Data Guide for Enhancing Your PBIS Framework to Address Student Mental Health

Florida PBIS

PBIS:MTSS

Positive Climate

Mental Health & Wellbeing

Equity
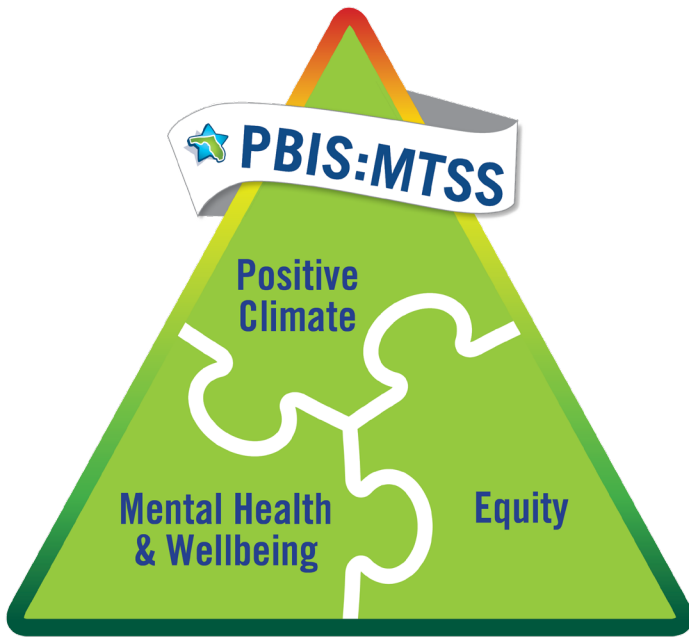
Districts and schools collect many sources of data as part of their Positive Behavioral Interventions and Support (PBIS) framework to evaluate their efforts for promoting positive outcomes for all students. Many schools have thus become skilled at collecting and using data for decision-making.

Some Florida districts are enhancing their PBIS framework to address student mental health by using the complete mental health model. Complete mental health is a term that has evolved from research supporting a dual factor model of mental health that entails *both* positive (e.g., high subjective well-being) as well as minimal negative (e.g., low levels of symptoms associated with diagnoses) indicators of mental health.[1] This model is illustrated in Figure 1. The dual factor model reflects psychological research that finds wellness and problems are related but separable, and a lack of mental health problems alone does not co-occur with the best outcomes. Students with *complete* mental health have high levels of wellness in combination with low levels of emotional and behavioral problems. Research supports that complete mental health is associated with greater social, academic, and physical health outcomes.[2-4]

Teams need access to data on both positive and negative indicators of complete mental health to inform decision-making. The districts that have committed to this comprehensive conceptualization of mental health have identified essential data pieces that allow them to recognize mental health needs and assets, assess implementation of selected interventions, and monitor student progress and outcomes.

The purpose of this guide is to share resources and strategies that districts and schools can use when enhancing their collection and use of data within a PBIS framework to address student mental health. Included in the guide are a list of data sources for schools to consider as well as an example from Duval County Schools.

Figure 1. A Complete Mental Health Model

NEGATIVE INDICATORS				POSITIVE INDICATORS			
Internalizing Problems, such as Anxiety and Depression		Disruptive Behaviors, such as Defiance, Rule Violations, and Substance Use		Life Satisfaction and Positive Emptions, such as Happiness		Strong Social Relationships	
Trauma and other environmental stressors	Thinking errors, behavioral withdrawal	Risky or unsafe settings	Inconsistent rules and expectations across settings	Building blocks of wellbeing (gratitude, empathy, persistence)	Basic needs are met	Social and emotional skills	Healthy interactions and safe and nurturing environments (minimal bullying, high support)
Risk Factors				Resilience Factors			

Adapted from Suldo & Romer, 2016[4]

Why should schools collect and use data to support student mental health?

Schools constantly collect and use student data to make academic decisions. For example, teachers use standards-based assessment methods (e.g., Curriculum-Based Measurement)[5] to measure student progress on meeting academic expectations, influencing future lesson plan development and instructional changes. Schools can extend data-based decision making to assess the mental health needs of their students and their response to mental health supports or interventions that are provided to address these needs. By making decisions based on data, schools can ensure that they are creating an ideal environment to help students succeed.

Schools must make decisions about their specific evaluation questions and potential data sources when making decisions to select and use data to address student mental health. They must match their evaluation questions and associated units of analysis (e.g., an individual student, classroom, school, district, or community) to their unit of observation (i.e., their source of data). For example, district- or community-wide data sources, such as those collected through the Youth Risk Behavior Surveillance System (YRBSS), could provide valuable information about mental health needs and impacts at the state or district-level, but would be less valuable at informing the needs of individual schools or classrooms. On the other hand, a validated survey with a representative sample of students or families within a school can provide information about school-wide needs and experiences, but would not necessary reflect the experiences of individual students or of an entire school district. Whenever a school uses data in their decision-making process, they should always consider the number of observations (i.e., sample size) as well as the reliability and validity of their measures. The below example outlines potential evaluation questions and provides examples of data that schools might already collect, could start collecting, or could access from existing community, state, or national data sources. Schools should consider data sources that examine both the positive and negative indicators of the complete mental health model. Schools should also ensure that when accessing data, they follow applicable laws and policies for notification and consent as well as privacy and confidentiality rules.

By making decisions based on data, schools can ensure that they are creating an ideal environment to help students succeed.

How can schools start collecting and using data for mental health?

Data Purpose #1: Identifying Needs and Selecting Interventions

I want to measure the need for mental health supports and identify interventions to address those needs

- For individual students
- For the school
- For the district

QUESTIONS TO CONSIDER

- What are the mental health needs of our students? How prevalent are they?
  - For individual students
  - For the school
  - For the district
- What are our expectations/goals for our students, socially-emotionally/behaviorally, based on these needs?
- What evidence-based interventions can we identify to address these needs and meet our expectations/goals?
  - For individual students?
  - For at-risk students?
  - For all students?

DATA SOURCES TO EXPLORE

Data sources that can be collected by schools:

- Discipline data (e.g., referrals and suspensions)
- Attendance data
- School climate surveys
- Universal social-emotional screening
- Daily Progress Reports (e.g., Behavior Report Card)
- Early Warning Systems
- Visits to the nurse
- Graduation rates
- Participation in school-based extracurricular activities
- Behavior/Goal Attainment Rating Scales
- Special Education referrals
- Referrals to community mental health providers
- Norm referenced behavior rating scales
- Academic data (e.g., test scores)
- Student, family, and staff focus groups
- Student, family, and staff surveys

Existing community and state data sources that schools can access:

- Youth Risk Behavior Survey (YRBS) Data
- Youth Arrests
- Baker Acts (youth)
- Florida Youth Substance Abuse Survey (FYSAS) Data
- Kids COUNT
- ER Visits
- Physician billings for MH services
- Teen pregnancies
- Community demographics
- #/types of community institutions (e.g., government agencies, public libraries, religious institutions, community centers, public health centers, colleges and universities, schools, sports facilities)
- #/types of groups and organizations within the community (e.g., health and human service organizations, advocacy organizations, service clubs, veterans' organizations, business organizations, sports clubs/leagues)
- CDC WONDER Database
- County Health Rankings and Roadmaps
- Other data from community partners (e.g., through established MOUs and/or interagency agreements)

Data Purpose #2: Monitoring Implementation

I want to measure implementation fidelity of a selected intervention(s)

QUESTIONS TO CONSIDER

- What are the perceptions of the intervention being delivered to students (among staff, administration, families, and students)?
- How will we know if the intervention is being delivered as intended?
- What components of the intervention are not being delivered as intended?

DATA SOURCES TO EXPLORE

- Student, family, and staff focus groups
- Student, family, and staff surveys
- Attendance/adherence
- Intervention-specific fidelity monitoring tools (e.g., checklists, observational guides)
- Internally-developed fidelity monitoring tools (e.g., checklists, observational guides)

Data Purpose #3:
Monitoring Progress

I want to track and monitor the progress of students receiving an intervention(s)

- For individual students
- At the school level
- At the district level

QUESTIONS TO CONSIDER

For both interventions delivered by school staff or those provided by someone employed by an entity OTHER than the school to individual students:

- How will we know that a student is receiving a mental health intervention?
- How will we know the student's response to the intervention?
- How will we know if our students have met our expectations/goals?
- How will we know if a student is not meeting our expectations/goals and needs a higher level of support?

At the school or district level:

- How will we know if the school or district is seeing a reduction in negative indicators or an increase in positive indicators?
- How will we know if the school or district reaches its goals around a particular indicator?
- How will we know if a school or district is not meeting its goals around a particular indicator?

DATA SOURCES TO EXPLORE

- Discipline data (referrals and suspensions)
- Attendance data
- School climate surveys
- Universal social-emotional screening
- Daily progress reports (e.g., Behavior Report Card)
- Early warning systems
- Visits to the nurse
- Graduation rate
- Participation in school-based extracurricular activities
- Counseling attendance/adherence
- Behavior/goal attainment rating scales
- Intervention-specific scales
- Special education referrals
- Referrals to community mental health providers
- "graduation" from interventions
- Norm referenced behavior rating scales

- Academic data (e.g., test scores)
- Student, family, and staff focus groups
- Student, family, and staff surveys

Existing community and state data sources that schools can access:

- Youth Risk Behavior Survey (YRBS) Data
- Youth Arrests
- Baker Acts (youth)
- Florida Youth Substance Abuse Survey (FYSAS) Data
- Kids COUNT
- ER Visits
- Physician billings for MH services
- Teen pregnancies
- Community demographics
- #/types of community institutions (e.g., government agencies, public libraries, religious institutions, community centers, public health centers, colleges and universities, schools, sports facilities)
- #/types of groups and organizations within the community (e.g., health and human service organizations, advocacy organizations, service clubs, veterans' organizations, business organizations, sports clubs/leagues)
- CDC WONDER Database
- County Health Rankings and Roadmaps
- Other data from community partners (e.g., through established MOUs and/or interagency agreements)

Florida District Feature - Duval County Public Schools

As an initial implementation site for the Florida AWARE project, Duval County Schools worked to develop and implement a multi-tiered system of complete mental health supports (i.e. Interconnected Systems Framework; ISF)[6] that integrates school mental health and PBIS. They enhanced their PBIS data systems and practices to assess and report intervention implementation fidelity and student progress in a timely and accurate manner. In their system, data were reviewed at regular intervals as identified by each school (from monthly to quarterly) to support the data-based decision-making process. The process below describes the interventions and data sources selected by the district based on a complete mental health model that reflects both positive and negative indicators of student mental health.

	IDENTIFYING NEEDS	SELECTING INTERVENTIONS	MONITORING IMPLEMENTATION	MONITORING PROGRESS

Tier 1	• Early Warning System
	  ○ Reading Proficiency
	  ○ Attendance
	  ○ Discipline Rates
	• School climate survey with hope and engagement domains[7]
	• Social-emotional screening process: The Behavior Intervention Monitoring Assessment System 2 (BIMAS-2)[8]
		• Tier 1 PBIS / Systems	• Benchmarks of Quality (BoQ)[9]
			• ISF Implementation Inventory[10]
				• Early Warning System (no flags)
				• Collected and compared school climate survey results at each implementation year.

		• Second Step[11]	• Second Step Program Specific Fidelity teacher measure	• Number and rate of office discipline referrals (ODRs) • Specific items from the BIMAS-2 Behavioral Concern Scales: Conduct, Negative Affect and Cognitive Attention • Adaptive Scale: Social Communication
		• Mental Health Friendly Classrooms[12]	• Mental Health Friendly Classrooms fidelity measure	• Number and rate of office discipline referrals (ODRs) • Specific items from the BIMAS-2 Behavioral Concern Scales: Conduct, Negative Affect and Cognitive Attention • Adaptive Scale: Social Communication
Tier 2	• BIMAS-2 Behavioral Concern Scales • Early Warning System	• Tier 2 PBIS / Systems	• Tiered Fidelity Inventory (TFI) Tier 2[13]	• Reduction of the % of students with any risk flag
		• Behavior Education Program (BEP) Check-In Check-Out (CICO)[14]	• BEP Self Report Checklist	• Daily progress reporting via a Behavior Report Card
		• Social Emotional Academic Groups (SEAG) small group program	• Provider log • Attendance for group	• BIMAS-2 progress monitoring for target grades
		• Mind-Up Small Group[15]	• Mind-Up program-specific fidelity tool	• Daily progress reporting via a Behavior Report Card
		• Achievers for Life Mentors	• Mentor log	• Quarterly Indicator Review
Tier 3	• BIMAS-2 Behavioral Concern Scales • Early Warning System • Functional Behavior Assessment (FBA)	• Tier 3 PBIS / Systems	• Tiered Fidelity Inventory (TFI) Tier 3[13]	• Reduction of the % of students with two or more risk flags
		• Individual Therapy – in schools and in community agencies	• Fidelity documentation of counseling sessions	• Pre/post measures and student self-reports • Progress monitoring measures for behavior and social emotional goals (e.g., Behavior Rating Scale)
		• Behavior Intervention Plan informed by FBA	• Plan-specific fidelity monitoring	• Plan-specific definitions of student progress • Progress monitoring measures for behavior goals (e.g., Behavior Rating Scale)

Resources to Help Teams Use Data to Address Student Mental Health within their PBIS Framework

TOPIC	RESOURCE	DESCRIPTION
Collecting and Using Data for Student Mental Health	NITT-TA Center Issue Brief: Using Data to Improve Student Mental Health	This issue brief from the Now is the Time Technical Assistance Center introduces strategies that Project AWARE State and Local Education Agencies can use in determining how to use various sources of data for mental health planning and programming.
	RtI:B Database	This free data system is available to all Florida Schools to support school and district level problem-solving. The database allows users to analyze systems-level and individual issues at Tier 1, Tier 2, and Tier 3.
	FLPBIS TA Chat: Using Data to Establish a MTSS for Complete Mental Health	This webinar describes Florida AWARE's approach to mental health integration within a PBIS framework, including their use of data-based problem solving for student outcomes associated with complete mental health. The webinar shares knowledge of data sources for progress monitoring student wellness and mental health needs.
	Florida AWARE's Approach to Complete Mental Health	This flyer reviews in detail the model of complete mental health that the FL AWARE team adopted.
	FL AWARE guidance document on Selecting Evidence-Based Programs and Practices	This Florida AWARE document provides guidance to school-based team in selecting appropriate evidence-based programs (EBPs). Included in the document are various resources to help schools determine if an intervention option is evidence-based and information on available online registries schools can use to search for and identify appropriate EBPs.
Understanding HIPAA and FERPA	NITT-TA Center Webinar: HIPAA and FERPA in Schools: Sharing Information to Improve Outcomes	This webinar reviews some of the major privacy laws that restrict, or are thought to restrict, sharing information between professionals in the health, education, and social service arenas.
	NITT-TA Center HIPAA and FERPA Comparison Tool	This tool is a companion piece to the above webinar presented on December 8,2016. The tool provides additional guidance to support state management teams and local districts as they begin important conversations with legal counsel about which law applies to their services. The tool is intended to help schools understand the circumstances in which HIPAA or FERPA laws become applicable.
	FL FERPA Resource	This website includes Florida-specific information and resources intended to help schools understand the Family Educational Rights and Privacy Act (FERPA), including FERPA requirements, general guidance, and reference information.

References

1. Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review*, 37(1), 52-69.

2. Antaramian, S. P., Huebner, E. S., Hills, K. J., & Valois, R. F. (2010). A dual-factor model of mental health: Toward a more comprehensive understanding of youth functioning. *American Journal of Orthopsychiatry*, 80(4), 462.

3. Greenspoon, P. J., & Saklofske, D. H. (2001). Toward an integration of subjective well-being and psychopathology. *Social Indicators Research*, 54(1), 81-108.

4. Suldo, S., & Romer, N. (2016). Integrating positive psychology in multi-tier systems of support. In S. Suldo (Ed.), *Promoting student happiness: Positive psychology interventions in schools* (pp. 146-159). New York, NY: The Guildford Press.

5. Deno, S. L. (1985). Curriculum-based measurement: The emerging alternative. *Exceptional children*, 52(3), 219-232.

6. Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support*. Retrieved from https://www.pbis.org/school/school-mental-health/interconnected-systems.

7. Lopez, S. J., SAgrawal, A., & Calderon, V. J. (2010). *The Gallup Student Poll Technical Report*. Retrieved from Washington, DC.

8. McDougal, J. L., Bardos, A. N., & Meier, S. T. (2011). *Behavior Intervention Monitoring Assessment System (BIMAS) Technical Manual*. Retrieved from Toronto, ON.

9. Cohen, R., Kincaid, D., & Childs, K. E. (2007). Measuring school-wide positive behavior support implementation: Development and validation of the benchmarks of quality. *Journal of Positive Behavior Interventions*, 9(4), 203-213.

10. Splett, J. W., Perales, K., Moss, D., Orlando, C. M., & Quell, A. (2016). *An overview and case example of the Interconnected Systems Framework-Implementation Inventory*. Paper presented at the 21st Annual Conference on Advancing School Mental Health, San Diego, CA.

11. Frey, K. S., Hirschstein, M. K., & Guzzo, B. A. (2000). Second Step: Preventing aggression by promoting social competence. *Journal of Emotional and Behavioral Disorders*, 8(2), 102-112.

12. Substance Abuse and Mental Health Services Administration. (2004). *Eliminating Barriers for Learning: Social and Emotional Factors that Enhance Secondary Education*. Retrieved from Rockville, MD.

13. McIntosh, K., Massar, M. M., Algozzine, R. F., George, H. P., Horner, R. H., Lewis, T. J., & Swain-Bradway, J. (2017). Technical adequacy of the SWPBIS tiered fidelity inventory. *Journal of Positive Behavior Interventions*, 19(1), 3-13.

14. Vallen, G. K., Vallen, J. J., & Robinson, G. F. (2000). *Check-in Check-out*: Prentice Hall Upper Saddle River, NJ.

15. Musty, T. A. (2015). The MindUP Curriculum Grades 3-5: Brain-Focused Strategies for Learning-and Living. *School Social Work Journal*, 39(2), 81.