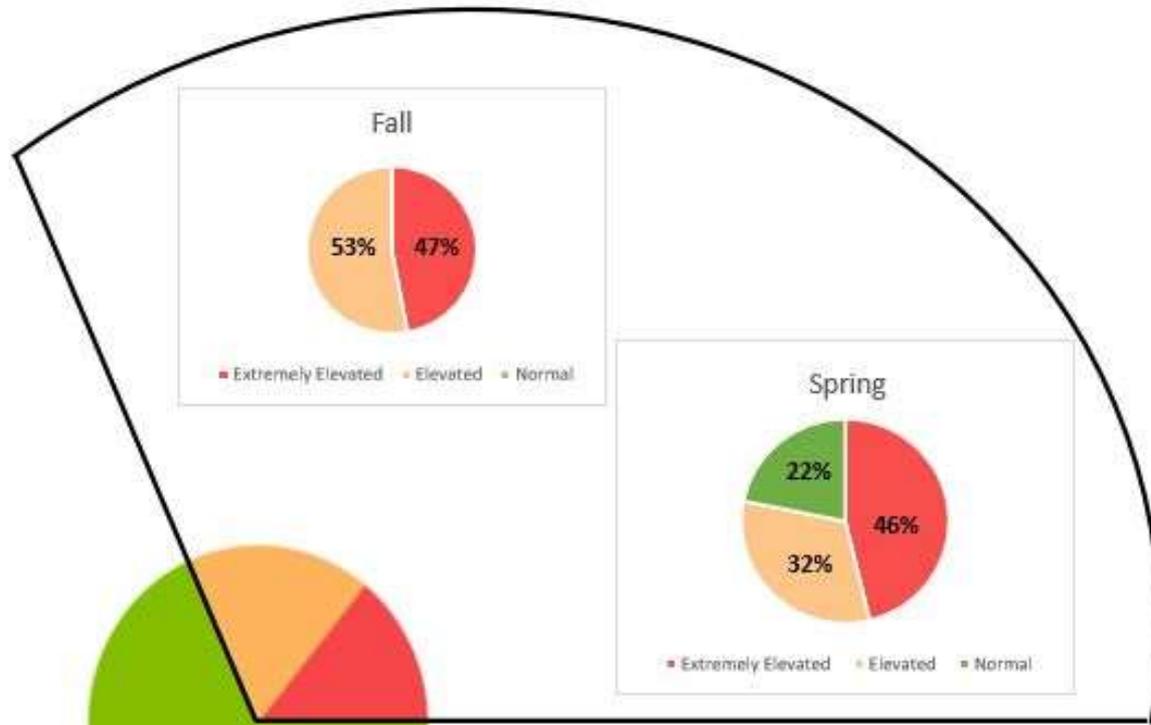
What screening does for us:
- Quick assessment of <u>all</u> students within a class, grade level, school, or district
    - » Individual-level risk reports
    - » Group-level risk reports (by grade, teacher, gender, ethnicity, etc.)
- Objective, systematic way of identifying students who have a high likelihood of experiencing school-related problems due to behavioral or emotional issues
- Early identification of students in need of intervention services at Tiers 1, 2 & 3, to prevent worsening of behavior problems

Using Data to Make Decisions

- Combine screening data with Early Warning System data for more comprehensive picture
- Team meeting/decisions
- Triage Approach to resource allocation: Identify…
  - Grade levels/populations needing support (Tier 1)
  - Whole classrooms needing support (Tier 1)
  - Individual students needing support: CI/CO, small group counseling, individual counseling (Tier 2)
  - Students needing more intensive, individualized support (Tier 3)

DATA BASED DECISION MAKING: SCHOOL LEVEL

Universal Re-screen Results F2016/S2017

Fall

53% 47%

■ Extremely Elevated   ■ Elevated   ■ Normal

Spring

22%   46%

32%

■ Extremely Elevated   ■ Elevated   ■ Normal

Extremely Elevated Risk **14%**
92 students
District average: 11%

Elevated Risk **17%**
114 students
District average: 17%

Normal Risk **68%**
446 students
District average: 72%

Fall 2016 School-Wide Screening

DATA BASED DECISION MAKING: STUDENT LEVEL

Check-In/Check Out (CI/CO) In-On-Out Decision Rules

1) Identification for CI/CO ("In"):

- Student identified in Elevated range for Externalizing Risk on screener
- Student has 2 or more ODRs leading to suspension
- Student has not responded to Tier 1 core curriculum or low-level supplemental supports
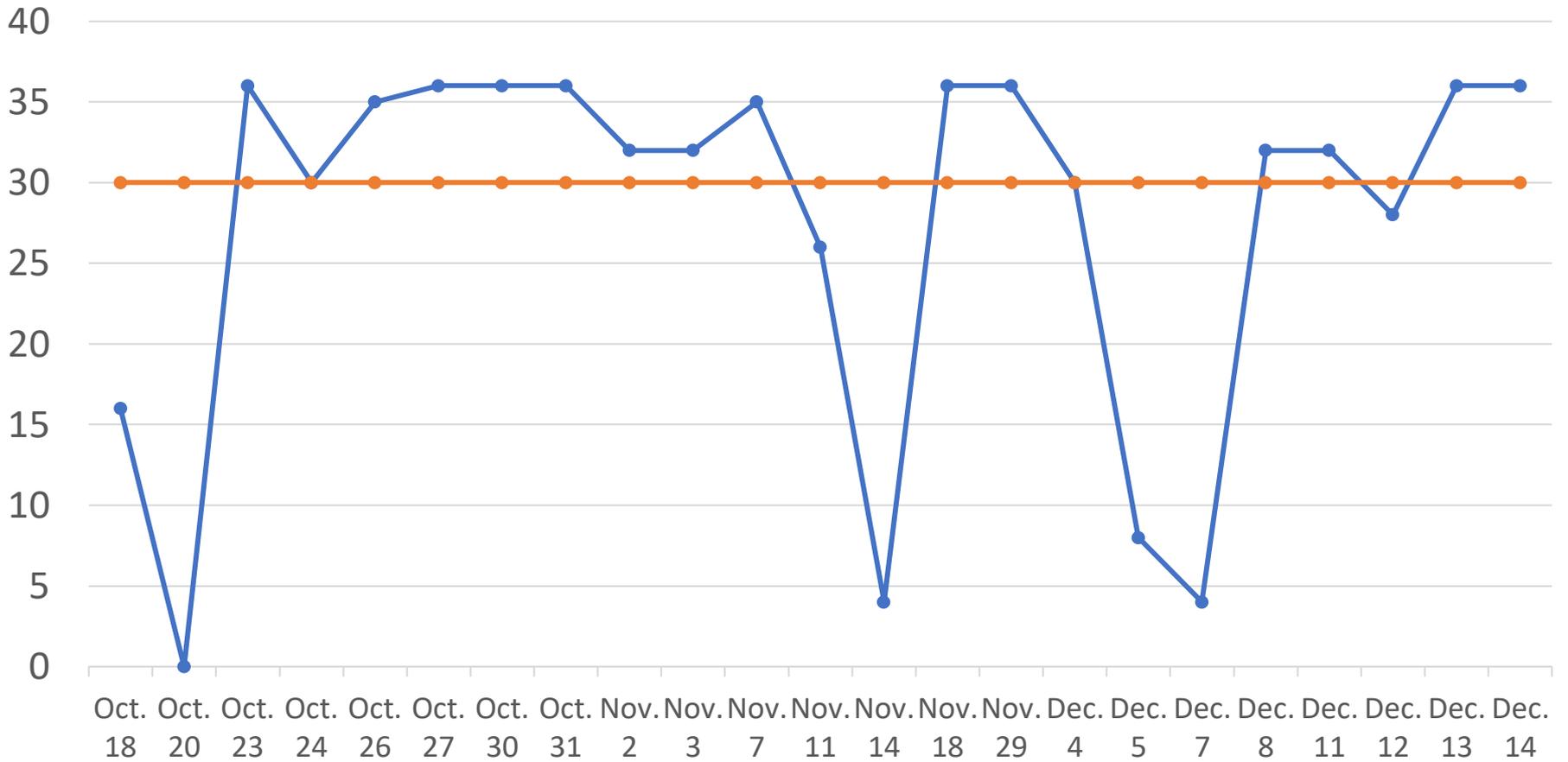
2) Progress-monitoring ("On"):

- DPR data is collected daily & reviewed every other week. Data is collected and reviewed for 6-8 weeks, and monitored for trend.

3) Exiting/transitioning ("Out"):

- Student received a total of 80% of DPR points average per day/week for 8 weeks and has had no new ODRs, suspensions, or time out of class due to behavior issues. Student may be faded to Tier 1 or "modified" CI/CO.
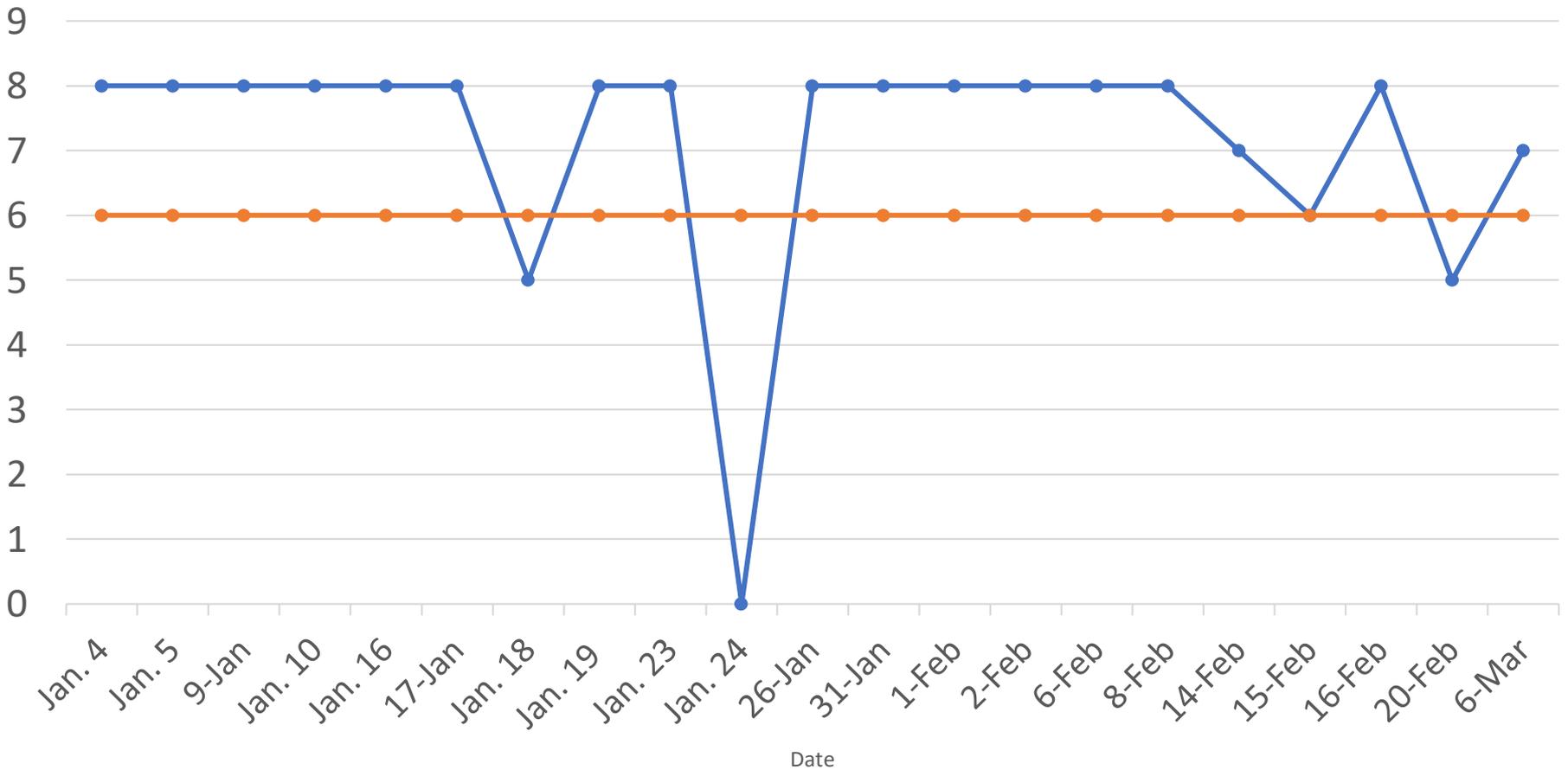
CI/CO Individual Student Progress Monitoring Data

Behavior Chart (Tier2) - Angel
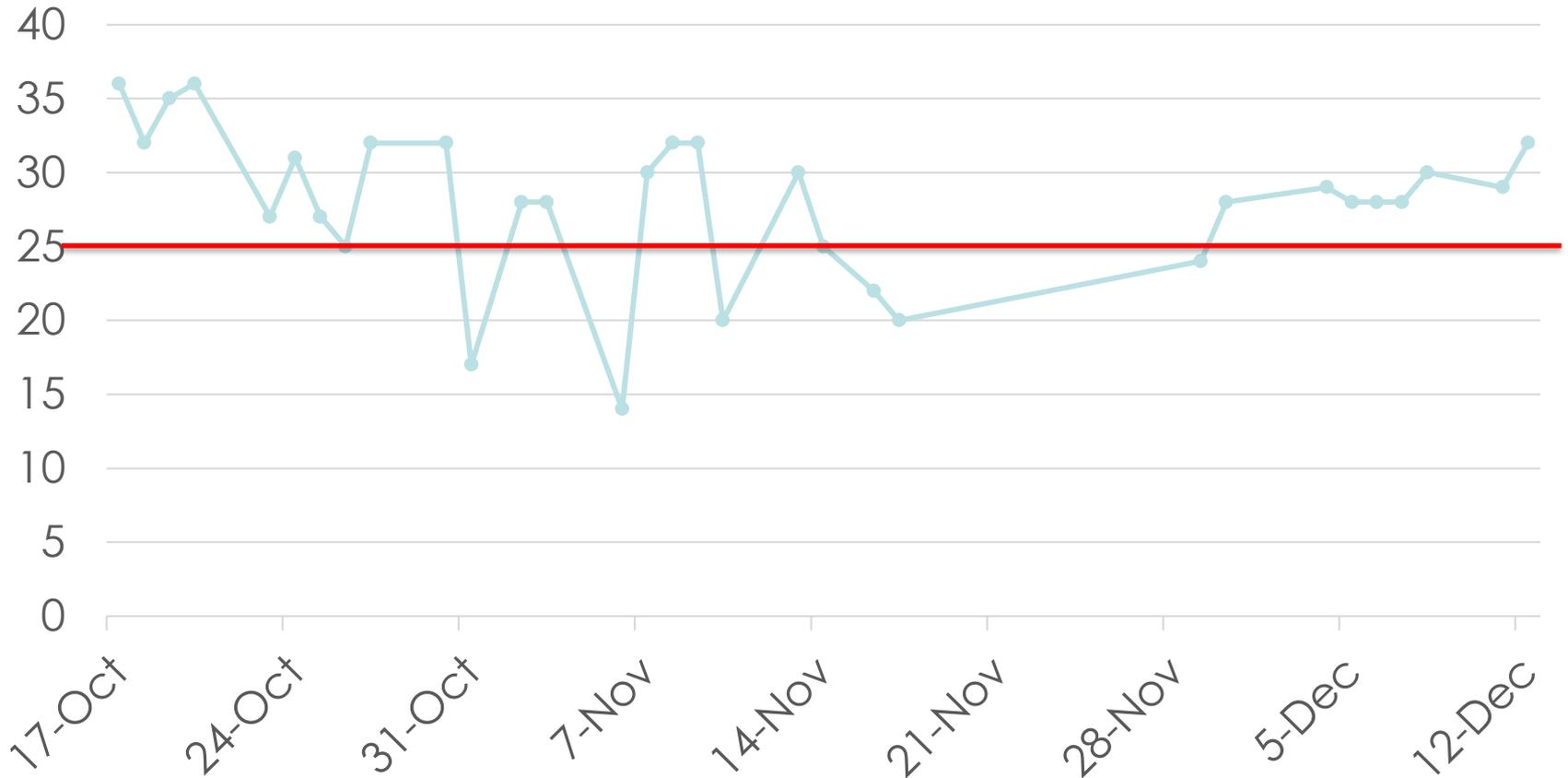Point Goal: 30

CI/CO Individual Student Progress Monitoring Data

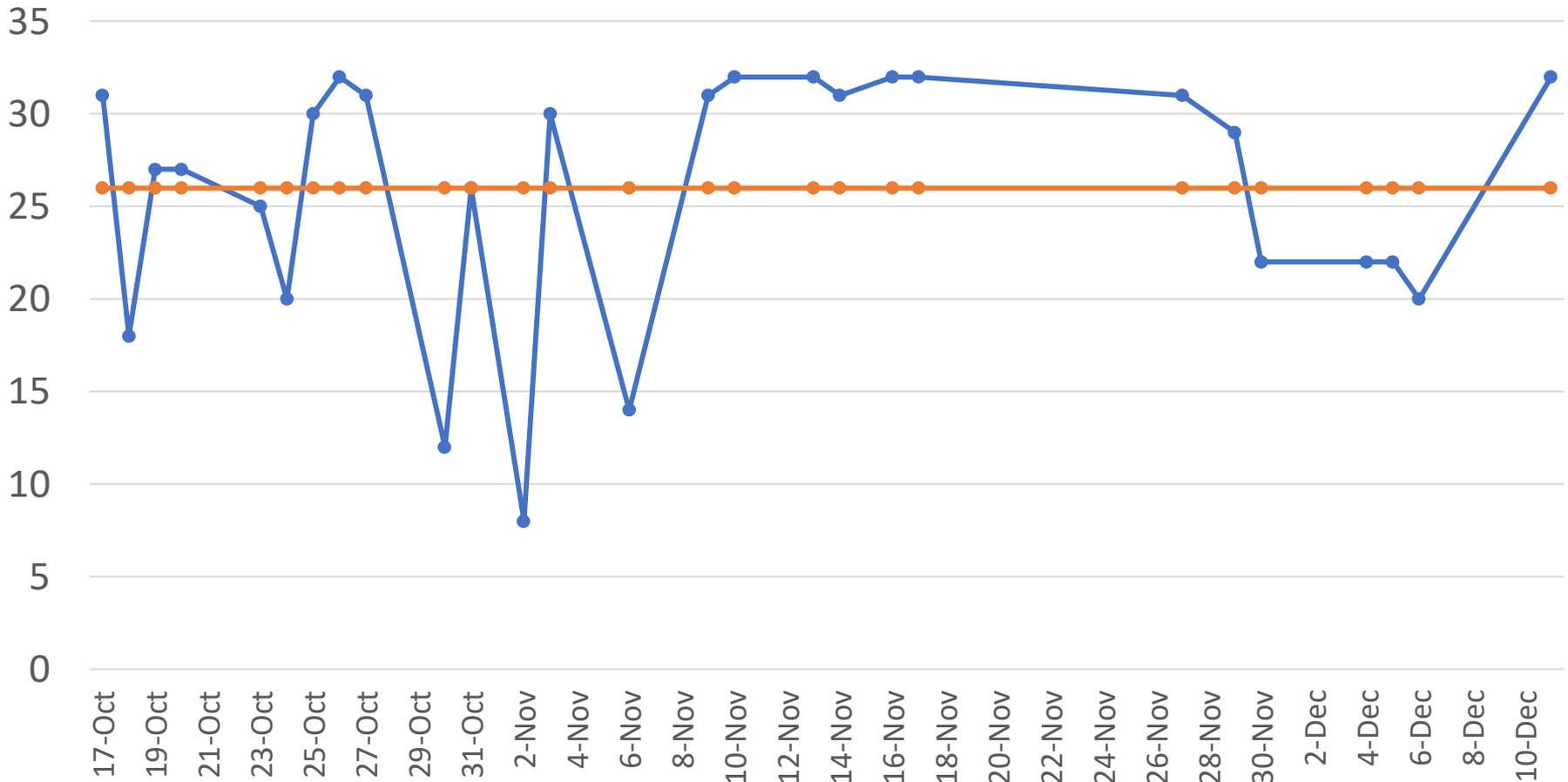Behavior Chart (Tier 3) - Angel
Point Goal: 6

CI/CO Individual Student Progress Monitoring Data

Behavior Chart (Tier 2)- Caleb
Points Goal: 25

CI/CO Individual Student Progress Monitoring Data

Behavior Chart (Tier 2) - Josh
Points Goal: 25

Celebrations Linked to ISF Implementation

- Fidelity of PBIS Tier 1 implementation improved
- Better use of school and community data to identify needs
- Increased fidelity of implementing CI/CO
- Increased use of CI/CO implementation
- Use of small group counseling by mental health clinician, teaming with school-based providers
- Improved data based problem solving and decision making for
  - identifying students needing interventions
  - Intervention selection
  - on-going progress monitoring interventions and individual students
- More effective team meetings

Lessons Learned

- Select and purchase screener well in advance
- "Coach" the use of data through teaching/modeling
  - Team review of group data (grade, gender, etc.)
  - Team review of individual student data
  - Important to combine with existing data (e.g., Early Warning System data; risk distribution spreadsheet)
  - Review Ongoing Progress Monitoring Data of students (OPM)
    - Fidelity/Effectiveness of individual and group interventions
    - DATA tells the story!

Join the Targeted Workgroup Webinars

...ted Workgroup is to provide opportunities for sites from around the country to learn and interact with one... ...y technical assistance. The goals of the workgroup are to: 1) increase ISF capacity at both state and regio... ...e as national demonstration, and 3) test and refine ISF tools.

Series Recordings
Series Recordings
Series Recordings

Sign up here for the ISF Targeted Workgroup Email List!

PBIS: Supporting Our Most Vulnerable Children & Youth

OCTOBER 3-4, 2019

Chicago, Illinois

Registration opens April 15th.
For more information, visit the Upcoming Events page at www.pbis.org in March.

The National PBIS Leadership Forum is a technical assistance activity of the OSEP Technical Assistance Center on PBIS and provides an opportunity for the Center to share information on the latest applications of PBIS. Center Partners select and organize conference strands, select session topics, and invite session leaders based on content area expertise. Session leaders invite exemplar presenters from sites known to be implementing specific applications of PBIS. Exemplar presenters are often identified from sites participating in the previous year's poster presentation.

This two-day forum for school, state, district, and regional Leadership Teams and other professionals has been designed to increase the effectiveness of PBIS implementation.

Sessions are organized by strands that support initial through advanced implementation in a full range of education settings, and assist state level planning to improve school quality and student success. Featuring sessions specific to Juvenile Justice, Alternative Educational Settings, Mental Health, and Family partnerships.

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