

# Integrating School Mental Health and Schoolwide Positive Behavior Interventions and Supports

**Kim Selders, Ph.D.**

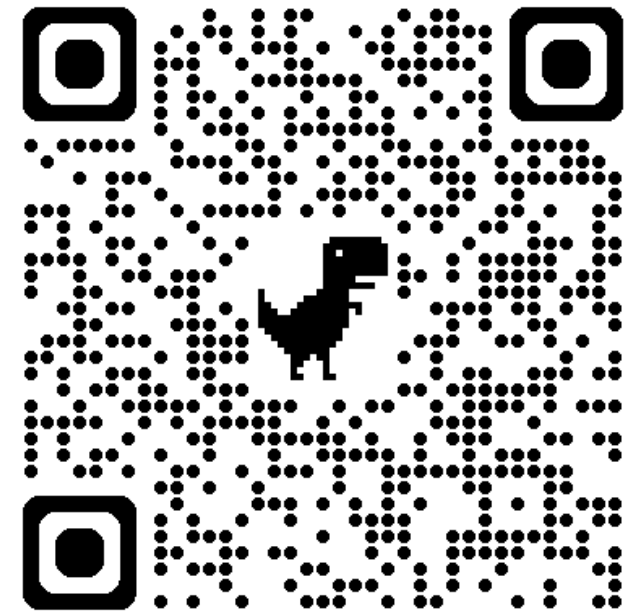
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## Resources



# Agenda

State of youth mental health

Interconnected Systems Framework (ISF)

Study results Tier 1 PBIS and student mental health risk

Practical strategies for integration School Mental Health (SMH) and SW-PBIS

## Learning Objectives

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1. Learn how school mental health supports fit within multi-tiered systems in the Interconnected Systems Framework
2. Receive data from a study exploring the relationship of Tier 1 SW-PBS implementation and youth mental health
3. Gain resources regarding the integration of mental health and SW-PBS

# State of Youth Mental Health

# Defining Mental Health

## What is mental health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.<sup>1</sup> Mental health is important at every stage of life, from childhood and adolescence through adulthood.

CDC, 2023



***Youth mental health IS Social, emotional, and behavioral functioning***

- In 2021, more than 4 in 10 (42%) students felt persistently sad or hopeless and nearly one-third (29%) experienced poor mental health. (CDC)
- In 2021, more than 1 in 5 (22%) students seriously considered attempting suicide and 1 in 10 (10%) attempted suicide. (CDC)

Increasing Need



## School Emphasis

Most youth do not  
get services for  
mental health needs

Most who DO  
get care, do so  
in schools

School Mental  
Health through  
MTSS is a potential  
solution

Many major mental  
health problems can  
be prevented and  
effectively treated

Prevention  
and early  
intervention is  
powerful!

# Power of School Mental Health

Early intervention

Natural environment

Broader reach

Higher likelihood of  
completing  
treatment

Engagement in  
services for  
marginalized  
populations

Can reduce stigma

# Interconnected Systems Framework



# Common/traditional School Mental Health Services

- Community mental health providers located within schools
  - Siloed
  - Separate
  - Students “referred out” to school mental health clinicians
  - Lacking collaboration and communication after referral



## What is ISF?

01

Using PBIS/MTSS to address social, emotional, behavioral needs

02

Integrating school mental health practices within PBIS/MTSS

03

Reducing siloed work to increase access and efficiency

## ISF Key Features

MTSS is the foundation

School mental health providers on MTSS/PBIS teams

MH integration into  
process across MTSS  
tiers

Evidence-Based  
Practices

Data used to monitor  
interventions

Interconnected Systems Framework:

<https://www.pbis.org/mental-health-social-emotional-well-being>

# ISF Overview

## INTERCONNECTED SYSTEMS FRAMEWORK



- 1 Identify students with social-emotional-behavioral needs **earlier**
- 2 Link students to **evidence-based interventions**
- 3 Use **data** to ensure students are receiving support to improve outcomes
- 4 Expand roles for clinicians to support school personnel and students at **every tier**
- 5 Create healthier school **environments**

## KEY MESSAGES



Single System of Delivery



Access is Not Enough



Mental Health is for All



Multi-Tiered System of Support (MTSS) is Essential to Install Systems to Support School Mental Health (SMH)

## ENHANCED MULTI-TIERED SYSTEM OF SUPPORT CORE FEATURES



Integrated Teams



Expanded Data-based Decision Making



Collaborative Selection & Implementation of Single Continuum of Interventions



Comprehensive Screening for Early Access



On-going Coaching

# Research Results

The relationship between Tier 1 PBIS and self-reported student mental health risk

## Purpose of Study

Compare student-reported mental health risk (on universal screening) between schools implementing Tier 1 PBIS to those not implementing PBIS

- Within schools implementing School Mental Health MTSS

## Participants

### Students

- Grades 3-8
- 9750 students

### Schools

- 38 schools
- (25 Elem, 13 Middle);
- 6 MO-PBS schools, 32 Non-PBS

### Location

- Single mid-western county
- Participated in County Schools Mental Health Coalition

# Measures at Student Level

**Extant data Spring 2022-2023**

## Early Identification System (EIS)-Student Level Variables

### Mental Health Risk

#### EIS-SR Z-scores scores:

- a) Total
- b) Externalizing Behavior
- c) Internalizing Behavior
- d) School Disengagement
- e) Emotion Dysregulation
- f) Attention and Academic Issues
- g) Bully Behavior

#### Interpretation and Risk Levels for Z-scores

<1.0 = "No Risk",  
1.0-1.999 = "Some Risk"  
> 2.0 = "High Risk"

#### Individual student level demographic variables:

- a) Race
- b) Gender
- c) FRL status
- d) Grade
- e) Disability



## Measures at School Level



**Extant data (merged using NCES school ID) Spring 2022-2023**



**MO SW-PBS-School Level**

Tier 1 percent fidelity on  
Tiered Fidelity Inventory



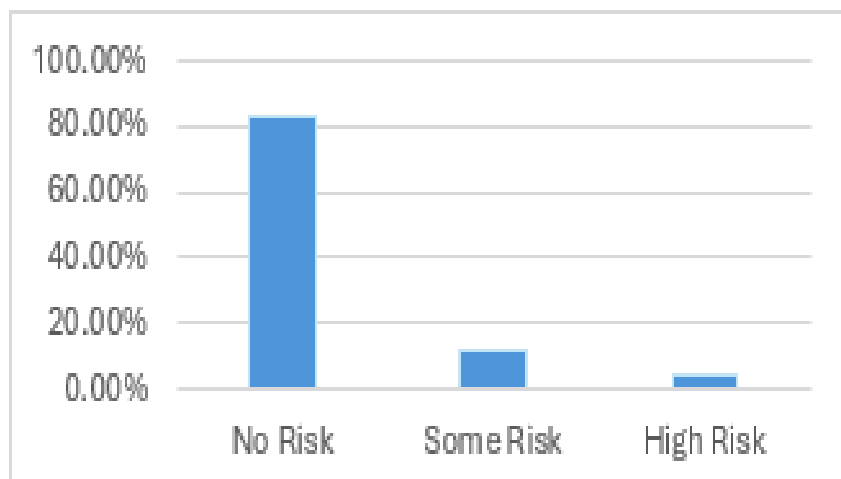
**NCES & DESE-School Level**

Enrollment, percent FRL,  
Title 1 status, Locale

# Results: Relationship between Tier 1 PBIS and Overall MH Risk

Figure 1

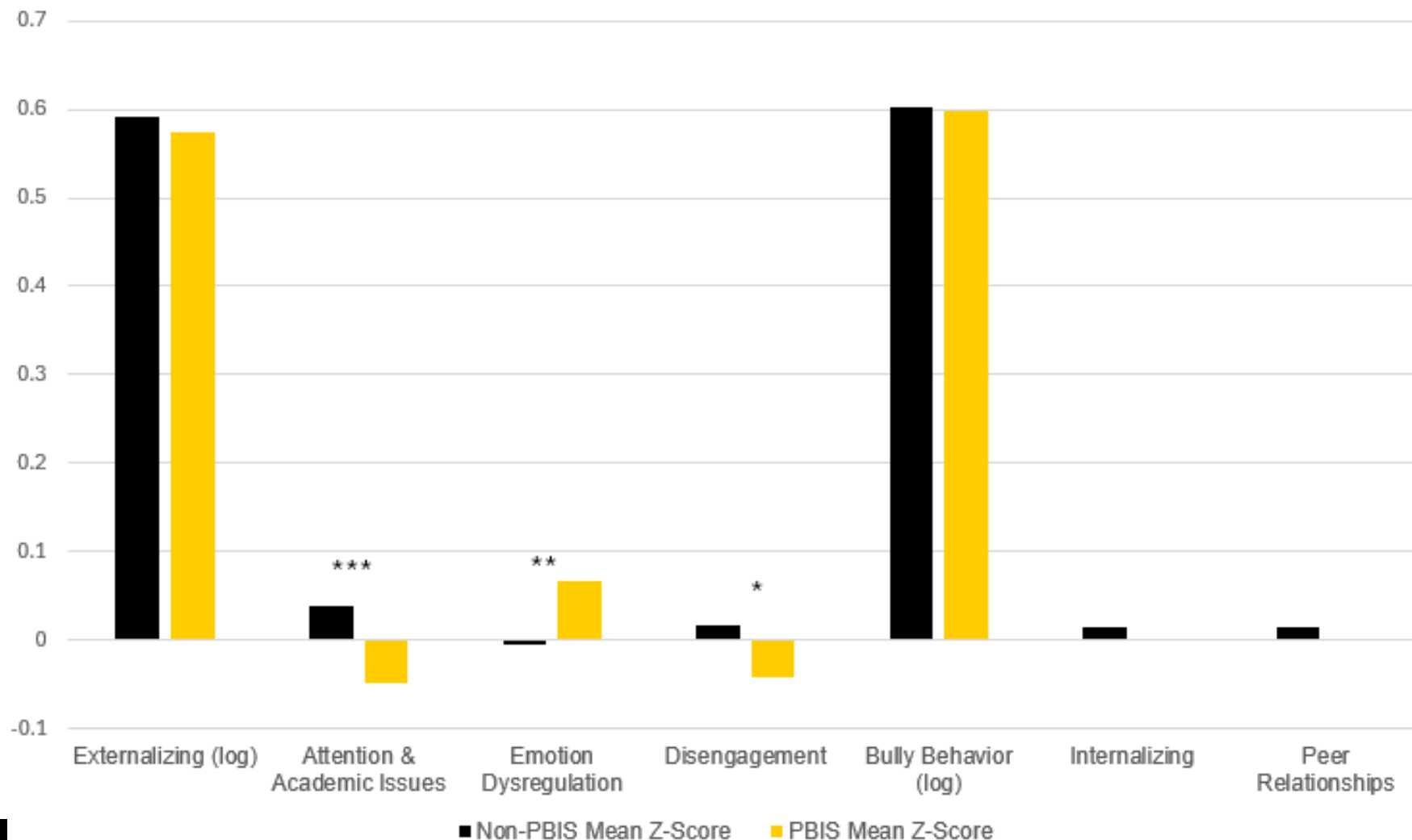
*Bar Graph of Percentage of Students in Each EIS-SR Risk Category*



- Average risk scores for both PBIS and Non-PBIS schools in “no risk” range.
- PBIS NOT a significant predictor of overall MH risk.
- Percent of students on FRL in a school WAS a significant predictor of overall MH risk.

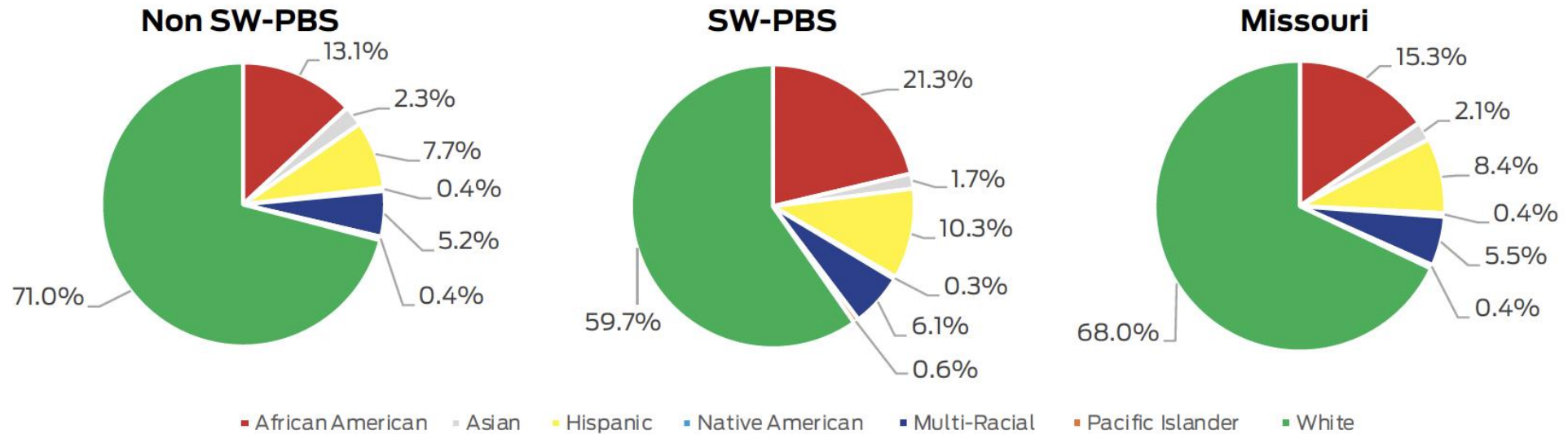
# Results: Relationship between Tier 1 PBIS and Subtypes of Risk

PBIS Comparisons of EIS-SR Subscale Z-Scores



# Potential Interpretation: SW-PBS Partner Schools

## DEMOGRAPHICS



**Non SW-PBS**

**14.7%**  
Students w/ IEPs

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**42.7%**  
Students F/R Lunch

**SW-PBS**

**14.4%**  
Students w/ IEPs

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**58.8%**  
Students F/R Lunch

**Missouri**

**14.6%**  
Students w/ IEPs

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**47%**  
Students F/R Lunch

## Summary of Findings

Study explored relationship of Tier 1 PBIS on student mental health risk in schools doing comprehensive school mental health MTSS

Students sample was very low risk ,  
and lower risk than national data

Tier 1 PBIS was not related to lower overall  
mental health risk

Tier 1 PBIS related to lower Attention &  
Academic Issues and Disengagement risk in  
overall sample

## Limitations

Non-experimental

No “pre” data on schools to compare

Single time point

Low number PBIS schools ( $n = 6$ ) vs. Non-PBIS ( $n = 32$ )

Couldn't assess Role of Fidelity due to Minimal variation of TFI scores

Only included Tier 1 PBIS  
(not Tier 2 or 3)

# ISF: How To

Tips, Practical Guidance, and Resources

## Tip 1: Use the PBIS/MTSS teams you already have

Efficient

Demonstrates integration of MH into PBIS systems

Reduce duplication of efforts

Ensure have administrator and facilitator on team

- Tier 2/3 team, Problem Solving Team, threat assessment team, crisis response team
- Add/incorporate school mental health providers if not already on teams (both school personnel AND community agency personnel doing school-based services)



## Tip 2: Be intentional about your coordination between school and community mental health agencies.

### Memorandum of Understanding

- To include collaboration, communication, and teaming

### Releases of Information for supported students

### Clarify roles (consider rubric or resource map)

### Clarify expectations and processes

- Ex: Suicide Risk Screenings

### Clear expectations re: confidentiality and communication

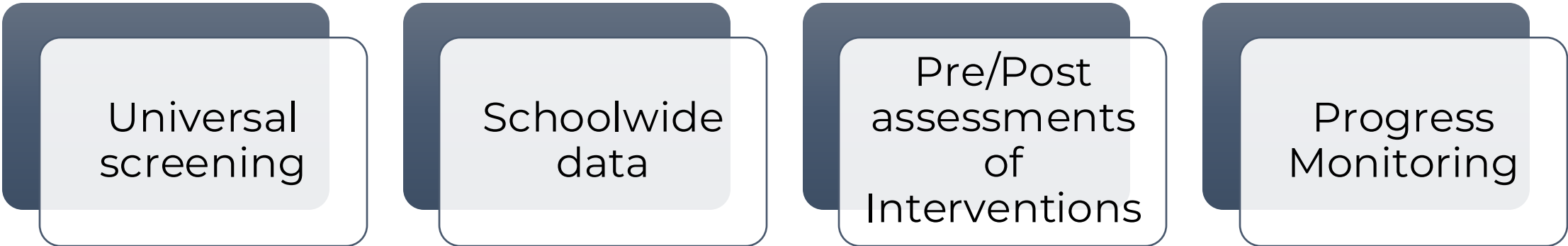
# ISF Implementation Checklist

Complete quarterly with your coach					
Status: A = Achieved, I = In Progress, N = Not Yet Started					
		Date:			
<b>ESTABLISH COMMITMENT</b>			Goal to achieve by		
<b>1. Agency's Support &amp; Active Involvement</b> <ul style="list-style-type: none"> <li>Agency commits to adequate FTE for clinical supervision to be provided on a routine basis with school mental health clinician(s).</li> <li>Agency provides adequate logistical, technical, and financial support to the school mental health office.</li> <li>Agency commits to adequate FTE for a MH coach who will actively participate in all required coaching activities.</li> </ul>	Status:				
<b>2. Staff Support</b> <ul style="list-style-type: none"> <li>Agency supports professional development needs of the team, including participation in cross training activities with school partners and training for EBPs as appropriate.</li> <li>A clinical supervisor provides weekly of on-site support, including participation in any relevant meetings, case consultation, and overall clinical supervision of the clinician(s).</li> <li>Staff members are employed with agency in a manner that supports workforce stability.</li> </ul>	Status:				
<b>ESTABLISH &amp; MAINTAIN TEAMS</b>			Goal to achieve		
<b>3. District and Community Leadership Team Established</b> <ul style="list-style-type: none"> <li>Leadership from the Agency commits to actively participate on the DCLT.</li> <li>These individuals have the authority to make key decisions regarding policy, funding, leveraging resources, and providing support to an integrated system.</li> </ul>	Status:				
<b>4. School Building System Teams</b> <ul style="list-style-type: none"> <li>Agency commits to have staff with mental health expertise actively participate on building system teams for Tier I, Tier II, and Tier III.</li> <li>These assigned staff attend system meetings monthly.</li> </ul>	Status:				

# Ex: Rubric of Services

	Agency 1	Agency 2 Family Specialist	Agency 2 SMH Consultant	Agency 3
<b>Needs Best Supported</b>	<ul style="list-style-type: none"> <li>Student needing both talk therapy and school-based skill building check-ins</li> <li>Psychiatry</li> <li>Physical health case management through health care program (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>Chronic behavioral, social, or emotional concerns (intensive tier 3 needs)</li> <li>Parent/home related needs</li> <li>Intensive classroom planning/supports</li> </ul>	<ul style="list-style-type: none"> <li>Moderate behavioral, social, emotional concerns (tier 2-3)</li> <li>1 time per week sessions adequate to serve needs</li> </ul>	<ul style="list-style-type: none"> <li>Adolescent mental health needs (Provider 1)</li> <li>1 time per week sessions adequate to serve needs (Provider 1)</li> <li>Provider 2 is k-12 <u>once</u> per week</li> </ul>
<b>Types of Services</b>	<ul style="list-style-type: none"> <li>Individual talk therapy</li> <li>School-Based Services (skill building)</li> <li>Psychiatry (as needed)</li> <li>Small groups</li> <li>Connection to nurse case managers re: physical health needs</li> </ul>	<ul style="list-style-type: none"> <li>Individual Student interventions</li> <li>Parent interventions</li> <li>Therapeutic interventions using evidence-based curriculum</li> <li>Classroom and teacher consult</li> <li>Case management</li> <li>Links to needed resources in community</li> <li>Crisis response</li> </ul>	<ul style="list-style-type: none"> <li>Small group or individual student interventions</li> <li>Therapeutic interventions using evidence-based curriculum</li> <li>School consultation</li> </ul>	<ul style="list-style-type: none"> <li>Individual therapy</li> <li>Family Therapy (Provider 2)</li> <li>Can also possibly do groups (Provider 2)</li> </ul>
<b>Caseload</b>	<ul style="list-style-type: none"> <li>Not limited</li> </ul>	<ul style="list-style-type: none"> <li>10 students in K-12<sup>th</sup> grade</li> </ul>	<ul style="list-style-type: none"> <li>NA-based on availability and need</li> </ul>	<ul style="list-style-type: none"> <li><u>10 Students</u>, 6<sup>th</sup>-12<sup>th</sup> grade (Provider 1)</li> <li>Fluid caseload K-12 (Provider 2)</li> </ul>
<b>Parent/guardian expectations</b>	<ul style="list-style-type: none"> <li>Signed informed consent</li> <li>Intake/assessment</li> <li>Periodic meetings</li> </ul>	<ul style="list-style-type: none"> <li>Signed informed consent</li> <li>Participation in parent support intervention meetings</li> </ul>	<ul style="list-style-type: none"> <li>Signed informed consent</li> </ul>	<ul style="list-style-type: none"> <li>Signed informed consent</li> <li>Paperwork: Demographic info; consent to treat, Release, financial background</li> </ul>
<b>Fees</b>	<ul style="list-style-type: none"> <li>Medicaid = Free</li> <li>Non-Medicaid = grant or billed through insurance (<u>6 month</u> time limit)</li> </ul>	<ul style="list-style-type: none"> <li>Free (funded by mental health tax)</li> </ul>	<ul style="list-style-type: none"> <li>Free (funded by mental health tax)</li> </ul>	<ul style="list-style-type: none"> <li>Free (Funded by mental health tax)</li> <li>No time limits, based on client progress</li> </ul>
<b>How to access services</b>	<ul style="list-style-type: none"> <li>Submit referral to Agency</li> </ul>	<ul style="list-style-type: none"> <li>Through SAT/Care Team/Problem Solving Team</li> </ul>	<ul style="list-style-type: none"> <li>Through SAT/Care/Problem Solving Team</li> </ul>	<ul style="list-style-type: none"> <li>School to submit referral to Agency with above listed paperwork</li> </ul>

## Tip 3: Use data-based decision making



Universal  
screening

Schoolwide  
data

Pre/Post  
assessments  
of  
Interventions

Progress  
Monitoring

# Data-based Decision-Making Resources

[School Mental Health Collaborative: Screening Best Practices](#)

[Center on PBIS Screening Tools](#)

[Center on PBIS Data-Based Decision Making](#)

[SHAPE School Mental Health Assessment](#)

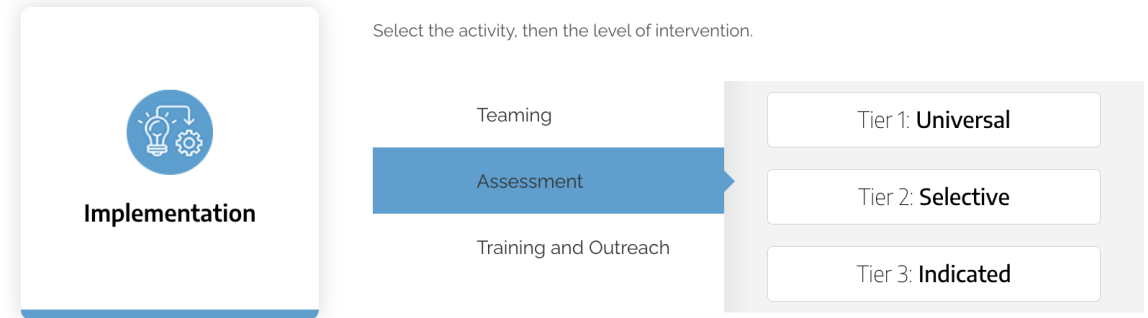
[National Center Intensive Intervention](#)

[National Center Rural School Mental Health Implementation Hub](#)

- [Data Collection, Goal Setting, Progress Monitoring](#)

## Implementation Hub

Implementation Hub > **Implementation**



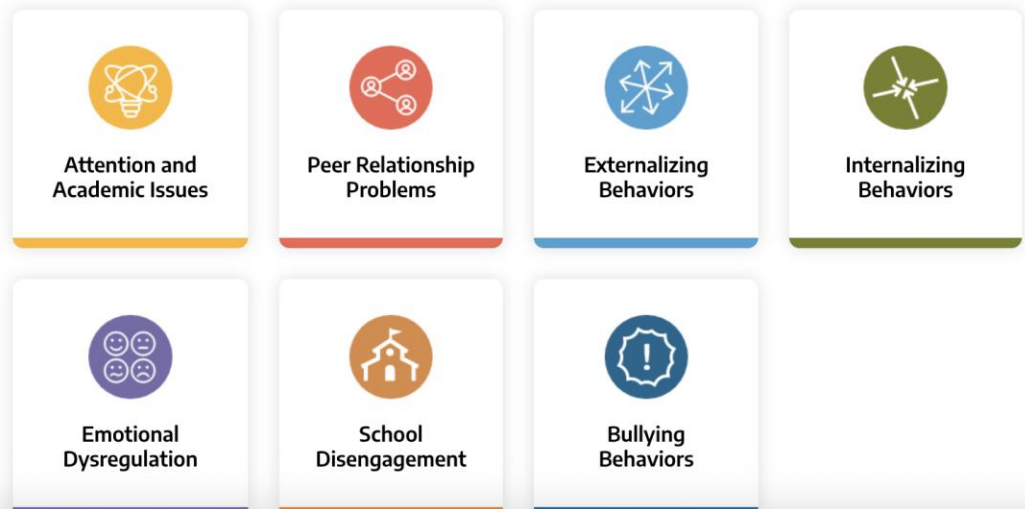
**Implementation.** Teams begin implementing the innovation. During this time, they closely monitor fidelity, work to remove barriers, and develop plans that include fidelity, progress monitoring, and pre-post data collection. It is important for teams to start small and build on success.

# Tip 4: Use evidence-based practices

## Early Identification System (EIS) Intervention Hub

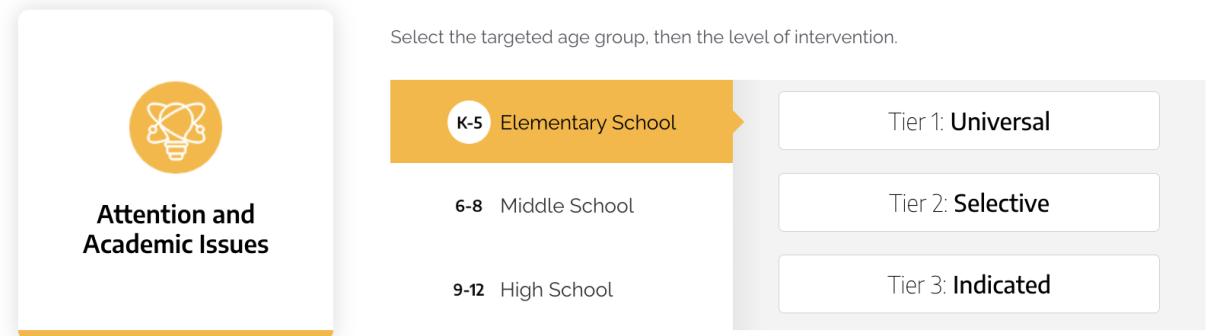
The EIS intervention hub connects to interventions across 7 risk areas known to be related to later mental health problems. Within each area, you will find prevention strategies and interventions for elementary, middle, and high schools across three tiers.

Tier 1 is universal, meaning that it benefits all students. Tier 2 (selective) offers interventions for a targeted group of students. Tier 3 (indicated) interventions are aimed to provide individualized support for students who have increased levels of risk. **Click on an area below to learn more.**



## Early Identification System (EIS) Intervention Hub

EIS Intervention Hub > [Attention and Academic Issues](#)



# Selecting EBPs for SMH Resources

- [National Center for Rural School Mental Health Intervention Hub](#)
- [What Works Clearinghouse](#)
- [National Center on Intensive Intervention- Behavior Interventions](#)
- [Blueprints for Healthy Youth Development](#)

# National Center for Rural School Mental Health



[Welcome](#) [Cost Calculator](#) [Professional Development](#) [Intervention Hub](#) [Implementation Hub](#) [Resources](#) [Policy Blog](#)

Enhancing the Capacity of Rural Schools to **Identify, Prevent, and Intervene** in Youth Mental Health Concerns

## Our Purpose

IDENTIFY. PREVENT. INTERVENE.

In partnership with rural schools, we will develop a comprehensive set of teacher and student surveys, tools, interventions, and professional development materials to help identify, prevent, and intervene in mental health concerns among students.

[Learn more >](#)

What will participation for rural school partners look like?

- + 1 Partnership Development
- + 2 Expansion of the Early Identification System
- + 3 Evaluation of the Early Identification System Model



## Tip 5: Don't underestimate the power of classroom teachers for mental health supports



Classroom/school environments and teacher relationships are incredibly powerful, preventative, and protective!

Students spend the majority of their days in classrooms with teachers

Empower teachers as key agents in support youth mental health/social, emotional, behavioral wellbeing

# Effective classrooms can improve attention, academic, and engagement risk

Clear behavioral expectations

Behavior specific praise (4 to 1 ratio)

Predictable routines

Active supervision

Opportunities to respond  
(>3 per min)

Concise error correction

*Positive relationships between teachers and students*

Classroom layout

# Connection to PBS Effective Learning & Teaching Practices



**MO SW-PBS**  
Missouri Schoolwide Positive Behavior Support

[Home](#)[About](#)[Tier 1](#)[Tier 2](#)[Tier 3](#)[Topics](#)

## Tier 1 Effective Teaching & Learning Practices (ETLPs)

MO SW-PBS has identified Eight Effective Classroom Practices that have been shown to impact student achievement while ensuring a positive learning environment. Implementing these practices will maximize learning for all students while minimizing discipline problems.



Overview and ETLPs 1-4



Classroom Active Supervision



Classroom Opportunities to Respond



Classroom Activity Sequencing and Offering Choice



Classroom Task Difficulty

# The Role of Trusted Adults

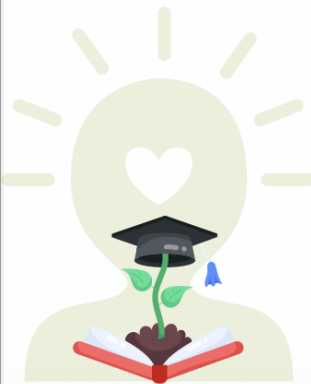


## TRUSTED ADULTS ARE IMPORTANT

Elementary, Middle and High School students without a trusted adult at school had significantly higher levels of internalizing problems over time than those with a trusted adult at school.

## TRUSTED ADULTS MATTER FOR THE DEVELOPMENT OF INTERNALIZING PROBLEMS

Middle and high school students *without a trusted adult* showed significant increases in internalizing problems over time.



## TRUSTED ADULTS CAN IMPACT STUDENT FUNCTIONING

3rd-12th grade students *without a trusted adult* were significantly more likely to report:

- 1) not trying hard to get good grades
- 2) not enjoying coming to school
- 3) needing help with their emotions

# Teachers as Trusted Adults

Build positive relationships with students!

Protective factor for student mental health

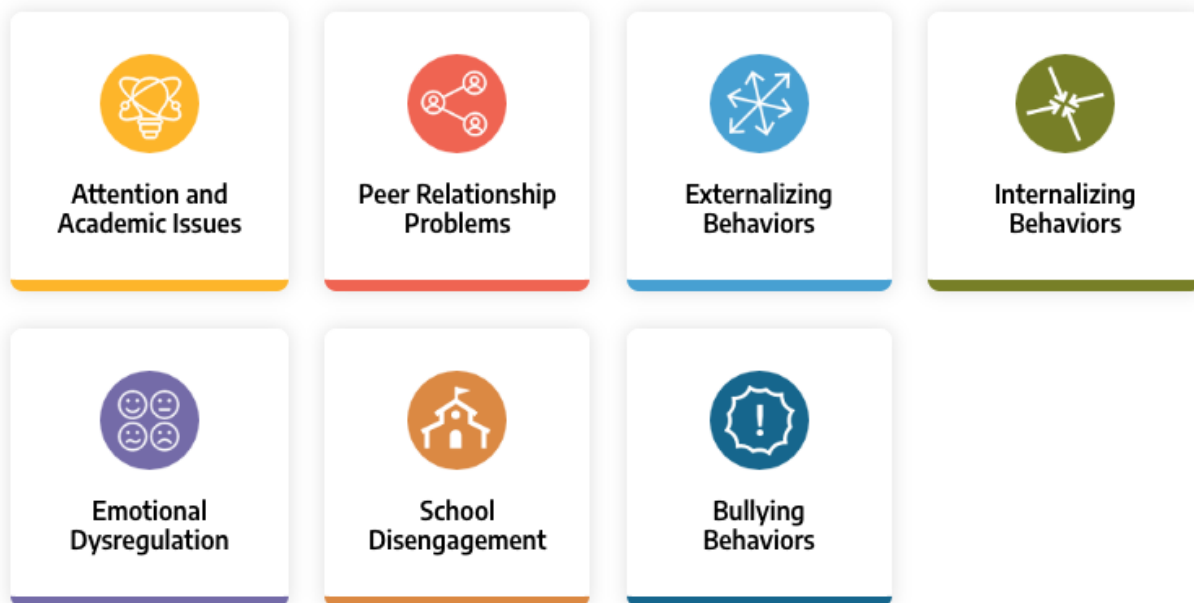
- Positive Greetings at the Door
- 2 by 10
- Check and Connect
- Journals to Build Relationships
- Check In Check Out

# Teacher Implemented Strategies to Support MH Risk

## Early Identification System (EIS) Intervention Hub

The EIS intervention hub connects to interventions across 7 risk areas known to be related to later mental health problems. Within each area, you will find prevention strategies and interventions for elementary, middle, and high schools across three tiers.

Tier 1 is universal, meaning that it benefits all students. Tier 2 (selective) offers interventions for a targeted group of students. Tier 3 (indicated) interventions are aimed to provide individualized support for students who have increased levels of risk. **Click on an area below to learn more.**



Filter by domain,  
tier, and type of  
intervention



### Area of Risk

- ☐ Attention and Academic Issues
- ☐ Peer Relationship Problems
- ☐ Externalizing Behaviors
- ☐ Internalizing Behaviors
- ☐ Emotional Dysregulation
- ☐ School Disengagement
- ☐ Bullying Behaviors

### Targeted Age

- ☐ Elementary (K-5)
- ☐ Middle (6-8)
- ☐ High (9-12)

### Level of Intervention

- ☐ Tier 1: Universal
- ☐ Tier 2: Selective
- ☐ Tier 3: Indicated

### Intervention Details

- ☐ Free
- ☐ Teacher Implemented
- ☐ Other Personnel Implemented
- ☐ Manualized
- ☐ Program
- ☐ Strategy
- ☐ Video Modeling Included

## Closing

Student mental health risk is a substantial and increasing concern

Integrating PBIS and School Mental Health through an Interconnected Systems Framework can address these needs

Single System of Delivery

Mental health is for ALL

Success defined by student impact

Use MTSS framework to guide integration



# ISF Key Resources

Advancing Education Effectiveness:  
**Interconnecting School Mental  
Health and School-Wide PBIS**

Volume 2: An Implementation Guide



- [National Center on PBIS  
Mental Health and  
Interconnected Systems  
Framework](#)



# National Center for Rural School Mental Health Opportunity

- Rural Schools
- Access to EIS universal screener
- School Mental Health MTSS coaching



National Center for  
Rural School Mental Health

## Project Description

Schools will be **randomly** assigned to two groups in **Fall of 2025**: intervention schools and control schools.

2025-2026 (Year 1)	
Intervention schools (Get Now)	Control schools (Get Later)
<ul style="list-style-type: none"> <li>✓ \$1000 participation stipend</li> <li>✓ \$500 stipend to purchase intervention materials</li> <li>✓ \$500 stipend for one school staff member to serve as project liaison</li> <li>✓ School climate survey and reports</li> <li>✓ Early Intervention System (EIS), a universal social emotional screener (<b>reports fall and spring</b>)</li> <li>✓ EIS intervention hub and professional development</li> <li>✓ Monthly consultation</li> </ul>	<ul style="list-style-type: none"> <li>✓ \$1000 participation stipend</li> <li>✓ \$500 stipend for one school staff member to serve as project liaison</li> <li>✓ School climate survey and reports</li> <li>✓ Early Intervention System (EIS), a universal social emotional screener (<b>reports in Spring</b>)</li> <li>✓ \$500 stipend to purchase intervention materials</li> <li>✓ Spring Consultation</li> </ul>
2026-2027 (Year 2)	
Intervention schools	Control Schools
<ul style="list-style-type: none"> <li>✓ School climate survey and reports</li> <li>✓ EIS screener and reports</li> <li>✓ EIS intervention hub and professional development</li> </ul>	<ul style="list-style-type: none"> <li>✓ School climate survey and reports</li> <li>✓ EIS screener and reports</li> <li>✓ EIS intervention hub consultation</li> </ul>

National Center for Rural School  
Mental Health interest form



# Thank you!

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## Resources

