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ENHANCING PBIS IMPLEMENTATION TO IDENTIFY AND DELIVER MENTAL HEALTH SUPPORTS IN A RURAL MIDDLE SCHOOL

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Purpose

In this brief, we share lessons learned from a federally funded model demonstration designed to integrate school mental health practices within an existing PBIS framework (Weist et al., 2022). The purpose of this brief is to provide district and school leaders with strategies to consider when supporting PBIS implementation across different contexts, specifically when interconnecting mental health systems[1] in a rural middle school setting. To illustrate these strategies and the district supports that enabled them, we highlight the core features of a rural PBIS school and discuss the key implementation successes and challenges.

1. This is often referred to as an interconnected systems framework (ISF; Eber et al., 2020). In this brief, the process of integrating school mental health (SMH) within a PBIS framework is referred to as an interconnected systems process.

Introduction

Schools are critical in supporting student mental health, particularly as the prevalence and visibility of the needs of youth mental health continue to rise. Many districts are seeking ways to strengthen school-based systems that promote well-being, prevent the escalation of social-emotional-behavioral concerns, and provide effective interventions quickly when challenges emerge. Positive Behavioral Interventions and Supports (PBIS) is an evidence-based multi-tiered framework for organizing these efforts. A comprehensive and strengthened responsive continuum of support for all students, particularly those with more intensive needs, can be established, intentionally integrating school mental health practices within an existing framework, such as PBIS (Eber et al., 2020).

For rural schools, this integration is especially important. Limited access to community-based mental health providers, staffing shortages, and geographic isolation can make schools the primary, and sometimes only, place where students receive mental health support. Therefore, rural districts need practical, scalable examples of how PBIS and school mental health systems can be interconnected to meet the needs of all their students effectively and efficiently.

Key Takeaways

- Effective teaming practices are critical at both the district and school levels.
- A strong foundation in Tier 1 PBIS facilitates the installation (e.g., alignment and integration) of a new initiative.
- Training and coaching support implementation with fidelity and sustainability.
- Layering school mental health practices within an existing PBIS framework establishes a comprehensive system of supports to meet the needs of all students, particularly those with intensive needs.
- Teams can anticipate interruptions and set realistic expectations.

Challenges in Rural Settings

Rural districts and schools face several unique challenges. For example, rural settings that span large geographic areas can increase a sense of isolation between schools and create long travel distances that impact the provision of resources (e.g., McDaniel & Bloomfield, 2020). Also, recruiting and retaining teachers is often more difficult (e.g., Freeman et al., 2020; Lowe, 2006), exacerbating shortages of qualified personnel such as mental health specialists and special educators (Edwards & Sullivan, 2014). And finally, existing staff may have fewer professional development opportunities (e.g., Robbie et al., 2021) and inadequate resources or funding paired with higher service costs (Pierce & Mueller, 2018). As a result, students' needs in rural settings can be difficult to address and vary widely depending on the locale and school context (e.g., DeJarnett et al., 2022; Kern et al., 2022; Rude & Miller, 2018).

Mental Health Needs of Youth in Rural Schools

Many youth with mental health needs do not receive the needed interventions to achieve improved outcomes (Ghandour et al., 2012; Ghandour et al., 2019). This gap is even more pronounced in rural communities, where youth are more likely to use psychiatric medication than their urban peers (Bitsko et al., 2022), yet have substantially less access to behavioral health providers. Urban areas have an estimated 17.5 psychiatrists and 33.2 psychologists per 100,000 residents, whereas rural areas have less than half as many: 5.8 and 13.7, respectively (Andrilla et al., 2018).

Given these risks and resource limitations, it is critical to consider mental health needs, access, and structural supports in rural settings. Through promotion, prevention, and evidence-based intervention, schools can serve as a critical hub in addressing youth mental health needs, such as identifying and connecting students to appropriate support quickly. This is especially true in rural communities, where schools often function as a "de facto mental health system" due to the shortage of local professionals (McCrary et al., 2012, p. 1). Therefore, practical examples are needed to demonstrate how mental health supports can be effectively integrated into rural school systems.

Model Demonstration

To address these needs, Florida Connect was awarded a five-year grant by the U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS) to implement a model demonstration project focused on establishing a continuum of mental health supports in secondary schools, with particular emphasis on at least one rural site. With support from a statewide project and the Center on PBIS, district planning began in 2021, and implementation followed in 2022 by integrating mental health systems within two middle schools already implementing PBIS.

This brief examines the impact of these efforts on one of these schools and addresses a key evaluation question: What supports are needed to implement an interconnected mental health system in a rural middle school that is already implementing PBIS?

School Demographic Data

Fort McCoy serves students in pre-kindergarten through 8th grade within Marion County Public Schools; a large school district located in central Florida. According to the National Center on Education Statistics (NCES, 2022), Fort McCoy is considered a "rural, distant" locale, located approximately 20 miles from Ocala, Florida, and less than five miles from the Ocala National Forest, serving roughly 482 square miles. Most students are transported by bus. The middle school of Fort McCoy, grades 6th through 8th, served as the focus of the Florida Connect model demonstration. School data from the 2023-2024 school year indicate:

- 414 students enrolled, of whom 85% identify as White, 9% as Hispanic, 2% as Black or African American, 3% as multiracial, and 1% as "other" racial or ethnic identities
- 21% of students are identified as having a disability
- 99% of students are economically disadvantaged

Before participating in the model demonstration, McCoy had previously been trained in PBIS but was implementing Tier 1 PBIS with low fidelity, at 52% in 2021 (baseline), as measured by the Tier 1 Benchmarks of Quality (BoQ; Kincaid, Childs & George, 2010).

Multi-Disciplinary Teams

One of the key features of the multi-tiered PBIS framework is using teams to help organize implementation with shared decision making and problem solving (Splett et al., 2017). Relying on teams helps to establish collaboration across the community and mental health professionals at the district and school level, including the intentional addition of team members with mental health expertise.

Florida Connect worked closely with two multi-disciplinary teams in the district, allowing the integration of a system of delivery to promote mental health for all students at both the district and school levels. The district multi-disciplinary team served as the executive-level leadership team to guide the vision, inform partners, allocate resources to support schools, and inform policy when working with local community agencies. The school's multi-disciplinary team functioned similarly on a smaller scale, focusing on the students and staff in their building. These teams also served as a bridge to connect with others. For example, the district multi-disciplinary team informed both the broader District Community Leadership Team (see Eber et al., 2020) and the School Board, whereas the school multi-disciplinary team informed both the PBIS (Tier 1) and Problem-Solving (Tier 3) teams at the participating school. **Table 1** describes the differences across the district- and school-level multi-disciplinary teams in this model demonstration, including the composition, frequency, topics addressed during meetings, and implementation activities.

Function of a Multi-Disciplinary Team

The function of an MDT is to ensure student/staff safety and the delivery of timely student mental health interventions, both of which play a role in preventing school violence and include:

1. responding to students in crisis (e.g., behavioral threat assessments and suicide assessments) and
2. identifying and providing mental health interventions to students using a multi-tiered framework to provide interventions and support to students.
3. establishing norms and maintaining confidentiality of students and their families [see Addressing Confidentiality while Supporting the Social-Emotional-Behavioral Needs of Students within Schools[1] (Perales et al., 2023)].

1. https://www.pbis.org/resource/addressing-confidentiality-while-supporting-the-social-emotional-behavioral-needs-of-students-within-schools

Table 1. Comparison Across Multi-Disciplinary Teams

Team Aspect	District Level	School Level
Composition	• PBIS District Coordinator and Coaches • Director and Coordinator of Mental Health and Wellness • Coordinator of Student Discipline • Coordinator of Secondary School Counselors • Program Specialist for Mental Health • Program Specialist for MDT • Lead School Psychologist and Social Worker • Marion County Sheriff's Office • Safe Schools Department Representative • Community Mental Health Agencies • Project Coaches	• Principal • Assistant Principal of Discipline • School Counselor • Student Services Manager • Instruction/Intervention Director • Assistant Principal of Curriculum • Mental Health Clinician • School Psychologist/Social Worker • Parent Liaison/Intervention Teacher • School Resource Officer
Frequency	• Initially met twice monthly before shifting to monthly meetings	• Met twice monthly

Meeting Actions	• Review meeting agenda and action plan, revise as needed, and establish next agenda
	• Review administration and results of universal screening and student data
	• Review policy alignment and provide procedural guidance for mental health areas (e.g., suicide assessments, involuntary hospitalizations, threat assessments, accessing community agencies, and district-approved interventions)
	• Plan technical assistance to school teams, including modeling, feedback, and other implementation support
	• Seek guidance from other district-level decision-makers on best practices
	• Review existing processes and identify enhancements for the model demonstration
		• Review student mental health and discipline data, identify needs, and make decisions on how to best support students, which included:
		  • Tier 1 data (e.g., universal screening, early warning indicators)
		  • Students referred for or receiving interventions from school or community providers
		  • Suicide risk assessments
		  • Behavioral threat assessments
		  • Tier 2 systems
		  • Students who may need a referral to the school-level problem-solving team for more intensive Tier 3 support

Table 1. Comparison Across Multi-Disciplinary Teams *continued*

Team Aspect	District Level	School Level
Implementation Activities	• Ensure secondary school leaders receive communication, training, and technical assistance for expanding universal screening • Maintain communication with the Superintendent and School Board • Provide direct supports: (a) training on universal screening administration at the middle school level, (b) coaching on integrating screening data with additional data sources, (c) guidance on applying decision rules to identify students for intervention, (d) support for grouping students into appropriate intervention tiers, (e) training on roles and responsibilities for tracking fidelity and progress monitoring, (f) coaching to ensure data were used effectively within the MDT portal, and (g) additional CICO training when fidelity concerns emerged	• Collaborate with the PBIS team on training to boost implementation fidelity • Attend training to expand universal screening and intervention supports, including (a) using student self-report, (b) establishing decision rules to identify students in need of support, (c) improving the use of fidelity and progress monitoring data, and (d) implementing Check-In Check-Out (CICO) • Engage in resource mapping to identify district-approved interventions available to interventionists and training needs • Receive coaching from FL Connect staff to improve data use for problem-solving and decision-making • Learn about the differences in using universal screening at the middle school level (e.g., student-completed vs. teacher-completed) • Use screening data to help match students with appropriate interventions. • Improve the use of progress monitoring data, including administering a teacher-completed progress monitoring tool every two weeks (i.e., Behavior and Feelings Survey, Weisz et al., 2019)

Table 2 outlines the specific roles and responsibilities of the school-level multi-disciplinary team members across the entire meeting process. These expected activities were established to ensure that each team member understood their contributions to the work before, during, and between meetings.

Table 2. Roles and Responsibilities Across the School-Level Multi-Disciplinary Team Meeting Process

Role	Before Meeting	During Meeting	Between Meeting
Principal	• Ensure meeting dates/times/location are on the master calendar and time is protected • Communicate reminders • Encourage and support team efforts	• Attend and actively participate • Support team facilitator in keeping team members on track with the agenda • Approve plans during the meeting	• Allocate resources for implementation of action plans • Communicate relevant information to all partners (e.g., share highlights at faculty meeting and in a parent newsletter)
Assistant Principal of Discipline	• Send electronic meeting invitations to all team members with date, time, and location for the school year • Send meeting reminders and communicate any changes to the schedule (e.g., location, time) • Send task reminders to ensure team members upload relevant information in the shared space before each meeting • Update meeting agendas in shared space	• Facilitate and lead the meeting • Project agenda on the screen to guide discussion, take notes within the agenda (viewable on the screen) • Keep team members on track by following the agenda • Gain consensus on next steps during problem-solving discussions	• Send Outlook invitations for tasks related to action plans • Verify the MDT Log is updated in the shared space • Ensure meeting notes and uploads are all saved in the shared space • Communicate relevant information to all partners (e.g., teachers to complete daily progress report for students in CICO)
School Counselor	• Upload summary of Tier 1 instruction provided • Ensure MDT referrals and parent permissions are submitted/documented • Upload involuntary referrals and suicide risk data • Prepare and upload screening data • Upload intervention fidelity and progress monitoring data	• Briefly review the summary of Tier 1 instruction provided, universal screening updates, and intervention data • Lead problem-solving and action planning related to Tier 1 instruction, screening, interventions, and/or specific students of concern (including any involuntary referrals, and/or suicide risk assessments)	• Follow up with tasks, ensure all relevant data are uploaded in the shared space • Communicate relevant information to all partners (e.g., students exiting interventions, informing parents, teachers, and students of upcoming screening)
Student Services Manager	• Upload a summary of the Tier 1 instruction provided on schoolwide expectations and acknowledgment activities • Pull and upload discipline outcome data trends • Review and analyze data trends to be reported/discussed in MDT • Upload information related to behavioral threat assessments	• Briefly review the summary of Tier 1 instruction, acknowledgements, and student discipline outcome data trends • Highlight successes and review updates related to action items since the previous meeting • Lead problem-solving and action planning related to their specific areas of concern • Share updates related to behavioral threat assessments	• Follow up with tasks, ensure all relevant data are downloaded and posted in the shared space • Communicate relevant information to all partners (e.g., discipline data and action plans at faculty meeting)

Table 2. Roles and Responsibilities Across the School-Level Multi-Disciplinary Team Meeting Process *continued*

Role	Before Meeting	During Meeting	Between Meeting
Mental Health Clinician	• Upload updates about student support, fidelity, progress monitoring, and any involuntary referrals, suicide risk, and/or threat assessments	• Briefly review the summary of students receiving interventions to include fidelity and progress monitoring data • Lead problem-solving and action planning related to their specific area (i.e., interventions and/or specific students of concern)	• Follow up on tasks, ensure all relevant data are posted in the shared space • Communicate relevant information to all partners (e.g., share intervention changes with parents and students)
School Psychologist/ Social Worker	• Upload updates about student support, fidelity, progress monitoring, and status of psycho-educational evaluations	• Briefly review information uploaded • Lead problem-solving and action planning related to their specific area (i.e., interventions and/or specific students of concern)	• Follow up with tasks, ensure all relevant data are uploaded in the shared space • Communicate relevant information to all partners (e.g., share status of evaluation with parents and teachers)
Parent Liaison/ Intervention Teacher	• Upload attendance data trends, student supports, fidelity and progress monitoring, including updates related to IEP, 504, BIP, days of OSS, manifestation determination, and involvement in academic interventions	• Briefly review information uploaded • Engage in problem-solving and action planning related to their specific area	• Follow up with tasks, ensure all relevant data are uploaded in the shared space • Communicate relevant information to all partners (e.g., students referred to the child study team for attendance concerns)
School Resource Officer	• Upload relevant information related to behavioral threat assessments, law enforcement involvement on/off campus, and support for students	• Briefly review the information uploaded and any relevant information	• Follow through on action items agreed on during the meeting • Communicate relevant information to all partners

Project Supports

Florida Connect provided ongoing technical assistance to both the district and school throughout the model demonstration project. This support included activities such as facilitation of meetings, guidance with data-based decision making, delivering skill-based training, and providing other capacity-building activities intended to meet the needs of both teams for improvement. Although not exhaustive, **Table 3** describes the types of external technical assistance and coaching support provided to the MDT teams.

Table 3. Examples of External Technical Assistance Support Provided

Support for the District	Support for the School

• Identified a rural middle school with an actively implementing PBIS team
• Identified a community mental health clinician to provide contracted support at the school
• Established a meeting schedule aligned with implementation needs (e.g., bi-monthly, then monthly)
• Built capacity to hold effective team meetings by:
  • Setting up systems to send invitations, reminders, links to shared workspaces, minutes, and action plans
  • Co-developing agendas
  • Facilitating meetings and coaching action planning
• Modeled best practices and provided resources to guide district-level planning (e.g., effective teaming structures, resource mapping, selecting universal screeners, using multiple data sources to develop decision rules, establishing intervention systems, selecting and supporting evidence-based interventions, and using fidelity and progress-monitoring data)
• Identified and delivered training and coaching for schools, including developing professional development and coaching plans, and interconnecting systems within the PBIS framework as part of the district's MTSS
• Coached district MDT members in their roles to build capacity for expanding and sustaining an effective interconnected system (e.g., district support for universal screening, data access and use, intervention fidelity, and progress monitoring)
	• Collaborated with district and school leaders to identify team members who will participate in professional development
	• Delivered professional development to the PBIS team, including key MDT members, to strengthen PBIS fidelity and introduce mental health practices
	• Delivered professional learning to the MDT, including key PBIS team members, on implementing interconnected systems within the PBIS framework as part of the school's MTSS
	• Provided ongoing technical assistance during monthly PBIS team meetings and bi-monthly MDT meetings to support implementation of critical PBIS and interconnected elements
	• Provided coaching to the MDT on:
	  • Expanding universal screening to all middle school grade levels (transitioning from K–5 teacher-completed screeners to 6–8 student self-reports)
	  • Using additional data sources alongside screening data to develop and apply decision rules for identifying students in need of intervention, grouping students, and matching interventions
	  • Improving intervention systems (e.g., clear, replicable implementation protocols) to support efficient intervention matching and the use of fidelity and progress-monitoring data
	• Worked with the PBIS team and MDT to identify school-level professional development needs (e.g., for interventionists, teachers, bus drivers, support personnel)
	• Coached PBIS team and MDT members in their roles to build capacity for sustaining an effective interconnected system (e.g., using data for problem solving and decision making at Tier 1 and advanced tiers)

Measures

The key measures to monitor and evaluate implementation and outcomes are described below.

- **Training and technical assistance evaluation questionnaire:** A survey assessing the effectiveness of professional learning strategies in the transfer of knowledge and building of participant skills, both through formal training sessions and instructional interactions
- **Interconnected Systems Framework – Implementation Inventory (ISF-II):** A validated implementation fidelity measure of the coordinated interconnected service delivery system completed annually by school teams with school-based community mental health clinicians (Splett et al., 2020)
- **Tier 1 Benchmarks of Quality (BoQ):** A validated PBIS Tier 1 implementation fidelity measure completed annually by a PBIS leadership team to guide action planning (Kincaid, Childs & George, 2010)
- **PBIS Tiered Fidelity Inventory 2.1 (TFI; Tier 2 and Tier 3 sections):** A validated PBIS implementation fidelity measure completed annually by a PBIS leadership team to guide action planning at Tier 2 and Tier 3 (Algozzine et al., 2014)
- **District and school leadership team meeting documentation:** Records of agendas, minutes, and action items from leadership team meetings at the district level and MDT meetings at the school level
- **BASC-3 Behavioral and Emotional Screening System – Student:** A validated universal social-emotional-behavioral screening tool indicating elevated or extremely elevated risk in the areas of Internalizing Behaviors, Self-Regulation, and Personal Adjustment (Kamphaus & Reynolds, 2015)
- **Tier 2 and Tier 3 intervention participation and outcomes data:** Data tracking the number of students receiving advanced tiers of support, including intervention fidelity measures and progress-monitoring outcomes to assess implementation and student progress

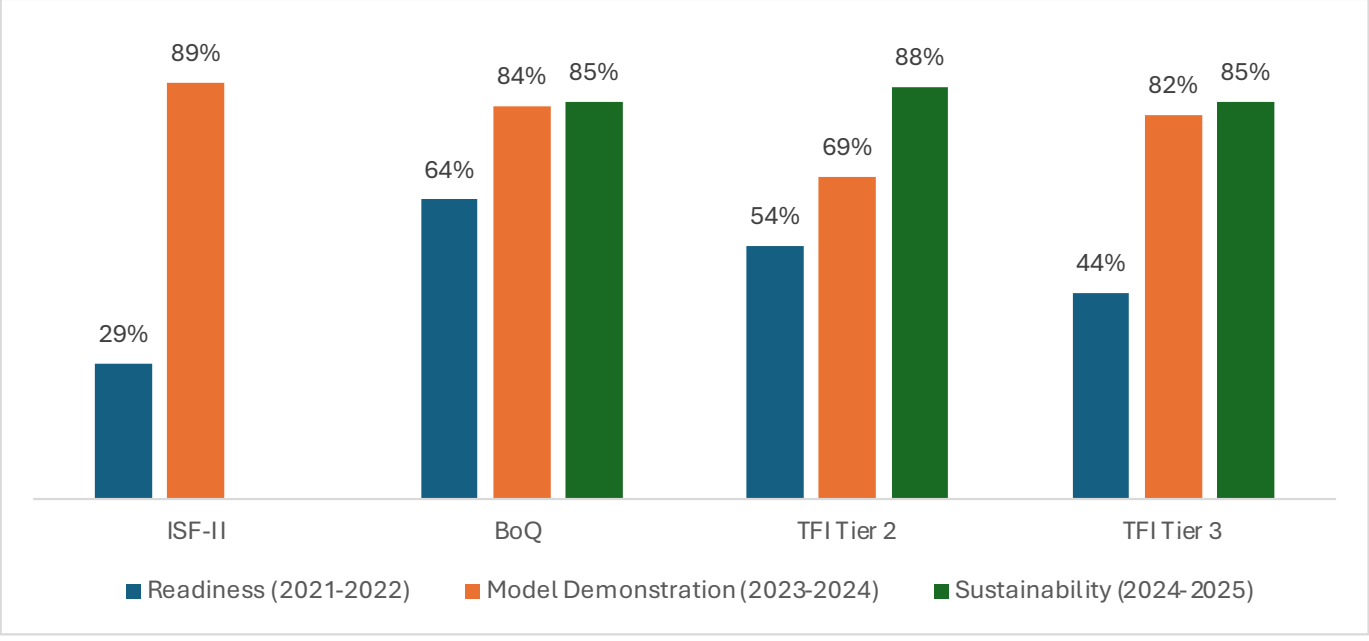
Initial Outcomes

Below is a summary of outcomes from the pilot (i.e., readiness) year and through the first two years of implementation during the model demonstration (see **Table 4**). The implementation progress across project phases is depicted in **Figure 1**. *Note that in the school year following the model demonstration (2024-2025), the middle school reported sustained, and even increased, levels of implementation fidelity.* ISF-II data were not collected after the demonstration concluded.

Table 4. Summary of Outcomes from Pilot and Two Years of Implementation

Focus Area	2021-2022 (Pilot)	2023-2024 (Model Demonstration)
Training and Coaching	School team attends initial ISF training. 93% of participants report increases in knowledge resulting from the initial training.	School team attends ongoing training and coaching with Florida Connect and district leaders. 94% of participants report increases in knowledge resulting from ongoing coaching.
Implementation Fidelity	School reports low implementation fidelity of ISF and PBIS. • ISF-II = 29% • BoQ = 64% • TFI T2 = 54% • TFI T3= 44%	ISF and PBIS were implemented with higher levels of fidelity. • ISF-II = 89% • BoQ = 84% • TFI T2 = 69% • TFI T3 = 82%
Multidisciplinary Teaming	MDT forms and begins to meet monthly (7 meetings).	MDT increases meeting frequency to 17 meetings across 10 months.
Expanded Screening	School begins to implement universal screening, reaching 44% of its students.	Universal screening increased to twice per year, reaching over 90% of students each semester.
Student Supports	School unable to provide information about students receiving advanced tiers of support.	54 students receive advanced tiers support, representing 75% of students referred. Of those students, 41 (76%) experienced positive progress towards their goals.

Figure 1. Implementation Progress Across Project Phases



ADDITIONAL HIGHLIGHTS

Beyond the initial outcomes achieved above, Fort McCoy made other noteworthy accomplishments. For example, they developed a data system to track participation, implementation fidelity, and outcomes for students receiving Tier 2 and Tier 3 interventions. Not only was this useful at their site, but they were able to share this resource with other schools within the district. They also informed the district MDT of the development of district-level guidance documents and protocols for consistency with the interconnected systems implementation within the PBIS framework. The knowledge gained from Fort McCoy was invaluable in establishing effective districtwide practices to support future work beyond the model demonstration.

Lessons Learned

In collaboration with district and school leadership teams, Florida Connect has identified several valuable lessons when integrating mental health practices within the PBIS framework to create a seamless interconnected system of supports.

Effective teaming practices are critical. Strong teaming structures at both the district and school levels were essential for strengthening partnerships and navigating implementation barriers. Having a cohesive and well-established district leadership team and school-level multi-disciplinary team helped maintain momentum despite significant staff turnover at both levels, including substantial changes that occurred in leadership, mental health coordination, student services roles, and school administration. Clear roles and responsibilities throughout the meeting process strengthened implementation fidelity and accountability (see Table 2). Consistent meeting structures, mutually-agreed upon norms for maintaining privacy, communication plans, and scheduled meeting dates allowed the work to continue despite these changes. These teaming structures ensured consistent data-based decision-making, protected confidentiality, and strengthened family engagement, all while minimizing disruptions to implementation.

A strong foundation in Tier 1 PBIS facilitates the installation (e.g., alignment and integration) of a new initiative. To sustain changes, it is important to ensure that any new initiatives are directly aligned with the goals and strategic plan of the organization. For schools that are implementing PBIS, integrating new mental health initiatives is more successful when they complement core PBIS features rather than run them as separate systems.

- **District Level:** Marion County Public Schools had a long history of PBIS implementation, universal screening at the elementary level, expanded leadership teams that included community partners from mental health agencies, and increased support for contracted mental health clinicians. Between PBIS being in place and the commitment to core features of a mental health add-on, such as interconnected systems, the stage was set for alignment at the district level.
- **School Level:** Fort McCoy had implemented Tier 1 PBIS since 2007 (with varying levels of fidelity), had experience with universal screening at the elementary level, and a contracted mental health clinician was already embedded on campus. These

existing structures allowed Florida Connect to support the expansion of universal screening to all middle school students, identify and respond to students quickly, and expand social-emotional-behavioral supports to all students. The alignment between PBIS and mental health practices greatly enhanced integration efforts and reduced the need for major structural changes.

Training and coaching support implementation with fidelity and sustainability. Ongoing training and coaching were critical for aligning and integrating the core features of PBIS and mental health. Throughout the model demonstration, Florida Connect and district leaders provided training on interconnected systems, PBIS Tier 1 boosters, resource mapping on district-approved interventions, and the use of data for fidelity and progress monitoring. Intensive Tier 1 PBIS retraining was essential in strengthening implementation fidelity and preparing the school for additional training on interconnecting systems, which provided an organized way to integrate mental health activities within the existing PBIS framework. A layered coaching model (Florida Connect coaching the district, and the district coaching the school) helped ensure that training was translated into sustainable practice beyond the life of the project.

Layering school mental health practices within an existing PBIS framework establishes a comprehensive system of supports to meet the needs of all students, particularly those with intensive needs. This expansion of practices required the MDT to engage in ongoing progress monitoring. Universal screening provided the team with reliable, schoolwide data to identify students who

required additional support, monitor changes over time, and ensure that interventions were matched to student need. When combined with PBIS practices such as data review and decision-making, universal screening strengthened early identification and helped the middle school deliver timely, coordinated social-emotional-behavioral supports. Fort McCoy increased the screening of students from 44% to over 90% by the end of the demonstration.

Teams can anticipate interruptions and set realistic expectations. This project experienced numerous interruptions that could have easily derailed plans. Setting realistic expectations helped the district and school-level teams navigate these challenges.

Despite having district-approved universal screening in place for several years, the first fall screening for middle school students was delayed by nearly five months due to changes to key positions and the need to review publisher contracts for compliance with new state and district policies. The teams used this time to prepare and moved forward as soon as approval was granted. Other interruptions included numerous staff changes at both the district and school levels, and two hurricanes that caused school closures and delayed universal screening. These real-world challenges underscored the importance of flexibility, persistence, and celebrating incremental successes. Each accomplishment represented meaningful progress toward meeting the mental health needs of students in a rural school.

Summary

When implementing the PBIS framework and integrating additional initiatives into a school's multi-tiered system of supports, it is critical to consider the school context. Rural schools, in particular, often face unique challenges, including limited access to mental health professionals, higher rates of poverty, and constrained service delivery in larger geographical areas. The experiences of Marion County Public Schools and Fort McCoy Middle School demonstrate that integrating evidence-based mental health practices is both feasible and impactful when embedded within a multi-tiered PBIS framework implemented with fidelity. This model demonstration provided valuable lessons for navigating the challenges associated with integrating mental health systems within an existing PBIS school. It also highlighted the improved outcomes from establishing an organized multi-disciplinary system to effectively and efficiently meet the needs of all students.

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Related Resources

PBIS

1. PBIS Implementation Blueprint - https://www.pbis.org/resource/pbis-implementation-blueprint
2. Enhancing Team Functioning in Schools' Multi-Tiered Systems of Support - https://www.pbis.org/resource/enhancing-team-functioning-in-schools-multi-tiered-systems-of-support
3. Leveraging the PBIS Framework to Promote Equitable Family Engagement - https://www.pbis.org/resource/leveraging-the-pbis-framework-to-promote-equitable-family-engagement

Mental Health/Social-Emotional-Behavioral Well-Being

1. Installing an Interconnected Systems Framework at the School Level: Recommendations and Examples to Guide School Leadership Teams, Practitioners and Coaches - https://www.pbis.org/resource/installing-an-interconnected-systems-framework-at-the-school-level-recommendations-and-examples-to-guide-school-leadership-teams-practitioners-and-coaches
2. Supporting and Responding to Students' Social, Emotional, and Behavioral Needs: Evidence-Based Practices for Educators - https://www.pbis.org/resource/supporting-and-responding-to-behavior-evidence-based-classroom-strategies-for-teachers
3. Addressing Confidentiality while Supporting the Social-Emotional-Behavioral Needs of Students within Schools - https://www.pbis.org/resource/addressing-confidentiality-while-supporting-the-social-emotional-behavioral-needs-of-students-within-schools
4. Enhancing Social Emotional and Behavioral (SEB) Support: A Practical Guide for Selecting and Implementing SEB Programs within a Positive Behavioral Interventions and Support (PBIS) Framework - https://www.pbis.org/resource/enhancing-social-emotional-and-behavioral-seb-support-a-practical-guide-for-selecting-and-implementing-seb-programs-within-a-positive-behavioral-interventions-and-support-pbis-framework
5. Interconnected Systems Framework (ISF): Teaching and Learning Stories, A Demonstration Brief - https://www.pbis.org/resource/interconnected-systems-framework-isf-teaching-and-learning-stories-a-demonstration-brief
6. School Mental Health Integration: Lessons Learned from Implementation of the Interconnected Systems Framework across Two Local Education Agencies - https://www.pbis.org/resource/school-mental-health-integration-lessons-learned-from-implementation-of-the-interconnected-systems-framework-across-two-local-education-agencies

Rural Settings

1. Is Tier 1 PBIS Feasible and Effective in Rural, High Poverty Secondary Schools? Initial Examination of a Model Demonstration - https://www.pbis.org/resource/is-tier-1-pbis-feasible-and-effective-in-rural-high-poverty-secondary-schools-initial-examination-of-a-model-demonstration
2. PBIS Implementation in Rural Schools: Voices from the Field - https://www.pbis.org/resource/pbis-implementation-in-rural-schools-voices-from-the-field
3. Building Momentum for PBIS Implementation in High Need Districts - https://www.pbis.org/resource/building-momentum-for-pbis-implementation-in-high-need-districts
4. Adapting PBIS Practices for Rural Settings: The Remote Instruction Strategy Matrix - https://www.pbis.org/resource/adapting-pbis-practices-for-rural-settings-remote-instruction-strategy-matrix
5. PBIS in Rural America: Addressing Barriers and Building on Strengths - https://www.pbis.org/resource/pbis-in-rural-america-addressing-barriers-and-building-on-strengths
6. Working Smarter, Not Harder in Rural Schools - https://www.pbis.org/resource/using-a-pbis-framework-working-smarter-not-harder-in-rural-schools
7. Remote Instruction Strategy Matrix for Collaboration with Families - https://www.pbis.org/resource/remote-instruction-strategy-matrix-for-collaboration-with-families
8. PBIS Implementation in Rural Schools - https://www.pbis.org/resource/pbis-implementation-in-rural-schools-in-the-u-s

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