Building a Model for Student Success via an Integrated Systems Framework and Universal Screening

Research and support is emerging regarding the blending of school-based mental health care and school-wide Positive Behavioral Interventions and Supports (PBIS) to improve student outcomes. This blending of systems has become referred to as the Interconnected Systems Framework (ISF). ISF is an implementation framework that creates and guides the linkage between education and mental health systems to leverage and maximize the benefits of both systems of care for students.

Pulaski County Schools have been a leader in Kentucky with integrating educational and mental health systems and have recently added a core foundational activity of universal screening for behavioral health needs. Universal screening expands the information available on a child beyond the existing academic, attendance and discipline data and includes social and emotional needs that may be getting in the way of student success.

Screening data on all students can provide an indication of an individual student’s performance and progress compared to the peer group’s performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic, social, and behavior skills. Universal screening is the least intrusive level of assessment completed within Pulaski County Schools’ Response to Intervention (RTI) system and helps educators and parents identify students early who might be “at-risk” for developing learning, behavior and/or social-emotional challenges.

Beginning in the 2017-18 school year, Pulaski County Schools introduced the Student Risk Screening Scale (SRSS-IE). This particular screener was chosen due to its ease of administration, low level of intrusiveness and solid research base.

Key Milestones in the Creation of an Interconnected System

The timeline below documents key dates and activities related to the enhancement of Pulaski Public Schools’ approach to identifying and addressing the social and emotional needs of their students.
**KEY MILESTONES IN THE CREATION OF AN INTERCONNECTED SYSTEM**

**Early Efforts**

- **2001**
  - First MOUs with community mental health agencies for school-based services

- **2006**
  - Early Implementation of PBIS

**Project AWARE Kentucky receives 5-year Federal Grant**

- **2015**
  - Receipt of Federal dollars (AWARE) to train Mental Health First Aiders and augment school-based mental health services

- **2016**
  - District staff attended ISF Awareness Training and reviewed research of ISF (AUG-OCT)
  - District introduced mental health providers to ISF and solicited mental health representative for District ISF Team (NOV)
  - Meetings with key school personnel to introduce ISF and pilot project (NOV)

- **2017**
  - Identified 3 schools to be pilot sites for ISF (JAN)
  - Held initial meeting of District ISF Implementation Team (FEB)
  - Pilot sites complete implementation history (MAR)
  - Oriented mental health providers to ISF and to school practices/culture (SUMMER)
  - Expanded ISF school-based implementation teams to include mental health professional (SUMMER)
  - Began process for automating universal screening data (SUMMER)

- **2018**
  - Implemented **UNIVERSAL BEHAVIORAL SCREENING (SRSS-IE)** in pilot schools (SPRING)
  - Updated District Action Plan to include district-wide roll-out of ISF and Universal Screening (SUMMER)
  - Trained community mental health professionals: **Ethics and Best Practices in School-based Mental Health** (SUMMER)
Expanded Use of Mental Health Professionals to Address Need

The chart below documents the enhanced focus on mental health in recent years with an increase in the number of community-employed, school-based mental health clinicians available to Pulaski County students.

**Mental health professionals under MOU with PCPS**

YEAR 1: <30
YEAR 2: 65
YEAR 3: 113

YEAR 4 not available until October 2018

**Identification of AT-Risk Student**

DATA ELEMENTS
- Student Risk Screening Scale (SRSS), 3 times per year
- Attendance
- Grades
- Office Discipline

* Family Resource and Youth Services Centers
With the addition of a process for screening all students for risks associated with their social and emotional health, Pulaski County has another key source of information in determining a student’s need and deciding on a strategy for addressing the need. Prior to implementing the process system wide, the SRSS-IE was piloted in an elementary school, a middle school and a high school.

As seen in the data below from the 3 pilot schools, the Student Risk Screening Scale (SRSS-IE) measures both internalizing behaviors and externalizing behaviors. While the students with externalizing behaviors may have been identified through the office discipline data set, the SRSS-IE enhances the likelihood of identifying students who might otherwise go unidentified such as a student whose response to trauma is to withdraw rather than act out. **Data in chart below highlight the value of a scale that screens for both.**

<table>
<thead>
<tr>
<th>EXTERNALIZING SCALE</th>
<th>Moderate Risk</th>
<th>High Risk</th>
<th>Total Population Screened: 2,499</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>6%</td>
<td>374 Students</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERNALIZING SCALE</th>
<th>Moderate Risk</th>
<th>High Risk</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8%</td>
<td>8%</td>
<td>193 Students 195 Students</td>
</tr>
</tbody>
</table>

**Summary of Key Enhancements when PBIS becomes an Integrated Systems Framework**

1. Screening for social, emotional, and behavioral concerns; both internalizing and externalizing; allows students to be identified early and linked to the appropriate intervention

2. Community partners, including parents and community mental health professionals, can provide an expanded view of how students live and how they respond to their environment (school, community, home).

3. Community partners who are familiar with operations of the school can enhance the school-based team in ways that promote healthy social and emotional function for ALL students. Clinicians move from being a separate and singular response to identified social and emotional needs to being social emotional leaders within the school building.

4. Cross training with community employed and school employed mental health staff yields interventions that are more consistently and competently delivered.

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