The Illinois Interconnected System’s Model of School Mental Health Support

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Discussion Highlights

- Defining Mental Health in Schools
- RtI Framework in Illinois
- Illinois’ Model for School Mental Health (SMH) Support
- Relationship of RtI Framework to SMH Model
Let’s take a test.

1. What is the most common mental health problem in the United States?
2. Which of the following are symptoms of an anxiety disorder known as panic disorder?
   1. Chest Pains
   2. Dizziness
   3. Nausea or stomach problems
   4. Fear of dying
   5. All of the above.
3. True or False? Most people successfully take control of the symptoms of mental health disorders by sheer willpower and personal strength.
WHAT ISN’T WORKING FOR KIDS?

- Little or no emphasis on prevention or early intervention
- Only a small percentage of children who need treatment receive it
- Little coordination among families, agencies and schools
- Unequal access to services
- Resources are not maximized
- Families are not fully engaged as partners
The Guidelines for School-Community Partnerships define a partnership as:

any collaboration between a school and community organization, public agency, business and/or other group that mutually agrees to jointly address the mental health needs of school-age children by providing a range of mental health services and supports that promote student’ academic, social, and emotional development and/or addresses a specific mental health need. In order to be effective and sustainable, school-community partnerships require an intentional commitment on behalf of all involved. (Guidelines for School-Community Partnerships: Addressing the Unmet Mental Health Needs of School Age Children)
Mental health is “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.”

Why address Mental Health Services in Schools?

- To effectively address barriers to learning, schools must weave resources into a cohesive and integrated continuum of interventions that promote healthy development and prevent problems; allow for early intervention to address problems as soon after onset as feasible; and that provide assistance to those with chronic and severe problems. (Adelman & Taylor, 2006)

- It’s where they spend most of their time
Let’s take a few minutes to consider the impact of stress on us, as adults.

- Think about the following:
  1. What stresses you out?
  2. When you are stressed out, how do you feel?
  3. When you are stressed out, how do you act (what do you do)?
  4. When you are stressed out, what do you need?
Social and Emotional Development

The ability to...

1. Identify and regulate emotions
2. Develop trusting, safe and secure relationships
3. Express needs and feelings
4. Develop motivation
5. Attend to environment
Impacts of Social and Emotional Development

Brain’s “Hardwiring”
1. Brain is 85% “hardwired” by age 3.
2. “Hardwiring” is responsible for all major cognitive and social-emotional functioning.

School Readiness
1. School readiness requires social and emotional skills and cognitive skills.
2. Easier to teach cognitive skills when social and emotional skills have been mastered.
RtI Defined by Illinois
(http://www.isbe.net/RtI_plan/rti_plan.pdf.)

- **Approach for redesigning and establishing teaching and learning environments that are effective, efficient, relevant and durable for all students, families, and educators**

  - **NOT** a program, curriculum, strategy, intervention
  - **NOT** limited to special education
  - **NOT** new
Major Timeline Events

- January 1, 2008: State RtI Plan developed with stakeholder input
- January 1, 2009: District RtI Plan Required
- Academic Year 2010-11: District RtI plan Implemented
Response to Intervention (RtI) consists of Three Essential Components:

- High quality, research-based instruction/intervention matched to student needs
- Frequent use of data to determine learning rate and student performance level
- Educational decisions based upon the student’s response to instruction/intervention
Why use RtI?

- RtI enables educators to target instructional interventions in response to children’s specific areas of need as soon as those needs become apparent.

- Before, the education system waited for a student to fail before attempting more intensive instructional interventions.
Additional Reasons to use RtI

- RtI fosters collaboration between teachers, school support personnel, administrators and parents in order to educate all students
- RtI focuses the entire system on success for all learners
- RtI requires data-driven decision-making
Additional Reasons to use RtI

- Research supported by IDEA and NCLB states that implementing an RtI process through
  - Scientifically based early reading programs
  - Positive behavioral interventions and supports and
  - Early intervening services

reduces the need to label children with learning and behavioral needs.
Meeting the Needs of ALL Students

One Educational System

Educational Reform

Education Initiatives

Response to Intervention

RtI IS School Improvement

An EVERY EDUCATION Initiative

Three Tier Model of School Supports

Problem Solving Method of Decision-Making

Integrated Data Collection that Informs Instruction
Core Principles of Response to Intervention (RtI)

Educators will:

- Intervene early
- Use a multi-tier model of instruction
- Use a problem-solving method
- Use scientific, research-based interventions/instruction
- Monitor student progress to inform instruction
- Use assessments for screening, diagnostics and progress monitoring
- Use data to make decisions
- Effectively teach all children
The Illinois School Model

School-Wide Systems for Student Success: A Response to Intervention (RtI) Model

**ACADEMIC SYSTEMS**

**Tier 3/Tertiary Interventions**
- Individual Students
- Assessment-Based
- High Intensity

**Tier 2/Secondary Interventions**
- Some Students (At-Risk)
- High Efficiency
- Rapid Response
- Small Group Interventions
- Some Individualizing

**Tier 1/Universal Interventions**
- All Students
- Preventive, Proactive

**BEHAVIORAL SYSTEMS**

**Tier 3/Tertiary Interventions**
- Individual Students
- Assessment-Based
- Intensive, Durable Procedures

**Tier 2/Secondary Interventions**
- Some Students (At-Risk)
- High Efficiency
- Rapid Response
- Small Group Interventions
- Some Individualizing

**Tier 1/Universal Interventions**
- All Settings, All Students
- Preventive, Proactive

• Mental health is more than the absence of a mental disorder.

• Consider mental health as a continuum, from optimal mental wellness to the most severe and chronic mental illness.
Illinois’ Interconnected Systems Model for School Mental Health

**Tier 1: Universal/Prevention**
*Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students*

- School Improvement team gives priority to social and emotional health.
- Mental Health Skills development for students, staff, families and communities
- Social Emotional Learning curricula for all students
- Safe & Caring learning Environments
- Partnerships between school, home, and the community
- Decision making framework used to guide and implement best practices that consider unique strengths and challenges of each school community.

**Tier 2: Early Intervention**
*Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns*

- System Planning Team identified to coordinator referral, process, decision rules and progress monitor impact of interventions.
- Array of services available
- Communication system for staff, families, and the community.
- Early identification of students who may be at risk for mental health concerns due to specific risk factors.
- Skill-building at the individual and group level as well as support groups
- Staff and family training to support skill development across settings

**Tier 3: Intensive Interventions**
*Individual Student and Family Supports*

- System Planning Team coordinates decision rules, referrals for this level of services and progress monitors.
- Individual team developed to support each student.
- Individual plans may have an array of interventions and services.
- System in place for each team to monitor student progress
- Plans can range from one to multiple domains.

Adapted from the Framework for a Coordinated Mental Health System in Illinois for Children Ages 0-18, which was originally adapted from Minnesota Children’s Mental Health Task Force, Minnesota Framework for a Coordinated System to Promote Mental Health in Minnesota; center for Mental Health in Schools, Interconnected Systems for Meeting the Needs of All Youngsters

These systems include early childhood, education, mental health, juvenile justice, health, human services, substance abuse, violence prevention, corrections, schools, and other relevant systems.
Problem Solving Approach to SBMH

Define the Problem
Is there a problem? What is it?

Problem Analysis
Why is there a problem?

Develop a Plan
What are we going to do?

Evaluation
Did our plan work?
Why address Mental Health Services in Schools?

Caleb’s Story
What does Caleb need to be successful in school?

Treatment
Comprehensive Treatment and Family Supports

Early Intervention
Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns

Universal/Prevention
Coordinated Systems for Promoting Healthy Social and Emotional Development in Students
Dalton Sherman

http://www.youtube.com/watch?v=HAMLOnSNwzA
Which level of intervention in this model meet most students needs?

- Universal/Prevention
  When implemented with fidelity 80% of students needs will be met without any additional services.

- Early Intervention
  By providing short term, interventions targeted to meet the unique needs of at risk students 15% of students needs will be met.

- Treatment
  3-5% of all students will fall into this category.
Take-away Thought

...Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society... Americans are inundated with messages about success--in school, in a profession, in parenting, in relationships -- without appreciating that successful performance rests on a foundation of mental health.