



Fact Sheet

INTERCONNECTED SYSTEMS FRAMEWORK 101: AN INTRODUCTION

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In the United States, over 40% of students will have experienced a mental health problem, such as anxiety or depression, by the time they reach seventh grade (SAMHSA, 2016). Suicide is the second leading cause of death among 10-34 year olds (NIMH, 2018) and according to the National Survey of Children's Health (2016), 46% of children have experienced at least one Adverse Childhood Experience (ACE). The newest statistics on suicide from the Centers for Disease Control (CDC), along with current rates of substance use, opioid abuse, and electronic aggression are alarming. This public health crisis requires a whole population response. Education and mental health leaders are keenly aware of the need to align structures and establish one comprehensive system of social/emotional/behavioral (SEB) supports in schools.

The Interconnected System Framework (ISF) is an emerging approach for building a single system of SEB supports in schools. Integrating Positive Behavioral Interventions and Supports (PBIS) and school mental health, the ISF also brings community partners and families into one multi-tiered structure.

The Pacific Southwest Mental Health Technology Transfer Center (MHTTC), in collaboration with the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), has developed a three-part series of fact sheets to deepen knowledge and understanding of the ISF. All three documents provide case examples that highlight the local context in which data-based decision making occurs and reflect the diversity of school communities in the region.

- ***Interconnected Systems Framework 101*** provides an introduction to Interconnected Systems Framework, including a definition and a review of the benefits.
- ***Interconnected Systems Framework 201*** describes what will be different for educators and mental health providers when school mental health is integrated into a Multi-Tiered System of Support. (MTSS)
- ***Interconnected Systems Framework 301*** describes how to use school and community data to determine what interventions to select and implement to meet the diverse needs of all students.



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What is the Interconnected Systems Framework (ISF)?

The ISF is offered as a solution to the inefficiencies of co-located systems and SEB programs working in isolation. Building on the success of PBIS, the ISF applies the core features of MTSS to *deliberately integrate mental health, community, school, and family partners through a single system of support*. The MTSS framework guides state, district, and community leaders to blend funding and modify policies and procedures to help systems work more efficiently. Supported by integrated district structures, clinicians become part of multi-tiered teams in schools where the SEB needs of all students are addressed.



Key Messages of ISF

1. **Single System of Delivery**
2. **Mental Health is for ALL**
3. **Success Defined by Student Impact**
4. **Use the MTSS framework to guide an integrated approach:**
 - Team-based decision making
 - Use of school and community data
 - Formal process for the selecting evidence-based practices (EBPs) connected across tiers
 - Early access through comprehensive screening
 - Rigorous progress monitoring for fidelity and impact
 - Ongoing coaching for school and community professionals

The Building Blocks of the Interconnected Systems Framework: PBIS and SMH

PBIS is a multi-tiered behavior system currently implemented in over 26,000 schools. PBIS focuses on building effective systems and structures that can inform a collective approach to data-driven decision making and the implementation of evidence-based practices (EBPs). The primary goal of PBIS is to promote SEB functioning in students (Horner, Sugai, & Anderson, 2010).

While PBIS has improved behavioral and academic outcomes for students for over two decades, schools often struggle to provide adequate support for students displaying higher level needs (Barrett et al., 2013). Furthermore, PBIS has historically focused on overt problem behavior, which can result in missing the needs of students with “internalizing” problems such as anxiety, depression, and the impact of trauma (Weist et al., 2018).

Like PBIS, school mental health has been a decade long national movement to develop mental health services for children and youth to serve them “where they are,” (Weist & Ghuman, 2002), resulting in increased school-based mental health services. There are documented advantages of school-based mental health programs, including significantly improving access to services (Atkins et al., 2006; Catron, Harris, & Weiss, 1998); promoting positive student SEB; and fostering better academic outcomes. When programs are implemented appropriately, there are many advantages to school-based mental health programs (Botvin, 2000; Catalano et al., 2003). Like PBIS, however, expanded school-based mental health programs have limitations related to poor implementation support, and are often delivered in an ad-hoc way in school districts. One consequence of this approach is that community mental health clinicians generally do not participate actively on MTSS teams, operating in parallel to PBIS programs rather than in coordination with PBIS (Eber et al., 2013; Splett et al., 2014). Applying the ISF allows schools, districts, and

states to improve their service delivery model by investing in one set of teams to support SEB and academic supports for all.

Getting Started

The ISF builds on the strengths from student mental health approaches and PBIS to help education and mental health systems work together. Here are some of the initial steps for practitioners who are interested in using this approach:

- Resource Mapping is a good first activity to help district and community leaders start examining what mental health resources are currently available. This process also helps teams discover the extent to which their current SEB initiatives (e.g. Social Emotional Learning, Bully Prevention, Restorative Practices, and Trauma-Informed Care) are implemented with high quality and examine if they are having a positive impact on student outcomes. Finally, the mapping process allows the team to discuss opportunities to align, integrate, and eliminate, where possible, to establish a more efficient and effective system.



Benefits of ISF

- **Uncovering students with mental health needs earlier**
- **Linking students with needs to evidence-based interventions**
- **Data tracking system to ensure youth receiving interventions are showing improvement**
- **Expanded roles for clinicians to support adults as well as students across all tiers of support.**
- **Healthier school environment**



Evidence of Impact of PBIS

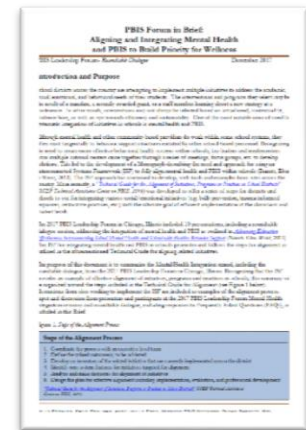
- **Improved academic achievement** (McIntosh, Chard, Boland, & Horner, 2006)
 - **Reduced student discipline referrals and suspensions** (Anderson & Kincaid, 2005; Frey, Lingo, & Nelson, 2008)
 - **Improved social emotional functioning** (Kincaid, Knoster, Harrower, Shannon, & Bustamante, 2002, Bradshaw et al., 2012)
- If districts already have a community provider working in schools, leaders should examine how that agency is working alongside school based teams to ensure an integrated approach. This includes reviewing existing working agreements, contracts, and funding structures to consider how the agreements promote or prevent an integrated approach. The following questions can be used to facilitate discussions and revise the working agreements.
 - Are roles and functions clearly defined across the tiers of implementation?
 - How is funding blended to enable providers to serve on teams across tiers?
 - What professional development training and coaching is required to ensure staff are skilled to deliver interventions and clinicians can support teachers in their classrooms?
 - How are community providers invited to participate in district trainings and team meetings and learn about how the education system operates?

Resource

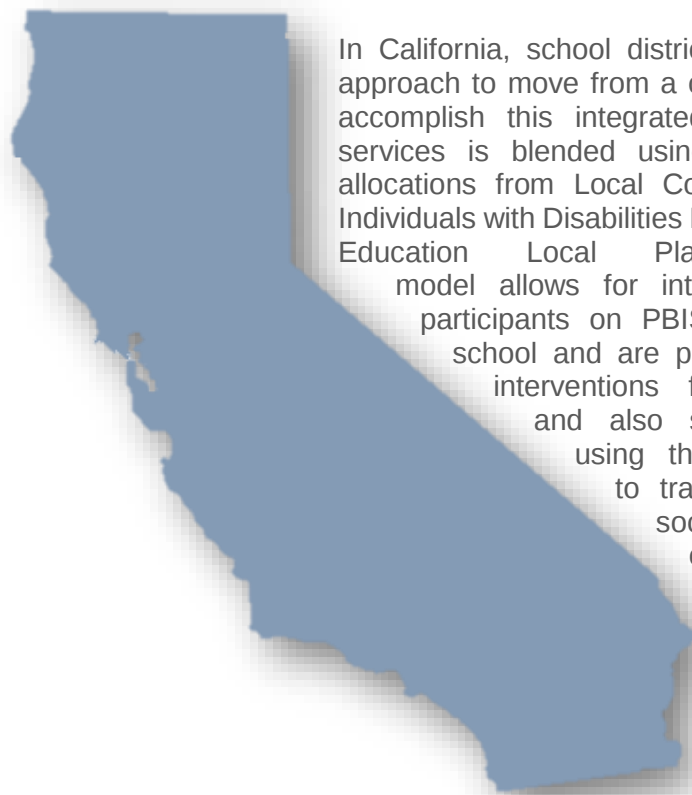
Aligning and Integrating Mental Health and PBIS to Build Priority for Wellness

[View Resource](#)

The 2017 PBIS Leadership Forum hosted an intensive track on the integration of mental health and PBIS. This resource summarizes the ten presentations and roundtable discussion dialogue and includes a FAQ on ISF. It is organized by discrete, progressive steps that schools can take align their mental health and PBIS systems through the ISF. Case examples from sites currently implementing ISF help illuminate the alignment process.



Local Spotlight



In California, school districts and behavioral health are using an ISF approach to move from a co-located model to an integrated model. To accomplish this integrated approach, funding for behavioral health services is blended using student Medi-Cal insurance and district allocations from Local Control Accountability Plans (LCAP) and the Individuals with Disabilities Education Act (IDEA) provided through Special Education Local Plan (SELPA). This blended fiscal model allows for integrated services, making clinicians active participants on PBIS teams. Clinicians are assigned to one school and are part of the school community. They facilitate interventions for students requiring intensive supports and also serve on School Wide Leadership team using their expertise as social emotional leaders to train and support instructional staff to teach social emotional skills alongside academic content. This blended fiscal model ensures clinicians build the capacity for ALL staff to respond to the needs for most of the children and youth within the school community without requiring students to have a label, diagnosis, or insurance plan to get supports.

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