From Possibility to Practice: Aligning MTSS Resources for Equitable Mental Health Support

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SMHC

UNIVERSITY of SOUTH FLORIDA

School **Mental Health** Collaborative

Overview

- National research and technical assistance center
- Established 2022
- Three universities
- smhcollaborative.org

Aims

- *Research* that informs policy and practice
- *Promote* social, emotional, and behavioral student success
- *Create* tools and resources to support educators

UNIVERSITY OF SOUTH FLORIDA

WISCONSIN
UNIVERSITY OF WISCONSIN–MADISON

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School **Mental Health** Collaborative @ USF

- **Executive Co-Directors @ USF**
  - Nate von der Embse, Ph.D.
  - Shannon Suldo, Ph.D.
  - Evan Dart, Ph.D.
- **Center Director @ USF**
  - David Wheeler, Ph.D.
- 10 full time employees, 19 graduate student research assistants
- $30m in actively funded projects

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College of Education
School Mental Health Collaborative
Research, Training, and TA Center

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Presenter Reflexivity

1. Practice informed research

2. Nutritionist before Doctor before Coroner

3. Research *can* be generalizable but relevance is an N=1

4. All decisions have costs

- **What this presentation is <u>**NOT**</u>: a cookbook approach to systems change**

Mental Health Prevalence and Impact

- 20% of children in U.S. report some type of mental health *problem*

- Upwards of 80% of children in need do not receive treatment

- Mental health problems have a negative impact on development, academic, social and economic domains
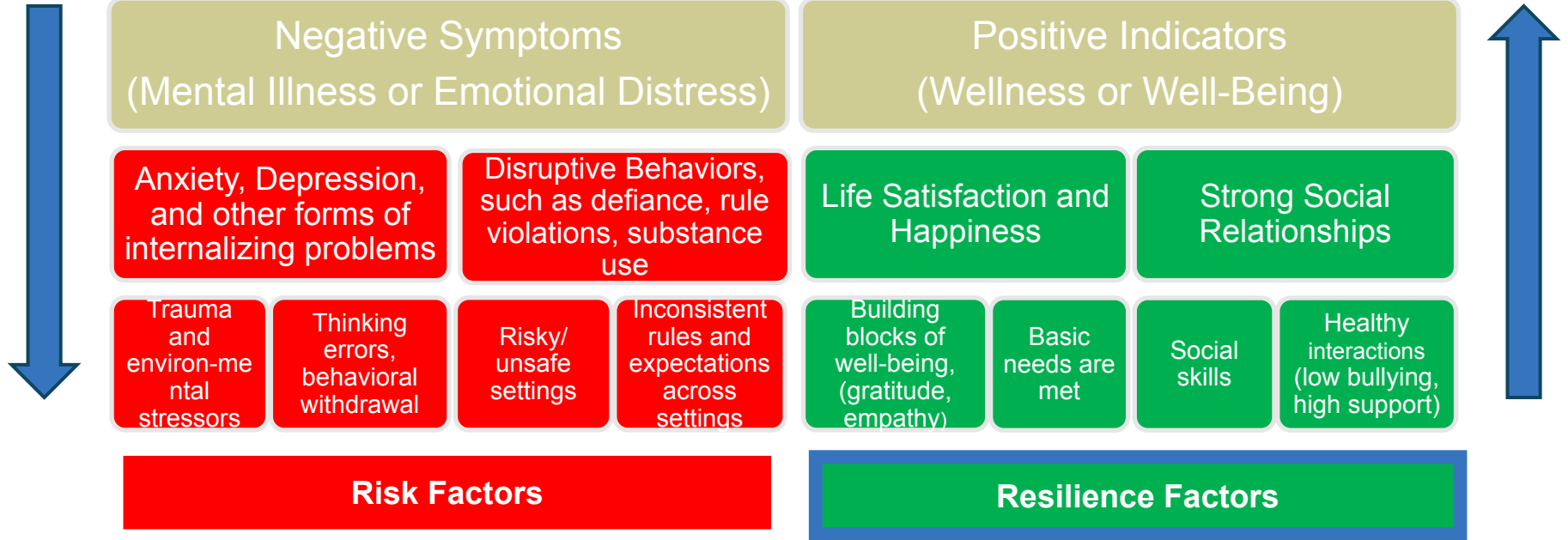
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(Merikangas et al., 2018)

Defining **Mental Health**

The current definition of mental illness includes:

- Clinically significant pattern of behavior or psychological functioning

- Associated with significant distress or impairment or substantially increased risk of death, injury or loss of freedom

- Must not be an expectable or culturally sanctioned response to an event

- Must be considered a manifestation of a behavioral, psychological or biological dysfunction, not deviant behavior or conflicts between a person and society

(DSM-V, 2013)

Complete Mental Health

Negative Symptoms (Mental Illness or Emotional Distress)	Positive Indicators (Wellness or Well-Being)

Anxiety, Depression, and other forms of internalizing problems	Disruptive Behaviors, such as defiance, rule violations, substance use	Life Satisfaction and Happiness	Strong Social Relationships

| Trauma and environ-mental stressors | Thinking errors, behavioral withdrawal | Risky/ unsafe settings | Inconsistent rules and expectations across settings | Building blocks of well-being, (gratitude, empathy) | Basic needs are met | Social skills | Healthy interactions (low bullying, high support) |

Risk Factors

Resilience Factors

(Suldo & Romer, 2016; Suldo & Doll, 2021)

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NEW MODELS OF SCHOOL **MENTAL HEALTH** SERVICES

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Goals of **Mental Health** Services

Traditional approach

- **_Remediate_** social, emotional, or behavioral disturbances among <u>referred students</u>

Public health approach

- *Promote psychological well-being* of **_ALL_** *youth*
- *Provide protective support to youth at elevated risk* for academic & emotional problems
- *Promote healthy environments* that help youth overcome risk & challenges
- *Remediate* social, emotional, or behavioral disturbances among referred students

(Doll et al., 2014)

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Multi-Tiered Systems of Support (MTSS) in Education

Tier III: Tertiary - Intensive Services/Crisis Support

Individual therapy
Family therapy
Treatment for suicidality
Postvention response
Substance use treatment

Targeted referrals for students with serious concerns that impact daily functioning

Tier II: Secondary - 2A & 2B

Strengths-based small group therapy
Brief targeted therapy
Mental health service referral
Coordination with referred providers
Suicide risk assessment, referral, safety planning

2B Indicated Services
Strengths-based target services for students with identified mental health concerns

Mental health service referral
Essential health and well-being needs
Coordination with referred providers
Initial suicide risk assessment

Check-ins
Resource Plans
Skill groups
Comprehensive School Counseling

2A Selected Supports
Early indentification and support for students with mental health concerns

Tier I: Primary - Universal Prevention

Mental health literacy
Strengths-based, Trauma and SEL-informed, equity centered supports
School staff health and well-being
Care, connection, and belonging/positive school climate and culture
Suicide and substance use prevention

Mental Health promotion and supports

Professional development for school staff
Family-school-county-community partnerships
Systems for continuous improvement

Health Education Standards
Sex Education Standards
Transformative SEL Standards

Foundation

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Improving Decision-Making

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Barriers to Effective Practice

- Decades of RCTs, meta-analyses, and online clearinghouses yet still research to practice gap

- Resource-intensive (e.g., *research-practice partnerships*) and time intensive (e.g., *technical assistance*) processes often fail to generalize to other schools and maintain initial effectiveness

(Dunst et al., 2019; Korthagen, 2017)

- The focus on *should* (i.e., research evidence in support of practice) and *how* (i.e., implementation science, measurement of fidelity) often ignores the *could* (i.e., will this work at my school?).

- We have an abundance of
  - ***what works*** and ***how it works***
  - but not ***where, when, and for whom it works.***

(Orr et al., 2019)

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Consider This Scenario

David, a school principal in Florida, is trying to determine how best to meet the increasing mental health needs of his students. David knows the research evidence for social-emotional learning programs and universal screening tools and has established a partnership with a local university to support the implementation of interventions. However, he has many competing pressures, including responding to parent demands, requirements from the Department of Education, and highly stressed teachers. David is concerned how a decision will impact *his school, his staff, and the students he serves*.

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Need to make research evidence _relevant_ for _local context_

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Decision-Making Models

- **Rational Model**:
    - knowledge of alternatives, outcomes and decision criteria, how to implement choices
    - school leaders recycle the process of:
        1. identifying the problem
        2. generating and evaluating alternatives
        3. choosing alternatives
        4. implementing the decision and evaluating decision effectiveness

(Lunenburg, 2010)

Decision-Making Models

- **Bounded Rationality Model**:
  - decisions based upon
    - incomplete information and understanding of the scope of the problem
    - not possible to generate all possible solutions
    - the evaluation of alternatives is incomplete
    - the resulting decision is based upon criteria or values ***other than optimization***

(Lunenburg, 2010)

School **Mental Health** COLLABORATIVE

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https://ies.ed.gov/ncee/wwc/

RAND Tool

Programs That Work, from the Promising Practices Network on Children, Families and Communities

M. Rebecca Kilburn, editor

Jill S. Cannon, Teryn Mattox, Rebecca Shaw, co-editors

https://www.rand.org/pubs/tools/TL145.html

Which Decision to Make?

Intervention #1

1. Effect Size: .35
2. 12 published studies
3. Mid to low quality journals
4. Takes 4 weeks to complete
5. Requires 2 counselor days
6. Cost: $1000

Intervention #2

1. Effect Size: .58
2. Two small sample manuscripts
3. Top journals in field
4. Takes 6 weeks to complete
5. Requires 1 teacher day, 1 counselor day
6. Cost: $100

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Guiding Questions for the Decision-Making Team

- How does your role influence your selection?

- What competing priorities would influence your selection?

- What evidence is important to you?
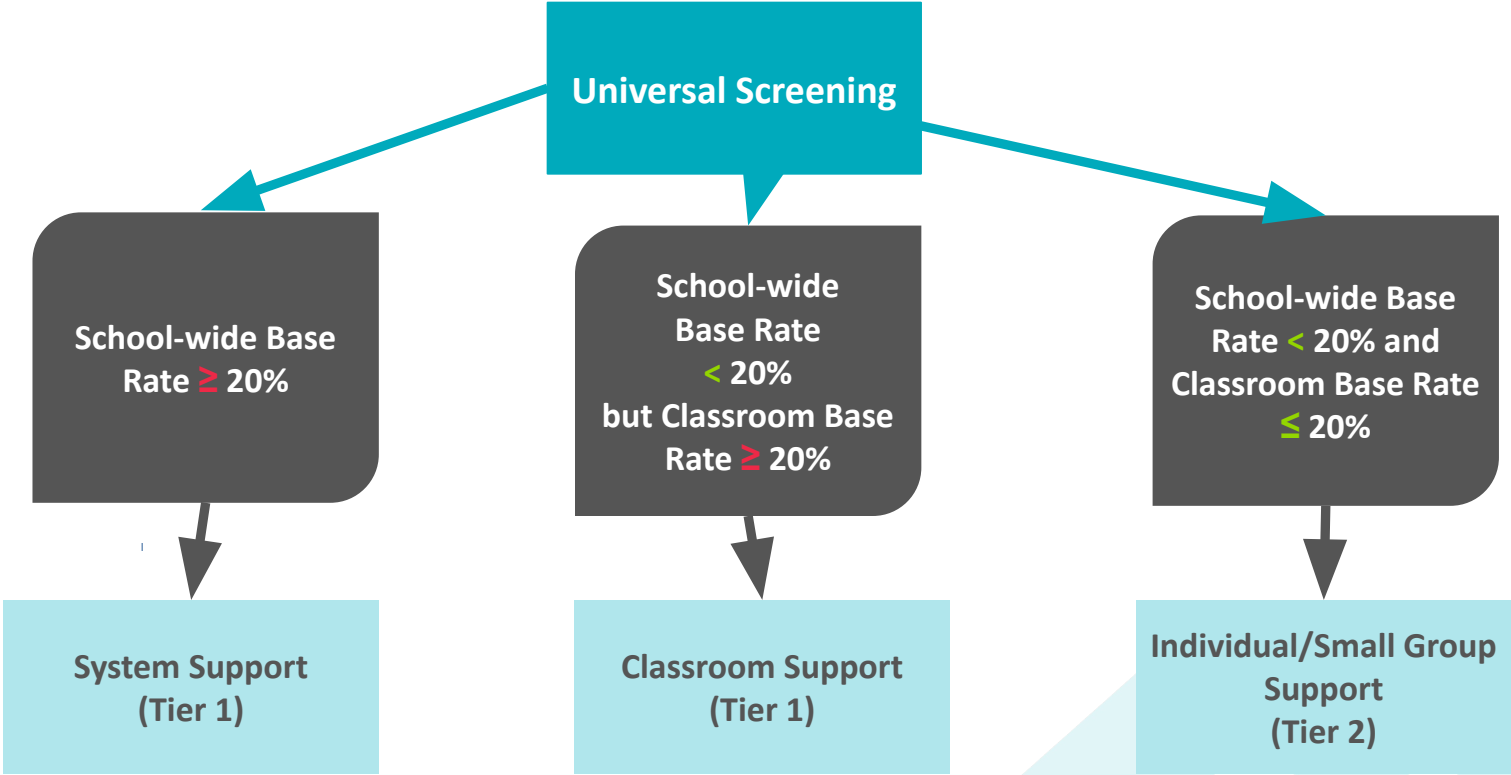
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WHAT'S IN THE BUILDING?
People, Resources, & Processes

- Determine base rate of risk
  - *What is our need?*

- Resource mapping
  - *What do we have?*

- Determining who can implement
  - *Who do we have?*

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Determine the Level at Which to Implement Intervention

Directions: Fill in the boxes with current interventions that can address the SAEBRS behaviors as well as matches the personal capacity needed.

2X3 Tier II Intervention Resource Guide SAEBRS		
	SOCIAL BEHAVIOR	ACADEMIC BEHAVIOR	EMOTIONAL BEHAVIOR
Tier II			
Tier II (Plus)			

SAEBRS Category	Tier II Supports	Number of Sufficiently Trained Staff Members	Time Available For Intervention Implementation (Weekly)	Location of Intervention	Resources to be Dedicated
Social Behavior	1.				
	2.				
	3.				
	4.				
Academic Behavior	1.				
	2.				
	3.				
	4.				
Emotional Behavior	1.				
	2.				
	3.				

Intervention	Domain	Intensity	What is the intention of this intervention?	How long does it take to implement the invention?	Suggested Grades
Skills Streaming	Social	High	Reduce disruptive behaviors and increase prosocial skills	TBD	Grades 1-8
CBITS	Emotional	High	Reduce symptoms of PTSD and depression	10 sessions , 45 minutes	Grades 5-8
Relaxation	Emotional	High	Reduce symptoms of anxiety and depression	5 sessions, 30 minutes	Grades 1-5
Positive Psychology Interventions	Emotional	Med-High	Increase frequency of positive emotions	10 sessions, 30-40 minutes (small group)	Grades 3-8
MATCH-ADTC	Emotional	High	Decrease symptoms of target area (anxiety, depression, traumatic stress, or conduct problems)	About 8 sessions per target, 45 sessions	Grades 3-8
Brief Coping Cat	Emotional	High	Reduce symptoms of anxiety	8 sessions, 45 sessions	Grades 2-8
Check In/Check out	Social	Low	Reduce disruptive behaviors and increase prosocial skills	N/A	Grades K -8
Behavior Plans	Social	Low	Reduce negative behaviors and teach functionally equivalent replacement behaviors	N/A	Grades K- 8
Modified Check In/ Check out	Emotional	Low	Reduce symptoms of anxiety and depression	N/A	Grades K-8
Good Behavior Game	Behavioral	Low	Increases children's positive behavior by rewarding student teams for complying with criteria set for appropriate classroom behavior.	Dictated by the implementer (10 minutes-half of a school day)	Grades K-8
Homework, Organization, and Planning Skills (HOPS)	Behavioral and Academic	Med-High	Reduce negative outcomes associated with ADHD by teaching skills in organization, homework management, and time management and planning	16 sessions, 20 minutes (individual) or 30 minutes (small group)	Grades 4-8
Motivational Interviewing	Academic	Low	Increase motivation to improve a problem area through applying an action plan a student creates in collaboration with a coach/counselor	1-3 sessions, 45 minutes	Grades 6 – 9
Resilience Education Program	Emotional and Behavioral	High	Reduction in problematic behaviors, engage more appropriately within social situations, thereby increasing social engagement	Two weekly sessions (30 minutes) for 4-6 weeks	Grades 4 – 8
Strong Kids	Social	High	Teaching social and emotional skills, promoting resilience, strengthening assets, and increasing coping skills of children and early adolescents	12 lessons (45-55 minutes)	Grades 6 – 8
Check, Connect and	Social	Low	Target problem behaviors in a proactive and responsive	N/A	Grades K -8

RESOURCE MAP FOR MTSS IMPLEMENTATION PLANNING

Directions: This document is intended to outline the tiers at the school. It will be referenced once again after the school wide screening takes place. Please fill this sheet out with the selected school based intervention team.

Tier	Assessment and Use of Student Outcome Data	Intervention	How Fidelity Is Monitored	Team with Tier and Current Content Expertise Present on Team
Tier III Individualized	*Decision Rules/Criteria That Identifies Students to Receive Tier 3:			Team(s):
	*Progress Monitoring Data:			Content Expertise: Behavior: y/n (List): Mental Health: y/n (List): Academic Areas y/n (List):
Tier II Supplemental	*Decision Rules/Criteria That Identifies Students To Receive Tier 2:			Team(s):
	*Progress Monitoring Data:			Content Expertise: Behavior: y/n (List): Mental Health: y/n (List): Academic Areas y/n (List):
Tier I Universal	Universal Screening Assessments & Proficiency Criteria:			Team(s):
				Content Expertise: Behavior: y/n (List): Mental Health: y/n (List): Academic Areas y/n (List):

WHAT'S IN THE BUILDING?
People, Resources, & Processes

At your meeting to discuss the serviceable base rate of risk, you learn that:

- 5 teachers have been implementing the Good Behavior Game in their classrooms for 20 minutes a day.

- 10 student services team members who serve as Check-In/Check-Out mentors in the cafeteria for 5 minutes in the morning and 5 minutes in the afternoon.

- The school psychologist also mentions that she has been implementing the 8 session, 45-minute Brief Coping Cat intervention for 6 students at lunch bunch.

- There are 12 teachers who have been trained in the HOPS intervention but are currently not implementing it, although it is typically implemented for 20 minutes for each of the 11 sessions.

SO, WHAT ARE WE GOING TO DO?
Addressing Levels of Risk

- Universal screening completed
  - *Data has arrived*

- Questions of Intervention Implementation
  - *Who?, What?, When?, How?*

TOTAL RISK

Number of students at-risk	Total # students	Percentage (%) of students at-risk
% at-risk for Emotional Behavior	Total students at-risk	Percentage (%) of at-risk students receiving services

SAEBRS

Social, Academic, & Emotional Behavior Risk Screener

% at-risk for Social Behavior	% at-risk for Academic Behavior	% at-risk for Emotional Behavior

Notes/Discussion/Interpretations:

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AGENDA ITEM 3: Problem Solving ~ 25 Minutes

☐ What kind of services will be needed? How will we address these needs?

Discussion/Conclusions:

AGENDA ITEM 4: Action Steps + Recommendations ~ 25 Minutes

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Post-SAEBRS Action Step and Accountability Guide

Directions: This worksheet is meant to outline actions steps, increase accountability and check fidelity of intervention implementation. This worksheet should be completed after your school-based leadership team has completed the following

- PROMOTE Base Rate Generator
- Project PROMOTE MTSS Implementation Planning Guide
- SAEBRS Risk to Intervention Chart.

- 2X3 Tier II Intervention Resource Guide SAEBRS
- Project PROMOTE: Tier II Intervention Outline
- SAEBRS School Wide Screener

In the first meeting (in collaboration with the consultant), the SBLT will complete this worksheet outlining the biggest three action step that pair with the results from the SAEBRS screening. Please see example below.

Precise Problem Statement What, When, Where, Who, Why, How Often	Solution Actions What will the leadership team do? What area will they target?	Who?	By When?	Goal & Timeline
45.7% of our sixth grade students were found to at risk for social behavior. Previous Levels: N/A	Some leadership members will commit to implementing a Check In, Check Out intervention. The leadership team wants to implement this on a daily basis.	John Doe (School Psychologist) Jessica Doe (School Counselor)	Our Next Meeting	■ Week 1: Use screener to find students/send consent forms ■ Week 2: Gather materials and communicate with teachers ■ Week 3: Inform students who will be participating ■ Week 4: Start implementation

In the second meeting, return back to those three initial action steps and facilitates conversation (in collaboration with the consultant) on the intervention effect and fidelity. Continuously revisit action steps for the remainder of the academic school year.

Precise Problem Statement What, When, Where, Who, Why, How Often	Solution Actions What will the leadership team do? What area will they target?	Who?	By When?	Goal & Timeline	Fidelity of Imp.	Effectiveness of Solution
45.7% of our sixth grade students were found to at risk for social behavior.	Some leadership members will commit to implementing a Check In, Check Out intervention. The leadership team wants to implement this on a	John Doe (School Psychologist) Jessica Doe (School Counselor)	Our Next Meeting	Week 1: Use screener to find students/ send consent forms Week 2: Gather Materials and communicate with teachers	☐ Not started ☐ Partial imp. ☐ Imp. w/	☐ Worse ☐ No Change ☐ Imp. but not to Goal ☐ Imp. & Goal met Current rate/level per school day = ___1 Hour___

INTERVENTION FIDELITY

Directions: Once the intervention(s) are selected, the SBLT and consultant will fill out this worksheet to outline the intervention implementation fidelity. Once the each intervention is outlined, the SBLT should use the second page to collect data on the intervention's fidelity.

Selected Intervention	Student Engagement How do we determine how engaged and involved the students are?	Program specificity How do we determine how well the intervention is outlined?	Adherence How do we determine to what degree was the intervention implemented as intended?	Exposure/Duration How much time is the student exposed to the intervention?	Quality of Delivery How do we know how well the intervention was delivered?

Aligning Resources to Support Decision-Making: Part II

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Investment

Adjust your portfolio t

Average Return

$165.32

Chance of Loss

16.2%

$300

$100

$0

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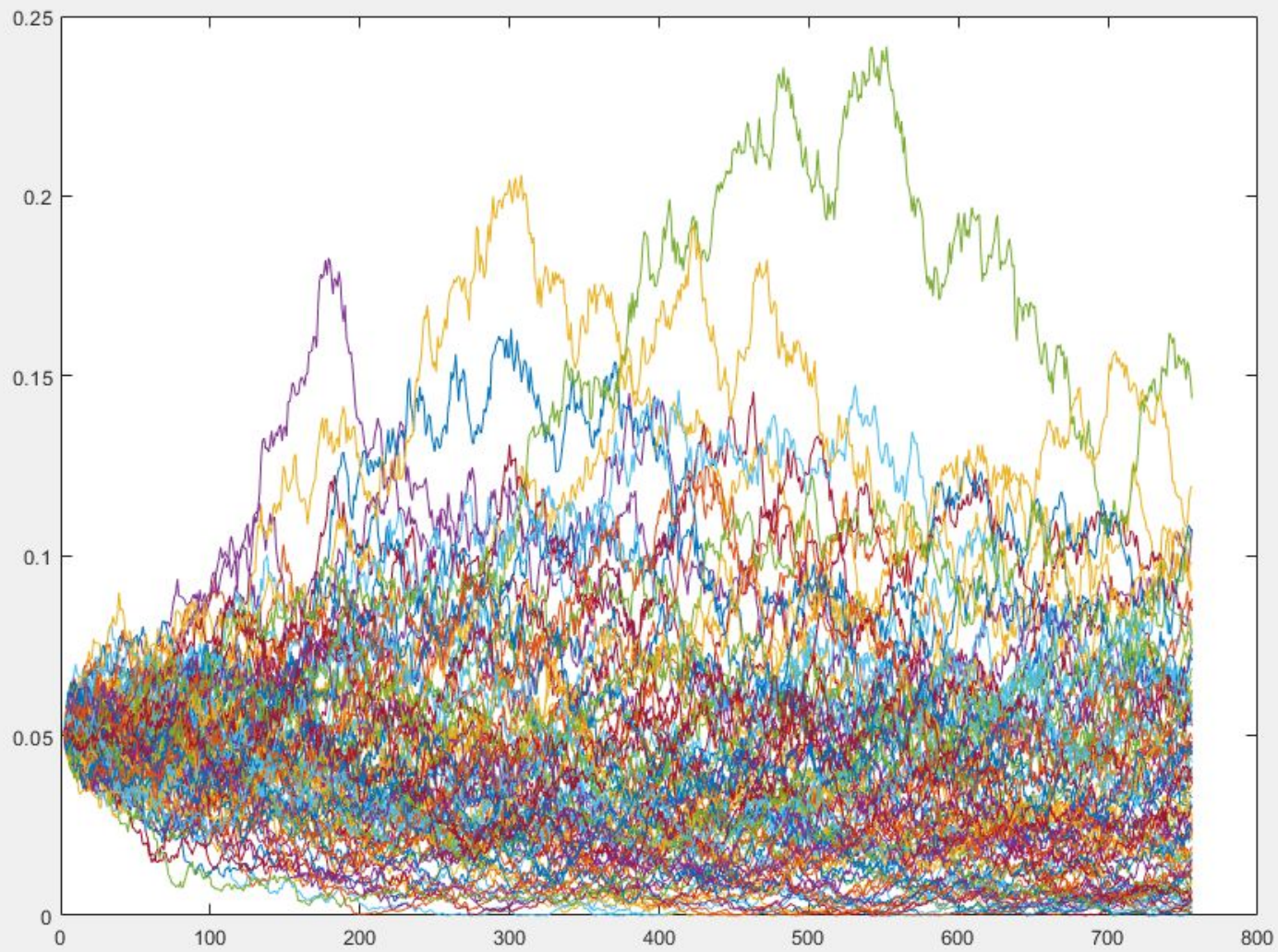
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Discrete Event Simulation

- A system modeling technique that allows for the evaluation of the potential costs and personnel needed to implement a given service

- Allows school administrators to input their own specific school resources, school population, and selection of research-based interventions and assessments.

- Simulates how specific intervention/assessment choices result in resource use, time to treat, and cost of treatment.

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TELL US ABUT YOUR SCHOOL! (SCHOOL SIZE/PERSONNEL)

Summary

Staffing Details

Number of Teachers	40	Weekly Hours	1
Number of Aides	6	Weekly Hours	5
Number of Psychologists	1	Weekly Hours	3
Number of Interventionists	5	Weekly Hours	6
Estimated Start Date	04/07/2023	Estimated at risk students	280

Intervention Details

Classroom Intervention Selected	Good Behavior Game	Effect Size	0.8
Weeks to Administer	5-10	Time Per Week (hours)	0.5
Small Group Intervention Selected	HOPS	Effect Size	0.5
Weeks to Administer	16	Time Per Week (hours)	0.33
Students Per Teacher	2.0	Students Per Aide	10.0
Students Per Psychologist	10	Students Per Interventionists	18.0

CONTINUE

Total nu...

21.00 weeks

Performance Simulation

Legend:
- Treated
- In treatment
- Waiting

# of Students

May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023
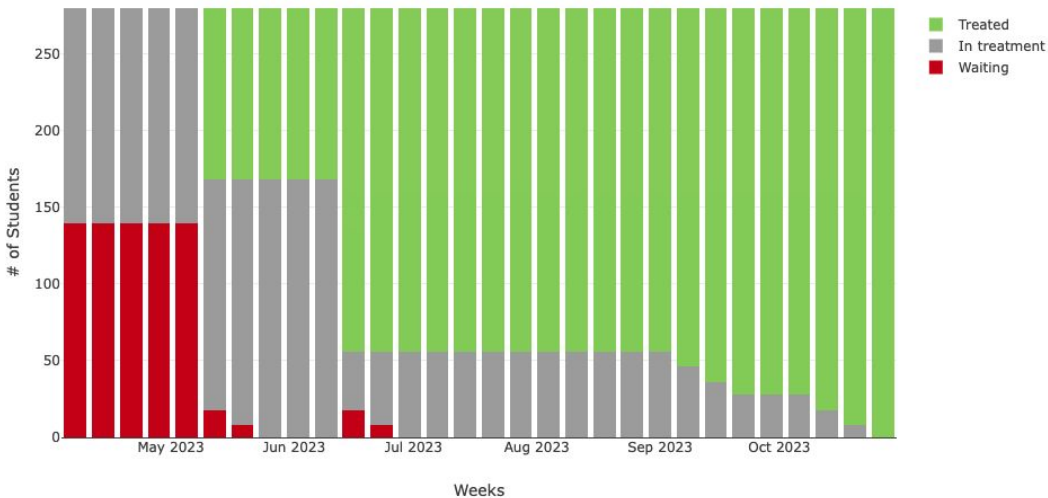
Weeks

32 students

36.00 weeks

...ns   192 students

What's Next in School **Mental Health** Services?

- Research to *Practice Gap*
- Research to *Implementation Gap*
- Research to *Decision-Making Gap*

- Decision-making advances can make research relevant and ultimately useful

- Rising student mental health needs necessitate prevention-oriented approaches that are both *effective and efficient*

Take Home Points

1. Start with could, *before* should

2. Junk data in, junk data out

3. Decision-making is always **personal**, **practical**, and **here**
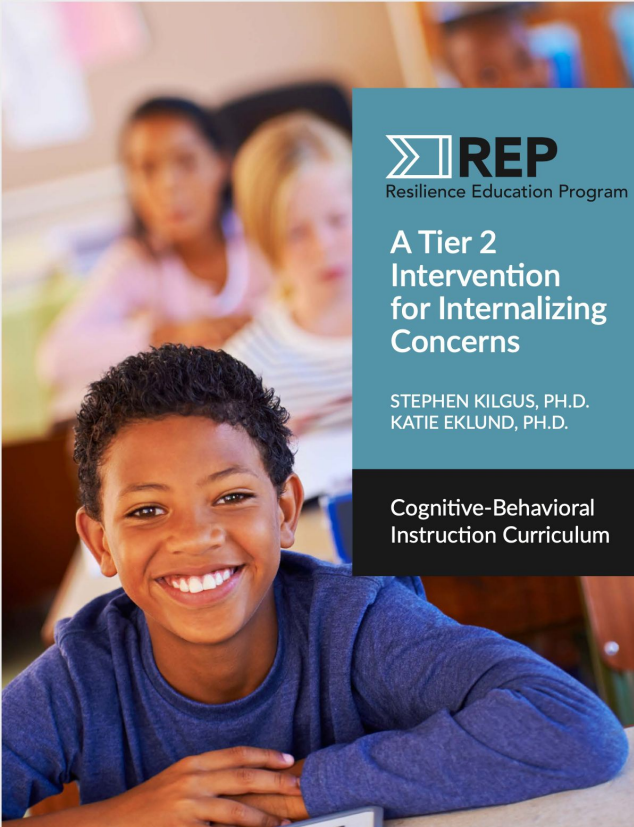
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Resources
www.smhcollaborative.org

Additional Resources
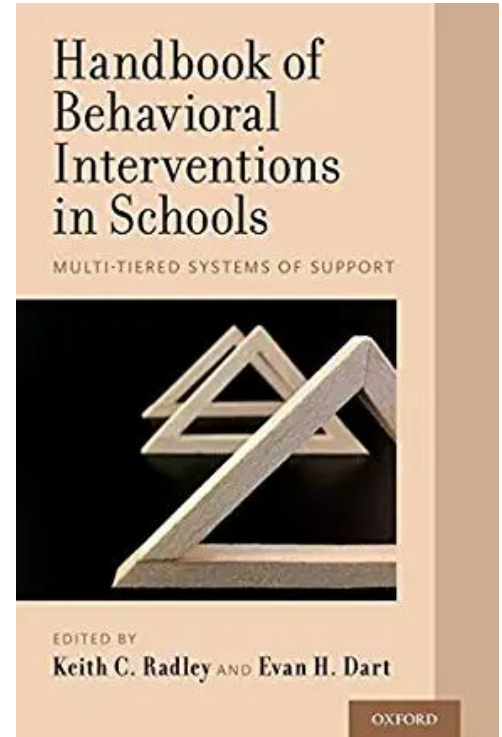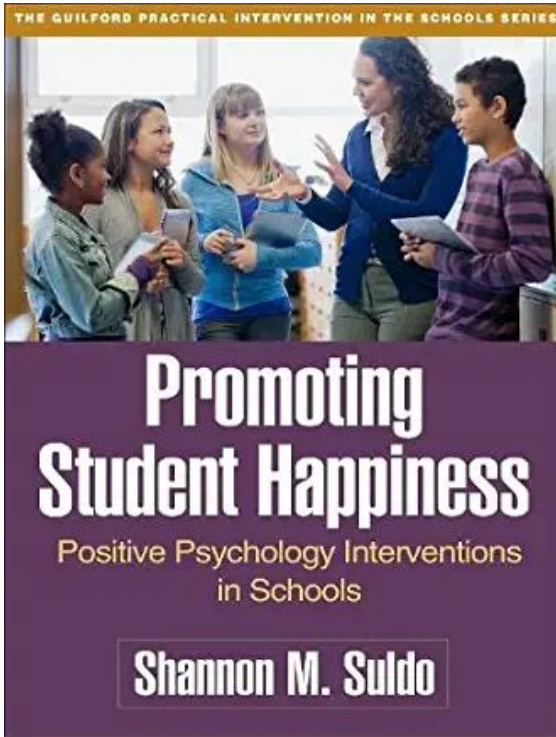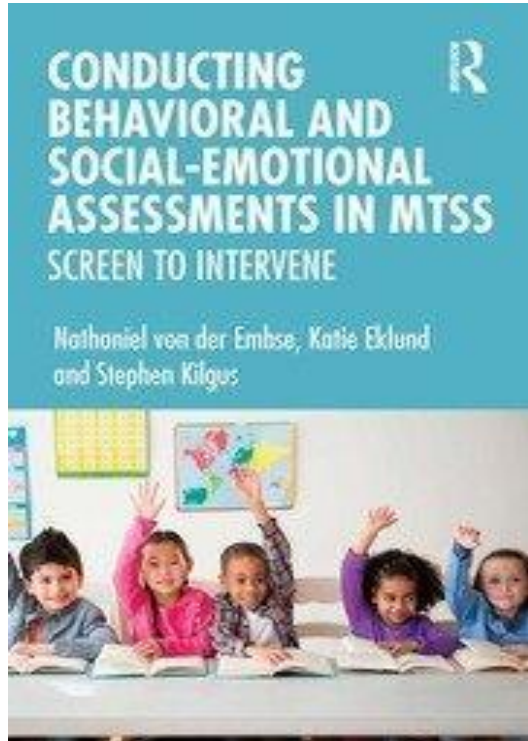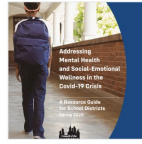
SMHC RESOURCE DROPBOX

Answers to Teacher Tra...
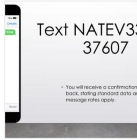g.docx

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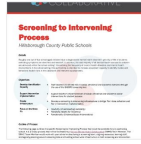
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Mental Health Presenta...
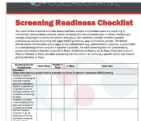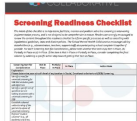n.pptx

Multi-Tiered Decision M...
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Resource Mapping
Forms.docx

Resource Mapping.docx

Provides:
- Implementation Resources
- Infographics
- Research Briefs

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Questions?

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www.smhcollaborative.org

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