

Designing, Implementing and Monitoring School Based Mental Health Services.

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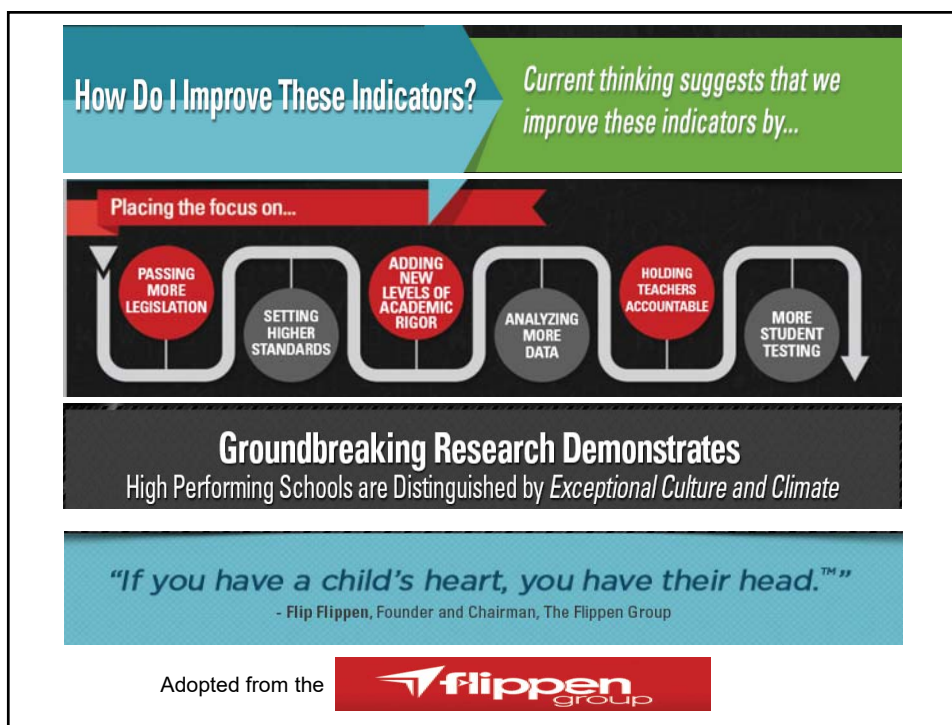
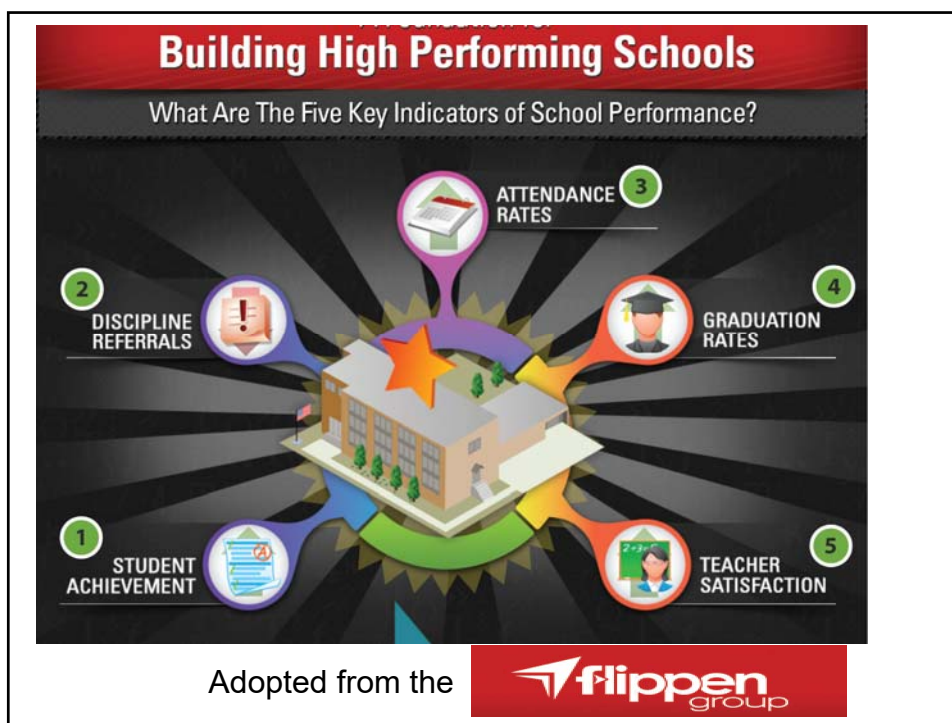
PART A



Friday, October 21st, 2016

Background & Disclaimers

- Professional Training
 - Elementary education.
 - School psychology
- Professional Interests
 - Cognition, intelligence, LD, Plus.!!!
 - Test development.
- Beliefs in Practice
 - Need for science to support practice.
 - Solid Psychometrics in tools.
 - Evidence based interpretation.
- Co- author of tool (BIMAS) to be presented.



.....When we create a School Climate that is

- Supported by the building leader
- Implemented with fidelity by caring faculty

THIS **WILL** LEAD TO:

- Student acquisition of prosocial behaviors
- Decrease in student discipline referrals
- Increase in academic performance



Social Emotional Skills

Schools that have introduces social-emotional skills curricula have shown...

- An increase in self-esteem
- Increase in attitude towards group work
- Increase in personal development
- Decrease in loneliness
- Decrease in discipline referral

MTSS deserves a chance!!

- Even when supported by federal or state government mandates or some economic support.
 - Most change efforts in Education have resulted in limited success the last 25 years....
- Those studying these efforts report a success rate of about 20% for actual change.

The MTSS movement



**“We have given Reading a chance!!
Here is the proof”**

7H15 M3554G3 53RV35 7O PR0V3 H0W
0UR M1ND5 C4N D0 4M4Z1NG 7H1NG5!
1MPR3551V3 7H1NG5! 1N 7H3
B3G1NN1NG 17 WA5 H4RD BU7 N0W,
0N 7H15 LIN3 Y0UR M1ND 1S R34D1NG
17 4U70M471C4LLY W17H 0U7 3V3N
7H1NK1NG 4B0U7 17, B3 PROUD! 0NLY
C3R741N P30PL3 C4N R3AD
7H15. PL3453 F0RW4RD 1F U C4N
R34D 7H15.

Something to ponder!!!

- Please take a moment....alone or with the person next to you.
- How do you define Mental Health?
- How are you asked/allowed to define Mental Health? What is your role in
 - Tier I
 - Tier II
 - Tier III services?

Hopes, and goals for our students

- Master Academics
 - reading, writing, math, science, history, art, languages, cultures) .

BUT ALSO

- Enhance social– emotional competence, character, health, and civic engagement
(Metlife, 2002; Rose & Gallup, 2000).

SOCIAL– EMOTIONAL COMPETENCE

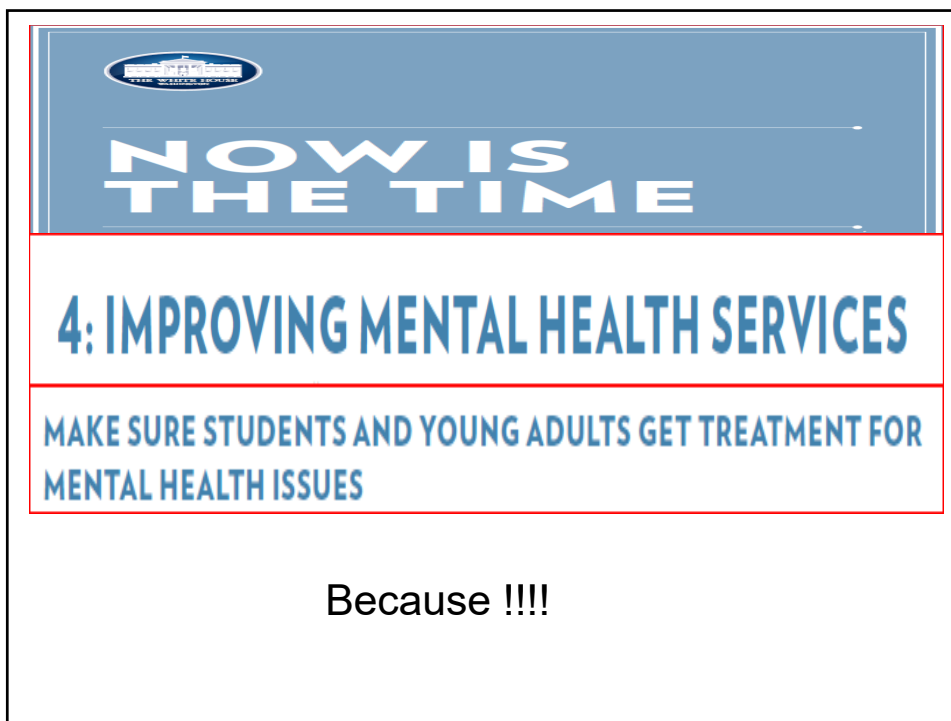
- interact in socially skilled and respectful ways.
- practice positive, safe, and healthy behaviors.
- contribute ethically and responsibly to peers, family, school, and community.
- possess basic competencies, work habits, and values as a foundation for meaningful employment and engaged citizenship.
(Greenberg, M., et. al., 2003).

Redefining the healthy Student

- Who is the healthy student?
 - Physical Health (screen for vision, hearing, speech)
 - Academic Health (achievement).
- Mental Health
 - There a strong link between **behavior / emotions, mental health** and **academic performance!**

Why we can no longer afford
NOT to address student
mental health.

A National Epidemic!!!!



NOW IS THE TIME

4: IMPROVING MENTAL HEALTH SERVICES

MAKE SURE STUDENTS AND YOUNG ADULTS GET TREATMENT FOR MENTAL HEALTH ISSUES

Because !!!!

White House June 2013
National conference on Mental Health

As President Obama said, "We are going to make it as easy as access to a gun." Today, less than half of children and adults with diagnosable mental health problems receive the treatment they need.

Today, less than half of children and adults with diagnosable mental health problems receive the treatment they need.

illness are not violent, several recent mass shootings have highlighted how some cases of mental illness can develop into crisis situations if individuals do not receive proper treatment. We need to do more than just keep guns out of the hands of people with serious mental illness; we need to identify mental health issues early and help individuals get the treatment they need before these dangerous situations develop.

"...identify mental health issues early..."

MAKE SURE STUDENTS AND YOUNG ADULTS GET TREATMENT FOR MENTAL HEALTH ISSUES

- Three-quarters of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental health problems receive treatment.
- We can't do this alone. This is a team effort.
 - We need to **train teachers, other adults and children** to recognize young people who need help and ensure they are referred to mental health services.

Mental Health Needs (Illness)

vs

Mental Health (Wellness)

WE MUST FACE BOTH CHALLENGES

Mental Health - Wellness

- Emotional Well-being
 - Life satisfaction
 - Happiness, cheerfulness, peacefulness
- Psychological Well-being
 - Self acceptance, optimism, hopefulness, purpose in life, spirituality, positive relationships
- Social Well-being
 - Social acceptance; beliefs in the potential and goodness of society; personal self-worth; sense of community

Mental Health- Wellness

- Behavioral health is important....
 - PBS/PBIS programs
 - Strength based Assessments
 - DECA; DESSA; SEARS
 - PAWS & CAWS (under development—ask me about it)
- Let's not forget those currently in need of services
 - BIMAS

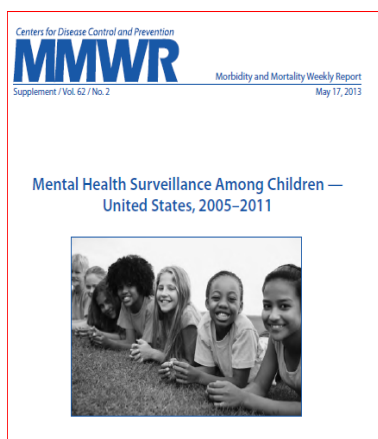
Mental health Needs

- In 2000, there were **70.4** million children 17 or under in the US (26 % of the population).
- **64 %** were white, non-Hispanic;
- **16 %** Hispanic,
- **15 %** African-American,
- **4 %** Asian-Pacific, and
- **1 %** American Indian/Alaskan Native.
- In 2010, there were **74.2** million children 17 or under in the US (26 % of the population).
- **54 %** were white, non-Hispanic;
- **23 %** Hispanic,
- **14 %** African-American,
- **4 %** Asian-Pacific, and
- **5%** all others

Children's Mental Health Needs, Disparities and School-Based Services: A Fact Sheet
Children's Mental Health Needs, Disparities and School-Based Services: A Fact Sheet

Updated February 28, 2012

U.S. Statistics - CDC



Of the population ages 9—17

- 21 % experienced the signs and symptoms of a DSM disorder during the course of a year.
- 11 % experienced significant impairment
- 5 % experienced extreme functional impairment.

On average, only one-fourth of children in need of mental health care get the help they need.

U.S. Statistics On Mental Health

Social-emotional problems among young children* are common.

- ◆ Between 9.5 and 14.2 percent of children between birth and five years old experience social-emotional problems that negatively impact their functioning, development and school-readiness.³
- ◆ Approximately 9 percent of children who receive specialty mental health services in the United States are younger than 6 years old.⁴
- ◆ Boys show a greater prevalence of behavior problems than girls.⁵

U.S. Statistics On Mental Health

Mental health disorders in young children

Disorder	Prevalence
Anxiety Disorders	1 to 11%
Simple Phobias	1 to 11%
Oppositional Defiant Disorder	1 to 26%
Conduct Disorder	1 to 5%
Attention Deficit/Hyperactivity Disorder	1 to 7%

Disparities

- Minorities have less access to mental health services and are less likely to receive needed care.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research.

Dear Mr. President:

Yet, for too many Americans with mental illnesses, the mental health services and supports they need remain **fragmented**, **disconnected** and **often inadequate**, frustrating the opportunity for recovery.

Today's mental health care system is a *patchwork relic—the result of disjointed reforms and policies*. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families, and our communities.

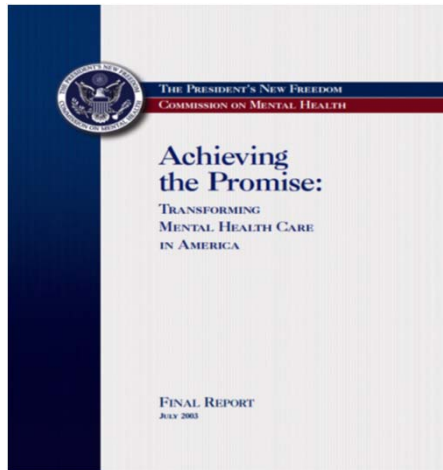
The time has long passed for yet another piecemeal approach to mental health reform.

Michael F. Hogan, Ph.D., Chairman, President's New Freedom Commission on Mental Health- **July 2003**)

TWO IMPORTANT REPORTS

- President's Commission on Special Education report (2002) - IDEA
 - Response to Intervention (RtI)

Mental Health Report (2003)



PRESIDENT'S NEW FREEDOM

COMMISSION ON MENTAL HEALTH

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- **If Untreated, Childhood Disorders Can Lead to a Downward Spiral**
- In 1997, nearly 120,000 preschoolers under the age of six — or 1 out of 200 received mental health services.
- Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders.

U.S. Statistics On Mental Health

- About 20% of children present themselves with diagnosable disorders (i.e., U.S. Department of Health and Human Services, 1999).
- 3–6% of children with serious and chronic disorders (Kauffman, 1997).

YET!!!!

- **Behavior / Emotional screening occurs in less than 2% of districts across the U.S.**

WE NEED TO ACT !!!

Importance of mental health services

- **Students with behavioral/emotional problems:**
 - lower grades
 - poorer reading skills
 - drop-out rate > 50%
 - worst social & academic outcomes of any disability group (Bradley, Dolittle, & Bartolotta, 2008)
- **Loss of instructional time**
- **Teacher Attrition**

WE NEED TO FIND....

- **WHO NEEDS HELP NOW WITH**
 - **Universal screening**
- **FOLLOWED BY...**
 - **Progress monitoring (PM)**
 - (PM) Makes us accountable
 - (PM) Helps us build relationships with families

Why Build Relationships?

For the Students....

"If you have a child's heart, you have their head."TM
- Flip Flippen, Founder and Chairman, The Flippen Group

For the families....

If you have the families next to you, supporting you and observing your efforts for their child, you may not have to deal with the following factors that contribute to conflict...

Factors That Contribute to Parent-School Conflict in Special Education

- *lack of trust.*
- *Strained relationships with building staff/leadership.*
- *Some parents will argue that there “Must be somewhere, something else for their student” However, “Special Ed is not a place”.
 - *Clash in how school sees student and how parents see student.**

Factors That Contribute to Parent-School Conflict in Special Education

- *Parents report that Gen Ed is unwilling or unable to support students with IEPs.*
- *Reciprocal valuation not present between stakeholders.*
- *Student behavior/social emotional/mental health are areas of significant concern.*
- *Strategies/interventions at each tier are lacking.*

Factors That Contribute to Parent-School Conflict in Special Education

- *Instructional rigor/differentiation for students with an IEP is a concern. Students are not making progress and progress monitoring is lacking.*
- *Lack of follow through with agreed upon plans at the school.*
- *Procedural non-compliance by school.*
- *Lack of clear and frequent communication between school and parent.*
- *Building level problem solving teams (Rtl or MTSS) are not well defined.*

WE NEED TO SEEK HELP....

- **We Know who to ask for help...**
 - Teachers, Parents, the Kids
- **We Know where to implement effective programs...**
 - Schools are the ideal setting for large-scale, broad based mental health screening of children and adolescents (Wu et al., 1999).



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Role of Schools and School Psychologists

Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Every day more than **52 million students** attend over 114,000 schools in the U.S. When combined with the **six million adults** working at those schools, almost **one-fifth of the population** passes through the Nation's schools on any given weekday. Clearly, strong school mental health programs can attend to the health and behavioral concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement.

Negative Long term outcomes

- 75% of children with significant **externalizing behaviors** (severe tantrums, disobedience) eventually engage in predictable and serious law breaking and antisocial behavior (e.g., Reid, 1993).
- **Internalizing disorders** (anxiety, depression) result in increased rates of pathology and lower rates of socialization and academic attainment (Hops, Walker, & Greenwood, 1988).
 - $\frac{3}{4}$ of students with EBD have been suspended or expelled from school (National Longitudinal Transition Study 2 [NLTS2], 2004).
 - rates increase from elementary to middle to high school transition.

A REMEDY?--Early Identification

- **early identification & intervention** appears to be the “**most powerful course of action** for ameliorating life-long problems associated with children at risk for [EBD]” (p. 5). Hester et al. (2004)
- **Younger children** are more likely to be responsive to and maintain the positive outcomes from early prevention and intervention programs (Bailey, Aytch, Odom, Symons, & Wolery, 1999)
- intervening early can **interrupt the negative course** of some mental illnesses.



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GOAL 4

Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

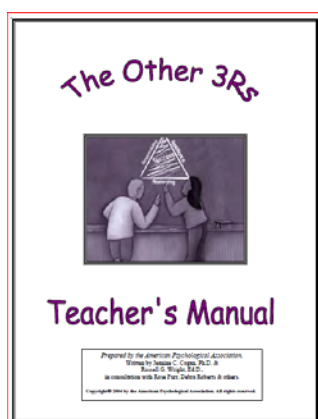
RECOMMENDATIONS

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

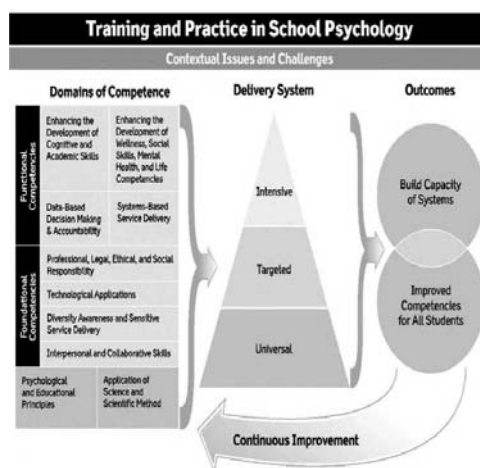
What have we been doing?

10 years plus in the making!!!

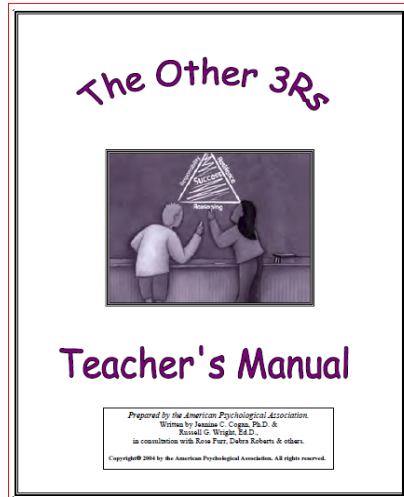
What have we been doing?



Responsibility
Resilience
Reasoning



APA – 3Rs



- Responsibility
- Resilience
- Reasoning

APA – 3Rs

Why Are the Other 3Rs Important?

Fundamental Research Underpinnings

The Other 3Rs project is based on two lines of research findings:

1. **Responsibility, resilience, and reasoning** can be learned. Although some people suggest that these three skills are innate human traits, the prevailing understanding among researchers is that they are skills that can be taught and learned.
2. Once they are learned, **responsibility, resilience, and reasoning** will lead to measurable increases in academic achievement. Research shows that these learnable attributes are associated with student success in academics and life.

APA – 3Rs

Possible outcomes for students from learning the Other 3Rs include:

- ✓ Improved study skills,
- ✓ Improved attendance,
- ✓ Improved classroom climate,
- ✓ Improved relationships,
- ✓ Increased collaboration and
- ✓ Increased achievement.

Additionally, these attributes may also support teacher's ability to manage the classroom.

For example, when students take responsibility for their own and each other's learning they contribute to a classroom climate of collaboration.

APA – 3Rs: RESPONSIBILITY



Being accountable for one's own actions and inactions and the consequences of those actions and inactions.

- ✓ **Personal responsibility**
 - "It's up to me to create what I want."
 - "It's up to me to make it happen."
 - "How I act matters."
- ✓ **Academic Responsibility**
 - "Good grades result from my efforts"
 - "If I want to learn it is up to me"
 - "If I don't understand, I have to ask."
- ✓ **Social Responsibility**
 - Considering other people's points of view.
 - "I care about what you have to say"
 - Concern for the common good.
 - "I care about what is good for all of us, not just for me."
 - Giving help and seeking help.
 - "I will help you."
 - "I need help."



**Good grades
result from
my efforts!**

APA – 3Rs: REASONING

Reasoning



Thinking that utilizes explicit and/or implicit rules.

Reasoning in the Other 3Rs program focuses on effective problem solving particularly with regard to academic challenges.

✓ Rules

"If I am going to think clearly about solving a problem (or reaching a goal) I need clear rules to follow."

What strategies
will help me
solve this
problem?



APA – 3Rs: RESILIENCE

Resilience



Competently surmounting challenges, both inside and outside of school.

✓ Challenges & difficulties are a normal part of life:

- "Challenges are normal. We all have them."

✓ Persistence/Determination

- "If at first I don't succeed I will try again."

- A cautionary note for this message is that people can take their determination to an extreme and become obsessive about reaching a goal. Encourage students to find a balance.

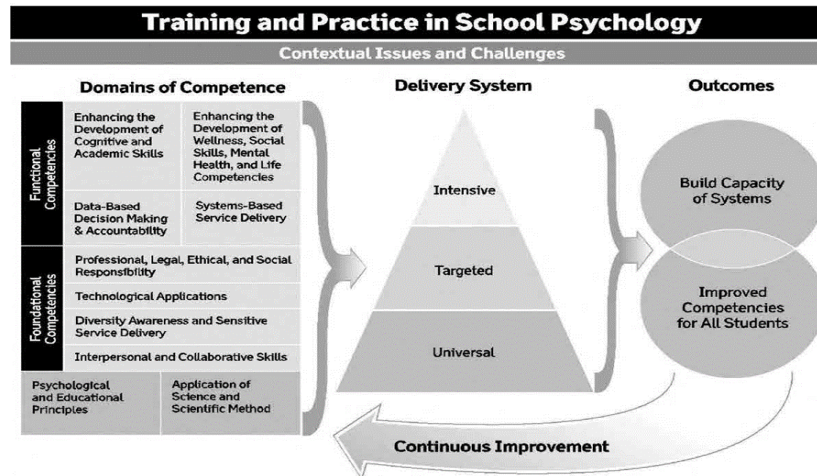
✓ View obstacles as challenges to be overcome

- (approach challenges by keeping things in perspective and seeing them as opportunities for learning).
- "What can I learn from this?"
- "How can I approach this challenge?"



**Challenges are
normal.
We all have
them.**

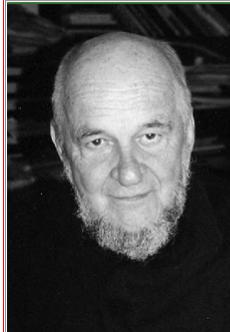
What have we been doing? NASP



A Public Health Model

<http://www.uvm.edu/~galbee/bio.htm>

George W. Albee



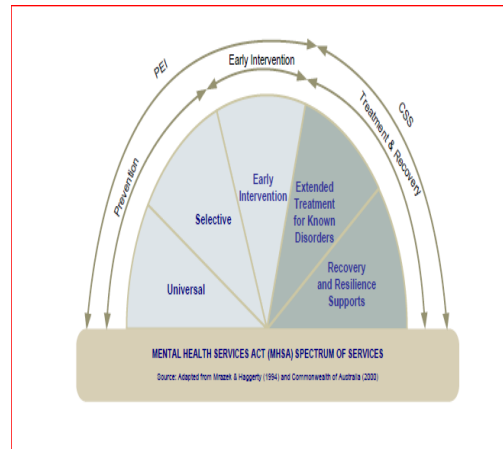
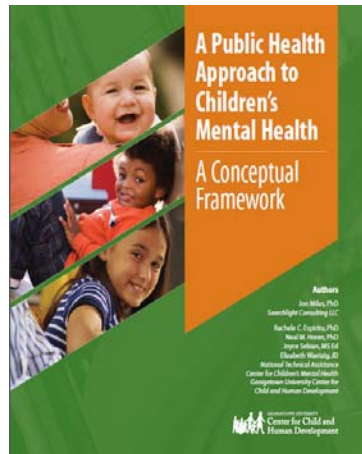
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C.V.

"No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the individual."

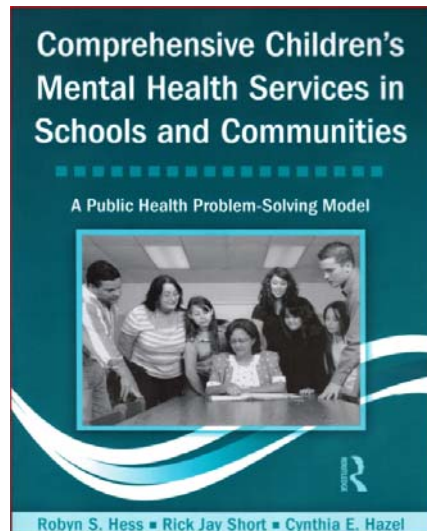
A Public Health Approach



Levels of Prevention

- **Universal:**
 - Comprehensive multifaceted program
 - Targets entire student population
 - PBIS; Second Step, Strong Kids, etc.
- **Selective**
 - Services provided to a specific group (not individuals)
 - Identified through common risk factor (i.e. poor attendance)
 - Can be focused on group or surrounding system
- **Indicated**
 - Individuals displaying symptoms of mental health difficulties
 - May be comprehensive or targeted
 - Specific to individual

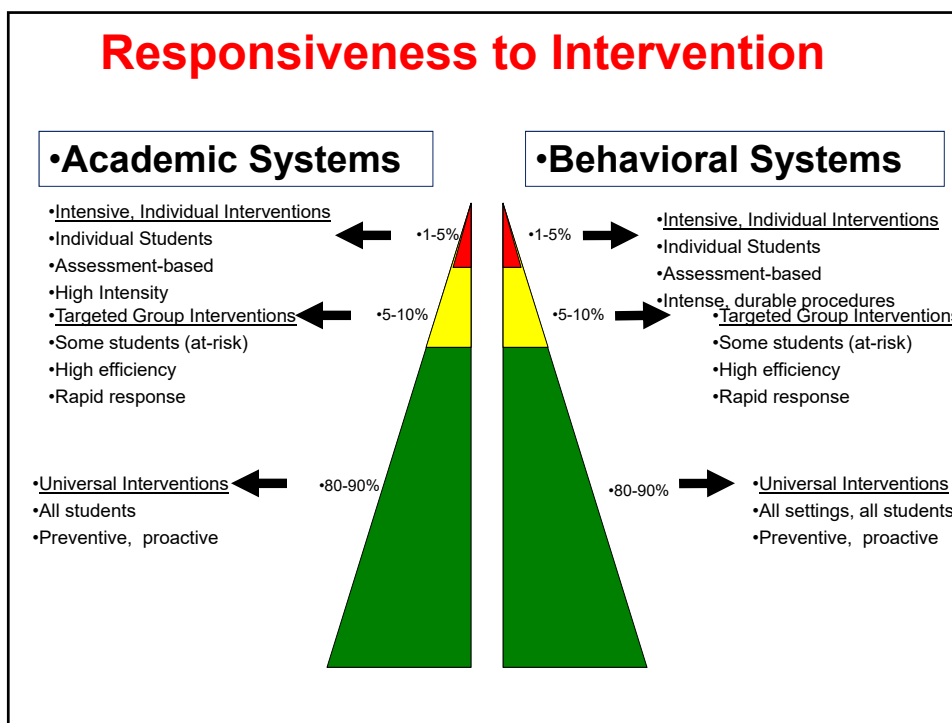
Assessment in a PHM



- A core function of the PHPSM
- Population based assessments (e.g., screening)
- Goal is to identify elements that can be changed, and
- Changes in these elements result in improved outcomes for the population

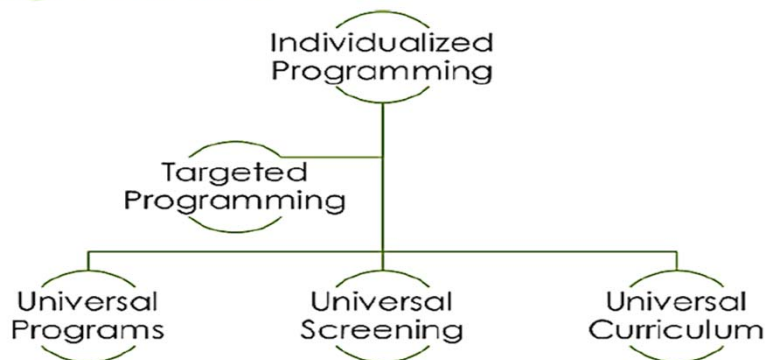
Other proposed solution(s)


RtI
PBS/PBIS
MTSS



What is the R and the I in RTI: Interventions with
 Evidence and Determining Response
 Kimberly J. Vannest, PhD
 Pearson Webminar, February 2013

Big Picture






The Devereux Early Childhood Assessment
(for children ages 2 through 5 years)
Paul A. LeBuffe ■ Jack A. Naglieri

Levels of Intervention


EXPANDED

TARGETED

UNIVERSAL


24

Teaching and Supporting ALL STUDENTS' Academic and Social Competency Success



Tier 1: Prevention for All

Tier 2: Strategic Instruction and Intervention Services and Supports

Tier 3: Intensive Need or Crisis Intervention Services and Supports

Response to Intervention (Rti)

Colorado Multi-Tiered Model of Instruction & Intervention

Intensive Level

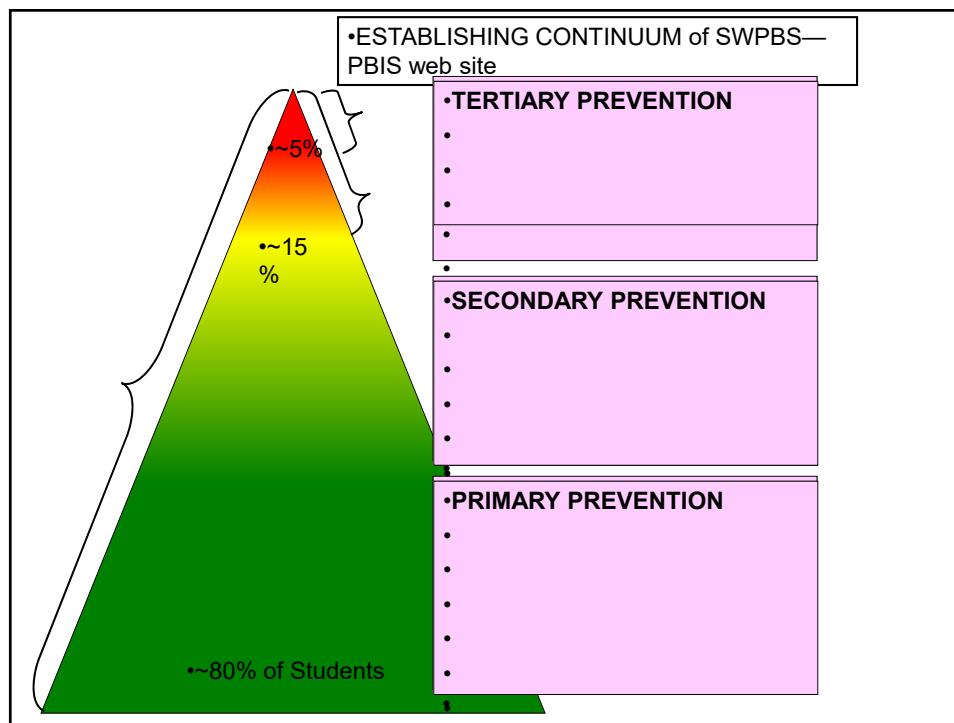
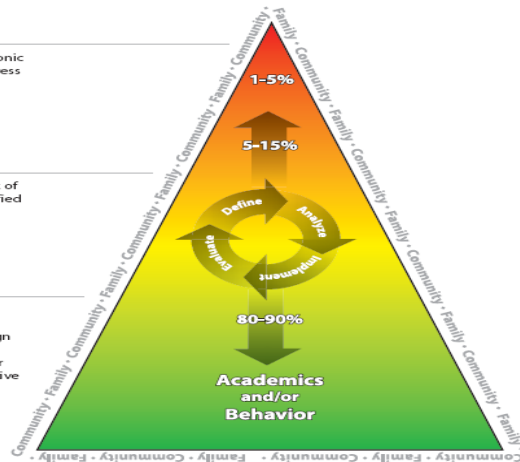
Intensive Level: Interventions are provided to students with intensive/chronic academic and/or behavior needs based on ongoing progress monitoring and/or diagnostic assessment.

Targeted Level

Interventions are provided to students identified as at-risk of academic and/or social challenges and/or students identified as underachieving who require specific supports to make sufficient progress in general education.

Universal Level

Universal Level
ALL students receive research-based, high quality, general education that incorporates ongoing universal screening, progress monitoring, and prescriptive assessment to design instruction. Expectations are taught, reinforced, and monitored in all settings by all adults. Discipline and other data inform the design of interventions that are preventative and proactive.



Academic-Behavior Connection

Algozzine, B., Wang, C., & Violette, A. (2011).
academic achievement and behavior

•“Viewed as outcomes, **achievement** and **behavior** are related; viewed as causes of each other, achievement and behavior are unrelated. In this context, **teaching behavior** as relentlessly as we teach reading or other academic content is the ultimate act of **prevention, promise, and power** underlying PBS and other preventive interventions in America’s schools.”

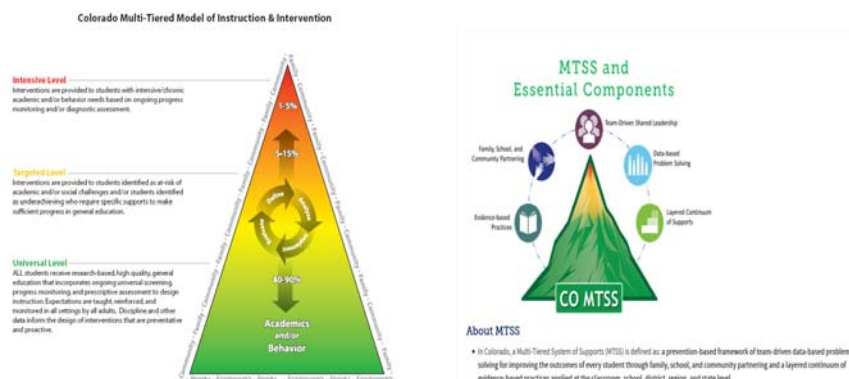
•Algozzine, Wang, & Violette (2011), p. 16.
behavior, 104, 100-109.

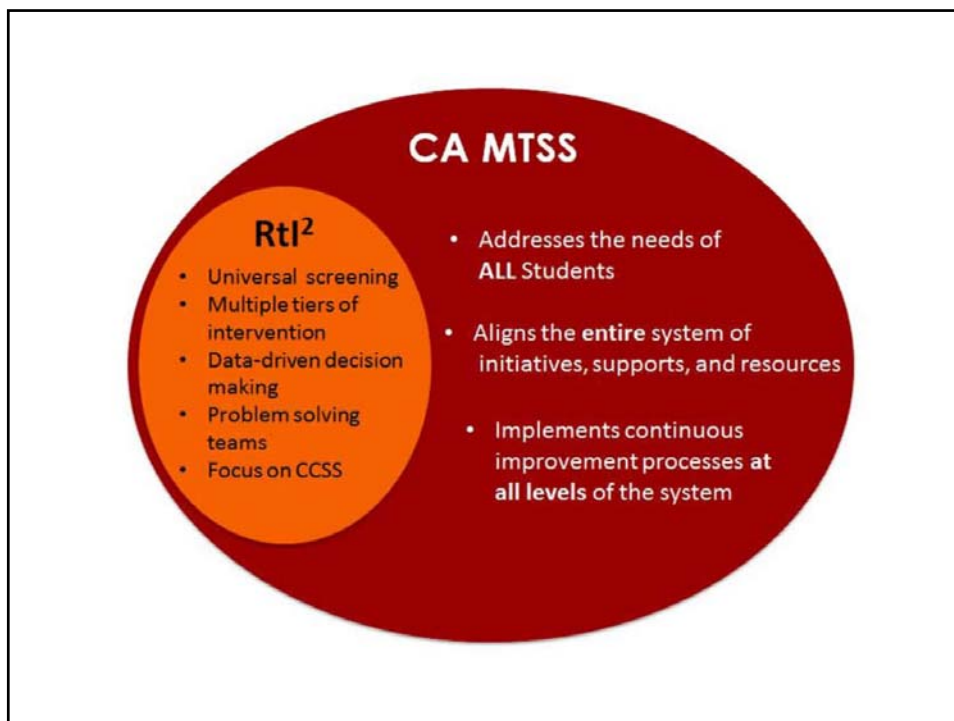
Multi-Tiered System of Support MTSS


Definition

- ***A Multi-Tiered System of Supports is a whole-school, prevention-based framework for improving learning outcomes for every student through a layered continuum of evidence-based practices and systems. (Colorado Department of Education-CDE)***

From RtI to MTSS







Florida's Multi-Tiered System of Supports

FLORIDA'S MTSS

ONE SYSTEM

EDUCATOR RESOURCES

PARENT RESOURCES

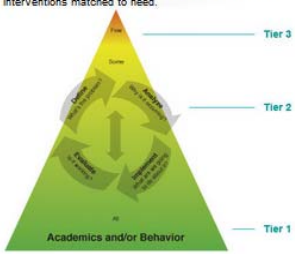
Florida's MTSS

Response to Intervention (RtI) has been described in Florida as a multi-tiered system of supports (MTSS) for providing high quality instruction and intervention matched to student needs using learning rate over time and level of performance to inform instructional decisions.

Phase I of implementation for Problem-solving and Response to Instruction/Intervention, came to a close in 2011. Phase II of the statewide implementation of a MTSS has emerged. [Read more](#) about the history and future of MTSS in Florida.


Multi-Tiered Framework

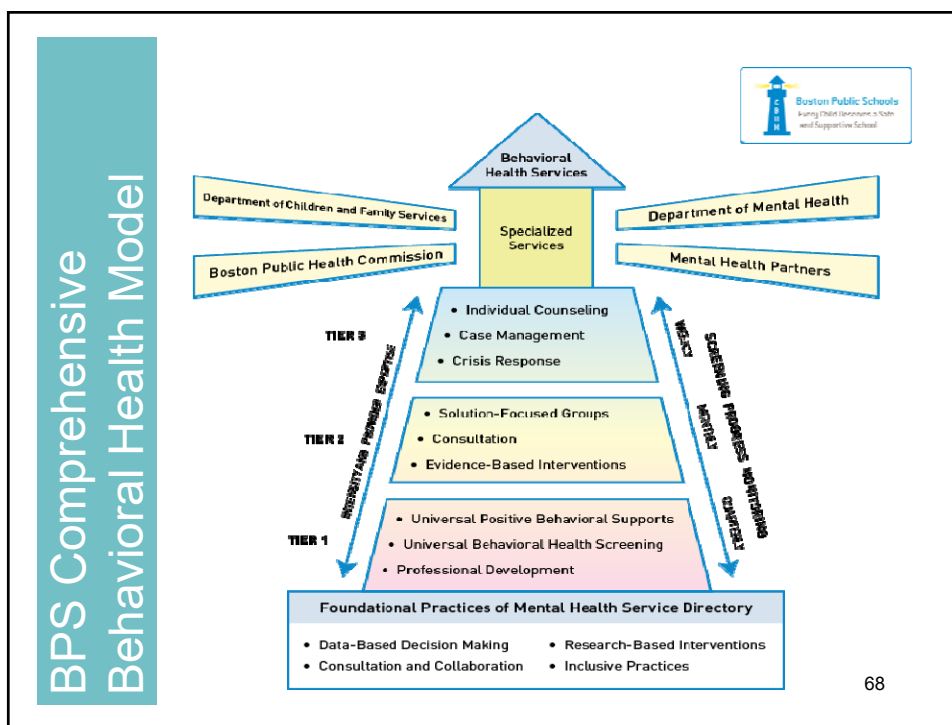
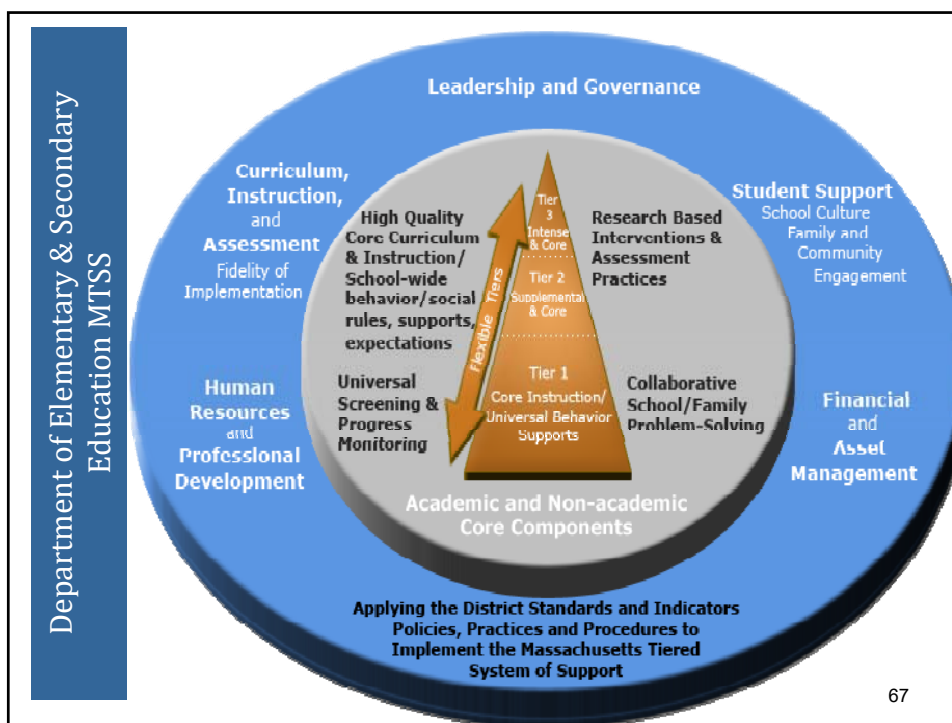
This system is depicted as a three-tiered framework that uses increasingly more intense instruction and interventions matched to need.



Problem-Solving Process

The problem-solving process is critical to making the instructional adjustments needed for continual improvement.





MTSS in Colorado and ...elsewhere



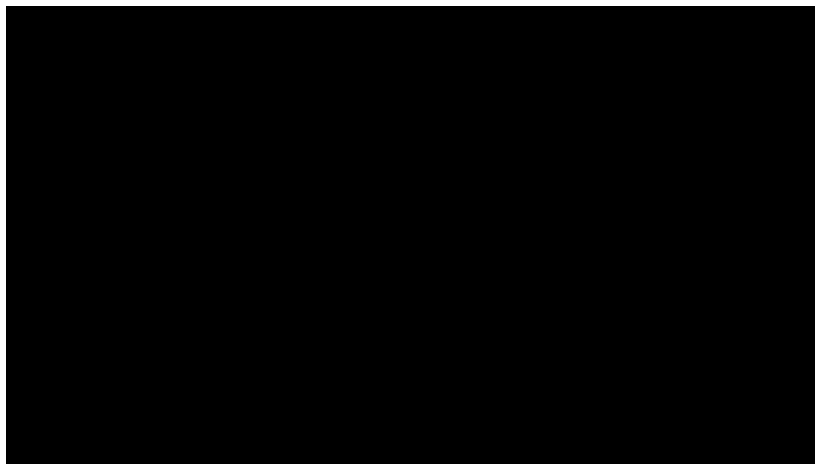
MTSS Essential Components

- Shared Leadership
- Data-Based Problem Solving and Decision Making [Universal Screening and Progress Monitoring]
- Layered Continuum of Supports
- Evidence-Based Instruction, Intervention, and Assessment Practices
- Family, School, and Community Partnering

Data-Based Problem Solving and Decision Making

A process used by stakeholder teams from multiple settings to analyze and evaluate information related to planning and implementing effective instructional strategies matched to student needs (CDE)

Data Based Problem Solving



	Ideal "Gold Standard"	Acceptable Variation	Unacceptable Variation
Team Members	The team consists of representatives from multiple settings including school, home, and the community. Staff member representation includes (but is not limited to) administration, teachers, and specialists in the area of academics and behavior.	Representatives include school and home only without representation from the community.	Representatives on team only include school setting personnel. Representatives are not inclusive of all educational expertise. Substantive decisions are made without consultation, communication, or collaboration.
Teaming Practices	A formal and predictable process is used by a group of people to build and implement solutions; the process includes defined roles and responsibilities, team norms, clear expectations, decision rules, and intentional measurement of their own teaming effectiveness and practices.	A formal process is used by a group of people to build and implement solutions. Expectations for meeting team norms are inconsistently applied or are unclear. Teaming effectiveness is measured by anecdotal data only.	A process that a group of people use to build and implement solutions is not documented or formalized. Meeting foundations are not established. No considerations are made for teaming effectiveness, processes, or practices. The focus is not on building and implementing solutions, but on admiring the problem.
Problem Solving Steps	The problem solving process includes the following steps: problem identification (<i>defining with a precise problem statement</i>), problem analysis (<i>clarifying root cause</i>), plan implementation (<i>composing and delivering a well-articulated plan that is matched to need</i>), and plan evaluation (<i>using fidelity and outcome data to determine decisions about supports and interventions</i>).	All stakeholders are developing proficiency and fluency in the problem solving process. A problem solving culture is desired and is a known aspiration for members of the system.	The problem solving process is not sequential, does not use consistent protocol (steps/process), or is not based upon data. Interventions or supports determined through the problem solving process become permanent. No entrance or exit criteria are defined for decisions. Evaluation only includes review of outcomes without focused attention on fidelity.
Problem Solving Applications	Decision-making begins with known information about alterable variables to inform the process. The process is applied uniformly to academic and behavioral domains. A systematic application of these steps occurs at all levels of the MTSS framework (Tier I, II, and III). The process persists and is used to support decisions for every student.	The problem solving process exists, but application is limited and not yet developed across the continuum of supports (MTSS Framework). The process is used for academics and behavior; consistency in applications is pursued.	Problem solving is used at Tier III only. Problem solving is only applied to academics or behavior. Selected students or student groups are excluded from problem solving processes.
Data Use	Data collection is deliberate and ongoing with frequency matched to intensity. Progress monitoring and outcome data are linked. Thoughtful analysis of collected data informs the quality of instruction, student performance, intervention practices, fidelity of implementation, and the efficient use of resources.	Progress monitoring and outcome data is isolated to individual student data and not yet applied to system level implementation decisions.	Frequency of data collection, review, and analysis does not match intensity of intervention. Data is not aligned with individual, group, or system-wide intervention plans. Items within measures are not discrete enough to inform decision making. Data are collected, but not analyzed. Decisions are made without use of sensitive measures that reveal change over time.

https://www.cde.state.co.us/mtss/mtss_schoolself-assessmentevaluationtool

CO-MTSS School Self-Assessment Evaluation Tool

School Name: _____ Date of Completion: _____

School Leadership Team Members & Roles: _____

Coaching Support (MTSS District Leadership Team member/s or district/BOCES/state-level personnel): _____

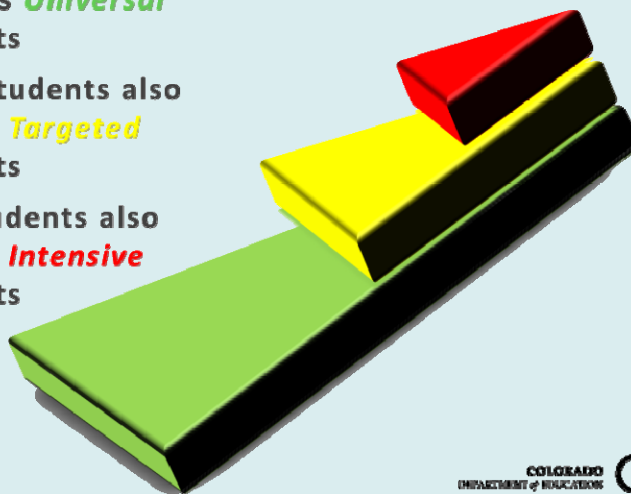
INSTRUCTIONS: The School Leadership Team should complete this CO-MTSS School Self-Assessment Evaluation Tool with outside support in order to assess the multi-tiered system of supports framework. Calculate a score for each area as well as an overall score. Also provide notes in the final column for your team's development purposes.

Overall Score (the percentage for each Component: $\frac{\text{Sum of Scores}}{5} = \text{Percentage}$)

Essential Component	Contribution to the Outcome	Ideal "Gold Standard" (2)	Partially in Place (1)	Unacceptable Variation (0)	Score	Supporting Evidence	Improvement Considerations
Team-Driven Shared Leadership	The building Leadership team is a cadre of committed people with decision-making authority; the team is formed to plan, coordinate, and implement activities to support MTSS sustainability.	1. Team is developed with representation from the diversity of all stakeholders (e.g., special education, general education, preschool, families, students, mental health, community, etc.). Also includes a liaison with the district or BOCES team (e.g., coach), and includes someone who can make decisions about funding (e.g., principal or director). 2. Team has clearly defined roles and responsibilities (e.g., facilitator, note-taker, data analyst, active participant etc.), norms, expectations, decision rules, and intentional measurement of teaming effectiveness. 3. Team meets at least monthly and uses consistent meeting process (agenda, minutes, etc.). 4. The team creates a clear plan for communicating decisions, implementation, and outcomes to all relevant stakeholders (e.g., school staff, district, families, and community).	Team membership does not represent all programs, populations and the diversity of the district/school community. Roles, responsibilities, and vision exist, but are unclear. Teaming effectiveness is measured by anecdotal data only. Team meets less than monthly OR with inconsistent process. Team communicates to some relevant stakeholders, but does not have a strategic plan for doing so.	No team exists. Roles, responsibilities, and vision have not been clarified, and teaming effectiveness is not measured. Team meets less than monthly AND with inconsistent process. Team does not communicate with relevant stakeholders.			

Layered Continuum of Supports

- Every student receives **Universal** supports
- Some students also receive **Targeted** supports
- Few students also receive **Intensive** supports



COLORADO
DEPARTMENT OF EDUCATION **cde**

Resource Mapping (Group Activity)

Resource Mapping

In your current setting, list the mental health programs and supports (in the school or in partnership with the community) that are available. In the second column, list the goals or targeted areas of these programs. Finally, consider the degree to which the program is working and the sources of data that help you determine its effectiveness.

Universal Level of Prevention		
Current Programs	Program Goals:	Effectiveness

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Resource Mapping

Group Activity

Selective Level of Prevention		
Current Programs	Program Goals:	Effectiveness

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Resource Mapping

Group Activity

Indicated Level of Prevention		
Current Programs	Program Goals:	Effectiveness

Copyright © 2012 by Robyn S. Hess, Rick Jay Short, & Cynthia E. Hazel. From Hess, Short, & Hazel, *Comprehensive Mental Health Services in Schools and Communities: A Public Health Problem-Solving Model* (Routledge, 2012). Permission to reproduce is granted to purchasers of this text.

MTSS Essential Components

- Shared Leadership
- Data-Based Problem Solving and Decision Making
- Layered Continuum of Supports
- Evidence-Based Instruction, Intervention, and Assessment Practices
- **Universal Screening and Progress Monitoring**
- Family, School, and Community Partnering

Universal Screening & Progress Monitoring

- A. Universal Screening
 - Conceptual talks
 - Psychometric and technical evidence
- B. Progress Monitoring
 - Universal monitoring (UA1, UA2, UA3)
 - Change-sensitive items
- C. Determine evidence-based practice

A. UNIVERSAL SCREENING

- **Universal screening** is...a repeatable data collection of academic and behavior skills of ALL students..
 - that is quick, administered about 3 times a year
 - identifies students or groups who might extra support
 - shows how functional the curriculum and instruction are
 - and detects whether or not students are making acceptable progress

A. Universal Mental Health Screening Assessments- what to measure!!

- What are your targets/ Constructs?
- Must have a conversation of how we approach and define Mental Health.
 - No matter the outcome...better than no action
- Format (rating scales, interviews, record reviews, observations) ---→ \$\$\$\$\$
- Informant type (parent, teacher, self)
- Recommended timing/frequency

A. Universal Screening

TWO APPROACHES TO MH SCREENING

- Screen for **potential** mental health problems by evaluating children's **protective factors** or **social emotional skills**
 - Protective factors lead to
 - resilient outcomes (e.g., good mental health)
 - positive behavioral and psychological outcomes
 - improved academic performance
 - CAWS invitation!!!
- Screen to identify children's **current** MH needs
 - Externalizing behaviors
 - Internalizing behaviors

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A. Universal Mental Health Screening Assessments- what to consider!!

Some work needs to be done prior to UA.

- Screening NOT a one person activity.
- Get to know and become friends with your IT director and staff.
- Conduct a Tier-I: Staff needs assessment
 - Find out if your district subscribes to a web-based software to deliver surveys
 - (survey monkey, Qualtrics, e-survey)

WWW.COLEGACY.ORG				
PLANNING FOR UNIVERSAL SCREENING				
Is my school ready to do this?	Yes	No	Not sure	If no or not sure, document next steps
Is staff committed to developing and improving the social, emotional, and behavioral health of students?				
Does school staff understand the misconceptions and stigma associated with behavioral health?				
Does staff understand the connection between behavioral health and academic achievement?				
Does staff understand how to protect student and family privacy?				
Has staff been educated about confidentiality?				
Is there a referral process in place?				
Is staff familiar with the school's referral process?				
Has staff learned how to guard against labeling students who may need extra behavioral health support?				
Have families, school staff, mental health professionals, and other representatives from the community been included in the discussion about universal screening?				
Does the school have adequate resources to follow up with students after they are screened?				
Does the school have district approval?				

A. Universal Mental Health Screening Assessments- what to consider!!

- Be prepared to follow-up before you even start.
- Consider when to do the screening.
 - Is “being OK” in the Fall sufficient?
- Consider developmental/educational periods.
 - Elementary to Middle School
 - Middle to High

A. Universal Screening : technical adequacy of tools!!

- Norms
- Reliability
 - internal consistency
 - Test retest
 - Inter-scorer
- Validity
 - Content
 - Concurrent
 - Screening Accuracy!!!!

A. Universal Screening : technical adequacy of tools!!

Overall correct classification rate (hit rate)	The percentage or proportion of correct group classifications made using the test scores. The higher the value, the better the scale is at correctly classifying cases.
Sensitivity	The ability of the test to correctly detect clinical cases in a population (i.e., the proportion of the clinical cases predicted by the test to belong to the clinical group).
Specificity	The ability of the test to correctly identify general population cases (i.e., the proportion of general population cases predicted by the test to belong to the general population group).

A. Universal Screening : consider technical adequacy of tools!!

False-positive rate	The percentage of children identified by the test as having a clinical condition who, based on previous diagnosis, do not have a diagnosis. The lower the value, the better the scale is at correctly classifying cases.
False-negative rate	The percentage of children identified by the test as not having a clinical condition who, based on previous diagnosis, do have that disorder. The lower the value the better the scale is at correctly classifying cases.
Negative predictive power	The percentage of children identified by the test as not having a clinical condition who, based on previous diagnosis, do not have that disorder. The higher the value, the better the scale is at correctly classifying cases..
Positive predictive power	The percentage of children identified by the test as having a clinical condition who, based on previous diagnosis, have that disorder. The higher the value, the better the scale is at correctly classifying cases.

Screening is not new!

- ❑ Henry, M., & Rudder, J. (1963). An evaluation of a process for screening school children with emotional handicaps. *Journal of School Psychology, 1*, 28–32.
- ❑ However...universal screening for problem behavior...
 - has not been placed in the context of a systems approach (e.g., SW-PBS)
 - has not been placed in an RtI context
 - has not been linked to progress monitoring
 - has not always been linked to intervention (e.g., classification, eligibility focus)

Mack D. Burke John Davis Cole Davis (2011) CCBD, 2011 conference, New Orleans

MTSS - Things to consider

- A. Universal Screening
 - Psychometric/technical issues
- B. Progress Monitoring**
 - **Universal monitoring (UA1, UA2)**
 - **Change-sensitive items**
- C. Determine evidence-based practice**

B. PROGRESS MONITORING

Progress Monitoring is ...a systematic approach to gathering data using a variety of data collection methods.

- *Examine student performance frequently, over time, to evaluate response to instruction and intervention (RtI^2).*
- PM produces clinical data for **feedback** about client progress during counseling and psychotherapy (Meier, 2014).
- PM also refers to **outcome assessment (OA)**, the use of measures that produce clinical data about the amount and type of change clients experience from the start to the end of therapy (Meier, 2014).

B. PROGRESS MONITORING

School Psychology Review,
2010, Volume 39, No. 3, pp. 364–379

Developing a Change-Sensitive Brief Behavior Rating Scale as a Progress Monitoring Tool for Social Behavior: An Example Using the Social Skills Rating System— Teacher Form

Abstract. Research has been unsuccessful at revealing an analogue to curriculum-based measurement in the area of progress monitoring for social behavior. As a result, there is a need to develop change-sensitive, technically adequate, feasible progress monitoring tools for social behavior that represent general outcome measures of performance. The purpose of this research was to develop and evaluate the technical

B. PROGRESS MONITORING Research HAS BEEN successful!!

Development of a Change-Sensitive Outcome Measure for Children Receiving Counseling

Scott T. Meier
University at Buffalo
James L. McDougal
State University of New York at Oswego
Achilles Bardos
University of Northern Colorado

Canadian Journal of
School Psychology
Volume XX Number X
Month XXXX XX-XX

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hosted at
<http://online.sagepub.com>

B. PROGRESS MONITORING Research HAS BEEN successful!!



School Psychology Forum:

R E S E A R C H I N P R A C T I C E

VOLUME 4 • ISSUE 2 • PAGES 1-14 • Summer 2010

The Use of Change-Sensitive Measures to Assess School-Based Therapeutic Interventions: Linking Theory to Practice at the Tertiary Level

Amanda L. Lannie

Devereux Center for Effective Schools

Robin S. Coddling

University of Massachusetts, Boston

James L. McDougal

State University of New York at Oswego

Scott Meier

State University of New York at Buffalo

B. PROGRESS MONITORING Research HAS BEEN successful!!



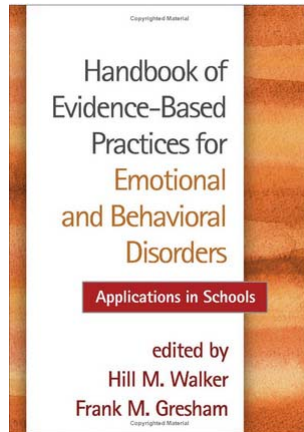
**Behavior Intervention
Monitoring Assessment System**

WWW.BIMAS2.COM

B. PROGRESS MONITORING

Change Sensitive Measures Characteristics

Cook, Volpe & Delport, (2014)



- Technically adequate (reliability, validity).
- Sensitive to short term changes in behavior performance
- Can be administered repeatedly in short period of time (i.e. once a week)
- Reflects general or overall performance
- Does not require a great deal of teacher training.
- It is NOT intervention specific.
- Constructing one is a sequential process and does not involve a single study.

B. PROGRESS MONITORING

- Progress vs. Outcome monitoring
- Indexes of CHANGE: Several methods, but no consensus
 - Tabular data and visual displays
 - effect size (ES) estimates
 - the reliable change index (RCI).

B. Progress Monitoring

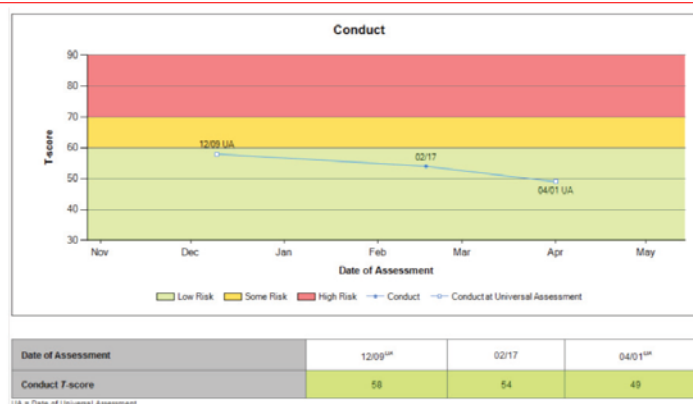
Indexes of Change

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Fall 2016 09/30/16 Results	Spring 2016 03/15/16 Results	Winter 2016 01/04/16 Results	Fall 2015 10/01/15 Results	Spring 2015 03/01/15 Results	Winter 2015 01/03/15 Results
Conduct	65	64	57	61	61	61
Negative Affect	77	75	76	75	75	75
Cognitive/Attention	63	61	62	61	61	61
Social	24	26	25	24	24	24
Academic Functioning	30	31	32	31	31	31

B. Progress Monitoring

Indexes of Change



Intervention Notes
[Edit Intervention Dates/Notes](#)

B. Progress Monitoring

Effect size estimates.

- Effect Size (ES) is a measure of the strength of change. Typically employed to determine if groups (e.g., intervention versus control) show differences over time, ES has also been adapted in the literature for examining whether individuals exhibit change over time (see Clement, 1999).
- To examine change in an individual's scores over time, we can compute ES for each subscale or total score.

B. Progress Monitoring

Effect size estimates (Clement, 1999)

Table 5.8. Effect Size Interpretations for Individual Clients on the BIMAS Standard

Effect Size	Interpretation for Behavioral Concern Scales	Interpretation for Adaptive Scales
≤ -1.50	Much Improved	Much Worse
$-.50$ to -1.49	Improved	Worse
$-.50$ to $+.50$	No Change	No Change
$.51$ to 1.49	Worse	Improved
≥ 1.50	Much Worse	Much Improved

B. Progress Monitoring

Reliable Change Index (RCI)

(Jacobson & Truax, 1991).

- Has a clinically significant change occurred for a student?
- the RCI formula employs an individual's pre and post scores, the pretest standard deviation for a group of scores, and a reliability estimate for the test.

B. Progress Monitoring



Appendix C Reliable Change Index Values

The values needed to establish statistical significance, when comparing Time 1 to Time 2 scores, are provided in Table C.1 for the BIMAS Standard. For a Time 1 to Time 2 difference to be statistically significant, the absolute difference between the two *T*-scores on a scale must be equal to or greater than the value provided in the table.

Table C.1. RCI Values for the BIMAS Standard

Type of Scale	Scale	Behavioral Concern Scales		
		BIMAS-T	BIMAS-P	BIMAS-SR
Behavioral Concern Scales	Conduct	8	11	11
	Negative Affect	9	8	9
	Cognitive Attention	7	10	10
Adaptive Scales	Social	7	5	8
	Academic Functioning	8	11	9

C. Determine evidence-based practice

<http://nrepp.samhsa.gov>

NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

Home | About NREPP | Find an Intervention | Reviews & Submissions | Learning Center | Contact Us

NREPP is a searchable online registry of more than [330 substance abuse and mental health interventions](#). NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.

NREPP does not endorse or approve interventions. Learn more [about NREPP](#) and current [minimum requirements](#) for inclusion in the registry.

News
[Learn About NREPP's RSS Feed](#)

New Intervention Summary Available - 10/09/2014
 Read the newly posted summary for *Community Reinforcement and Family Training (CRAFT)*
[Read more >](#)

New Intervention Summary Available - 06/13/2014
 Read the newly posted summary for *Modified Therapeutic Community for Persons With Co-Occurring Disorders*
[Read more >](#)

Find an Intervention

Basic Search | Advanced Search | View All Interventions

Enter keyword or phrase

Find interventions reviewed by NREPP.

Email *

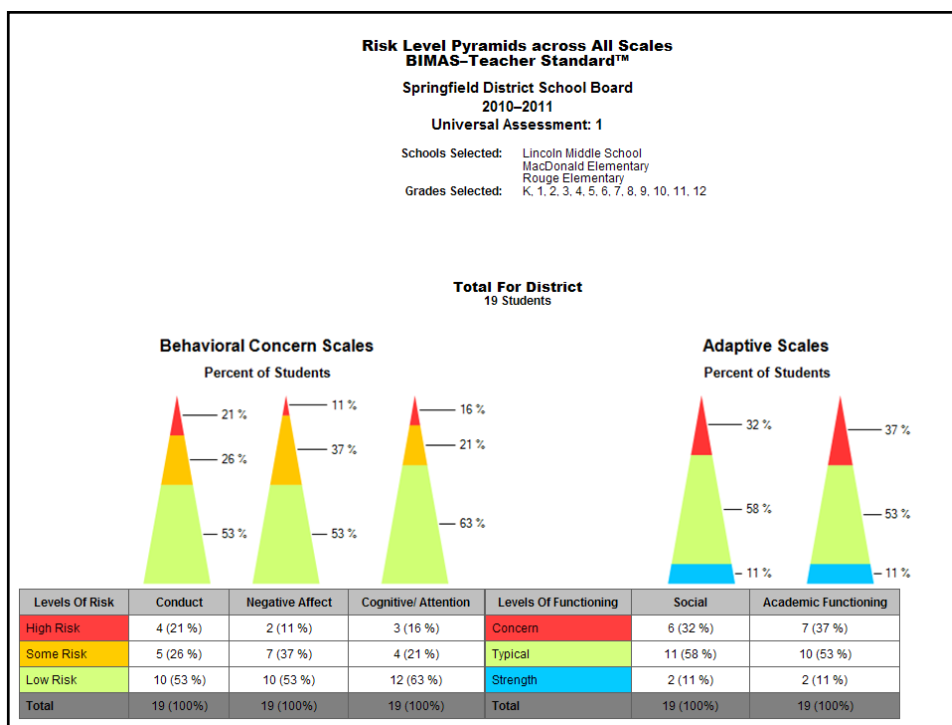
Enter your email address to receive monthly NREPP updates.

The Challenge of MTSS!!

WORKING WITH ALL STUDENTS

Scenario - A progressive principal !!!!

- As a school principal, Mrs Smith would like to implement a comprehensive Rtl plan in her building in order to have information about her students' academic skills and overall mental/behavioral health. She wants to determine and discuss present programs and if needed implement new ones.



Reviewing data and taking action

- **Consider the percentage of students who are identified at risk across the areas assessed.**
 - If % around 40 or more, adopt a universal prevention program.
 - These programs are typically delivered during the school day in the general education setting.

Reviewing data and taking action

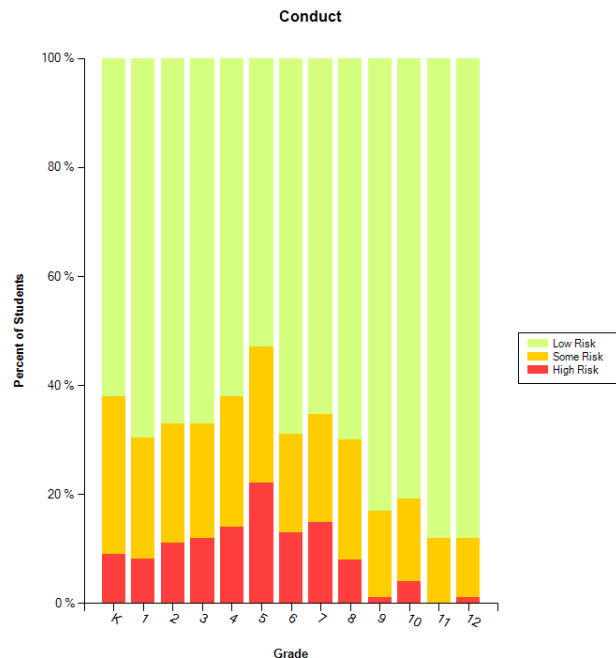
- If 20-39%, adopt a broad-based targeted intervention for those individuals who are at risk.
- Target a grade level, students who share a common risk factor, or some other characteristic that defines them as a specific subset within your school.
 - These interventions are typically delivered in the classroom, during a special class, or before/after school. (Hess, et.al, 2013)

Reviewing data and taking action

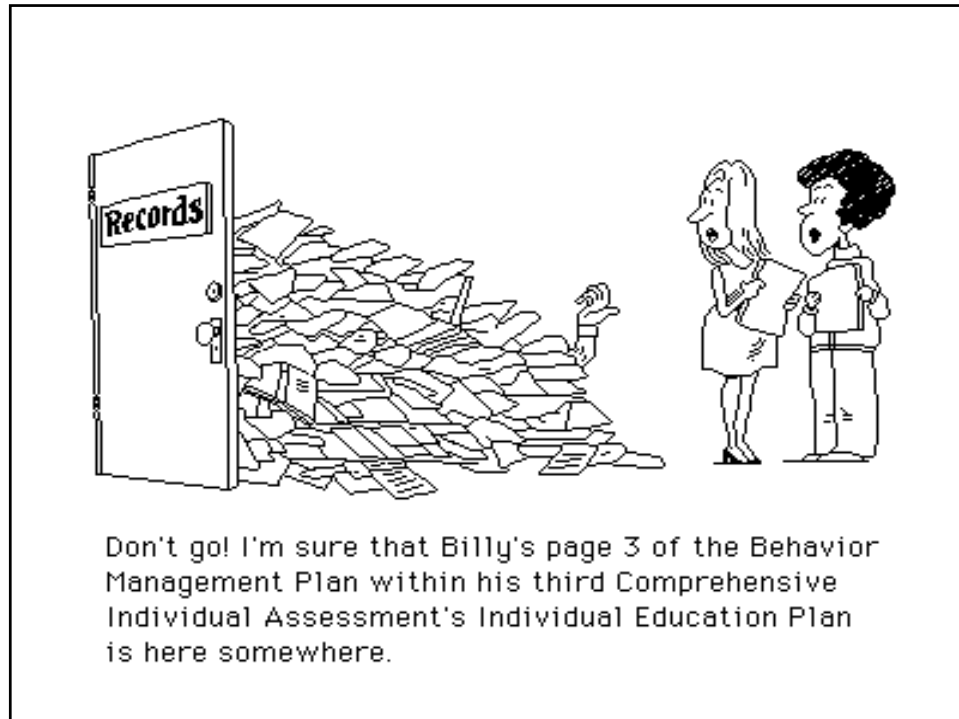
(adopted from Hess, et. all, 2013)

- **Consider the severity of problem indicators (items) of those students who are at risk.**
- Divide students into groups based on number of problems:
 - 1) high level (many problems)
 - 2) high level (some problems)
 - 3) moderate level and
 - 4) low risk.
- Work on top three (Intensive Interventions)
- Others receive targeted and are monitored as well.

2012-13 Lessons Learned



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Perhaps the next step might be..

A closer look at...

- particular classes/teachers
- Identify individual students
 - New cases
 - Already on IEP

This progressive principal believes in PREVENTION

- She starts her new year now.!!!
- To help of all of her students she focuses on PREVENTION.
- To PREVENT we need to know what we are dealing with ...
- We need data...

THE CHALLENGES.???

Challenges??

- Find a screening tool
- Determine the logistics of collecting data
- Have an easy access to group data
 - Grade
 - Teacher
- Address immediate student needs

Scenario # 2

- *Mrs. Benyamin is a Special Education teacher at Jackson Elementary School.*
- *...**track the IEP behavior goals** for each of her 5 students receiving special education services in her class.*
- *.....and would like to avoid....*

Scenario # 3

- *Dr. Byrd works at Jackson Elementary School, a small school with **5 classrooms** (Grades 1-5). Dr. Byrd meets with a group of 6 students from various grades, **biweekly for Social Skills Training** and is responsible for monitoring their progress. She would like to **track their progress** (this includes gathering baseline data, quarterly data, and bi-weekly progress monitoring data from a variety of raters).*
 - *Teachers*
 - *Parents*

Scenario -steps to solution...

- Select students for the intervention group.
- Generate data for each member in the intervention group.
 - Initial and follow up
 - By many sources.
- Generate Reports to evaluate data.



PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

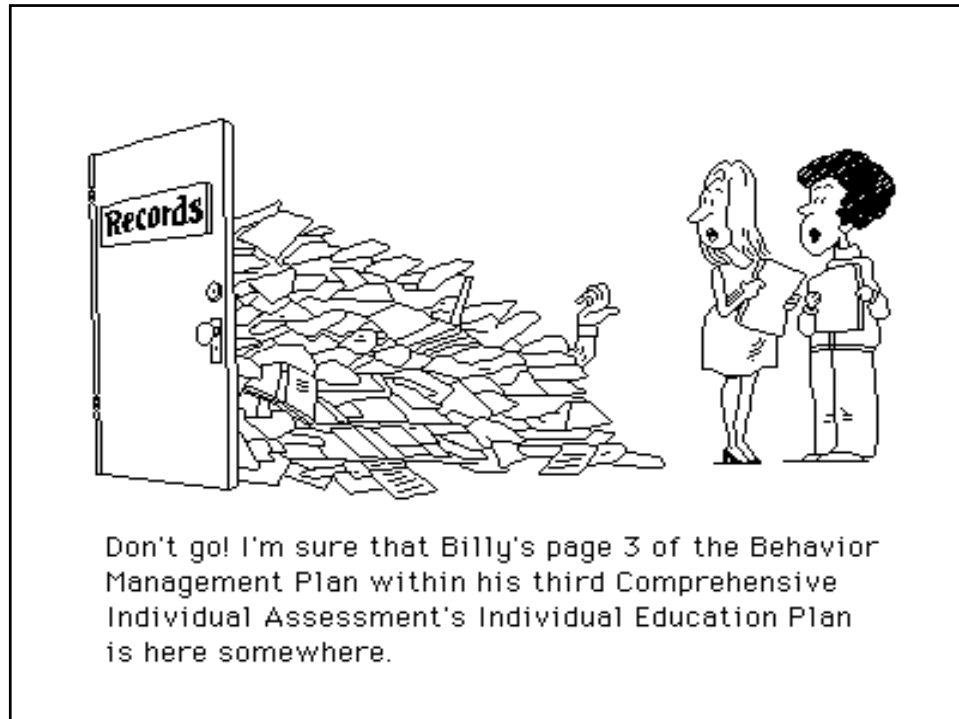
[Mission](#) | [Background](#) | [Commissioners](#) | [President's Remarks](#) | [Contact Us](#) | [Home](#)

GOAL 6

Technology Is Used to Access Mental Health Care and Information.

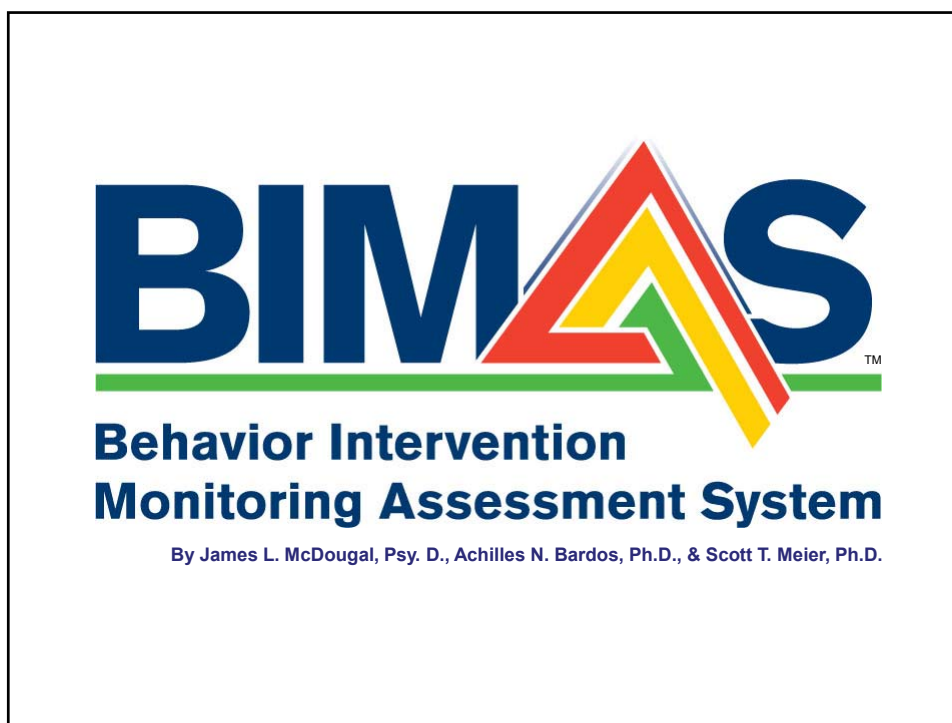
RECOMMENDATIONS

- 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.
- 6.2 Develop and implement integrated electronic health record and personal health information systems.



Traditional Behavior Rating Scales

- Diagnostic--capitalize on discrimination of individual differences (Conners, BASC, Devereux, MMPI-A etc)
- Very time consuming – meet with resistance and impractical when a number of data collection points are needed.
- **Not designed to be sensitive to change**
- **STATIC**



BIMAS- Where are we coming from?

From: ACHILLES BARDOS (3 items)		
ACHILLES BARDOS	Re: Followup	Sun 9/17/2000 9:41 ... 16 KB
ACHILLES BARDOS	Re: Followup	Sun 9/17/2000 9:41 ... 12 KB
ACHILLES BARDOS	Re: Outcome assessment project	Thu 9/7/2000 10:51 ... 7 KB

From: Achilles Bardos (28 items)		
Achilles Bardos	RE: BIMAS update	Fri 4/22/2011 11:23 ... 5 KB

Re: Outcome assessment project
 ACHILLES BARDOS
 Extra line breaks in this message were removed.
 Sent: Thu 9/7/2000 9:48 PM
 To: Scott T. Meier
 Cc: jmcDoug@freeseide.scsd.k12.ny.us

Jim, Scott

> We also have some data that indicates we can group items by gender and
 > age (e.g., different age/age groups show change on different items)...

If the data suggest that this is the direction to go, gender based forms might be appropriate/needed. Do we have gender differences across all age groups? How many age groups are we talking about? This becomes quite

Dr. McDougal was still doing the "real" thing

A 12 year Journey