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“Everybody Here is Like a Therapist:” A Qualitative Case Study of School Based Mental Health
Integration within a Multi-Tiered System of Support in one Urban Alternative High School

by
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A dissertation submitted to the faculty of Bethel University
in partial fulfillment of the requirements for the degree of
Doctor of Education

Saint Paul, MN
2022

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Abstract

The purpose of this qualitative study was to examine the integration of a School Based Mental Health Program within a Multi-Tiered System of Supports (MTSS) in an urban alternative high school. The eight participants of this study are members of the student support team at the urban alternative high school. The videoconferencing tool, Microsoft Teams, was used for the interviews. Qualitative data analyses processes developed codes and themes (Merriam & Tisdell, 2016). This process included member checking and a peer review process. Through this process sixteen codes and five themes emerged. The codes were present in at least six of the participants' data and themes were present in all eight participants' data. The five themes are Theme 1: Holistic Support First, Theme 2: Mental Health Staff's Integration, Theme 3: MTSS Team Roles, Theme 4: Diversity is an Asset, and Theme 5: School and Community Intersection. The themes each present part of how the urban alternative high school integrates mental health support into its MTSS.

I dedicate this to my best friend, Darren Ginther. I am writing this dedication on the day you left this world. I miss you so much. I am so incredibly grateful for our brotherhood. Without your guidance, mentorship and encouragement I would have never been in a place to accomplish this. I dedicate this to you, brother.

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I owe my ability to complete this goal to the following wonderful people:

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Mabel, my daughter, you are the joy of my life. Thank you for being so inquisitive and fun every day.

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Chapter 1: Introduction

Introduction to the Problem

Cava was an amazing writer and a college level reader, and she was only a few credits short of her high school diploma. Her personality was bubbly and inviting. Only slightly hidden under that joyful, brilliant surface were deep, unmet mental health needs. The long series of self-harm scars that marked her arms and legs were a window into Cava's history of mental health pain. Cava's story juxtaposes a bright, talented person who had not yet graduated high school as a 20-year-old and helps to explain the role of how unmet mental health needs interfere with students' success.

According to the U.S. Centers for Disease Control and Prevention, at least 20% of school-aged young people experience mental health problems, including anxiety, depression, and other disruptive behavioral disorders each year (Allison et al., 2014; Burns & Rapee, 2016; Paulus et al., 2016; Weir, 2020). However, only 36% of the students who face mental health problems receive treatment for the problem or disorder (Capp, 2015; Weist et al., 2018). Strikingly, 7.4% of high school students in the United States reported attempting suicide in 2017 (Lindow et al., 2020). Further, a high proportion of people—30%—are likely to experience a mental health condition during their lives and many of the first signs of these disorders appear during childhood and adolescence (Franklin et al., 2017; Swick & Powers, 2018). The COVID-19 pandemic has exacerbated youth's mental health conditions (DeArmond et al., 2021). It is reported that during the 2020-2021 school year, 50% of high school students stated depression and stress were challenges that impacted their education. Additionally, student data related to social and emotional needs was not universally collected during the pandemic, so the extent of

students' mental health problem related to the COVID-19 pandemic is still to be fully assessed (DeArmond et al., 2021).

Statement of the Problem

The overall impact of untreated youth mental health needs is substantial. Anxiety disorders are the most common mental health disorders among school-aged youth (Burns & Rapee, 2016; Capp, 2015; McHugh, 2015; Paulus et al., 2016; Stephan et al., 2014; Swan et al. 2018; Villarreal & Castro-Villarreal, 2016). When anxiety disorders are left untreated, they have life-long implications including overall decreased life satisfaction, difficulty adjusting to work life, increased likelihood of substance abuse and an increased chance of criminal behavior as an adult (Essau et al., 2014; Swan et al., 2018). Untreated mental health needs have school-level impacts as well. When internalizing disorders, such as anxiety, are left untreated, students often disengage from learning (O'Dea et al., 2019). Disengagement often manifests as increased absences and failing grades which lead to an increased risk of dropping out (O'Dea et al., 2019). When students struggle with untreated externalizing disorders, such as impulsivity or other "acting-out behavior," the classroom and school culture suffer as the school staff direct attention to reacting to behaviors instead of using best practices to identify and support the underlying mental health needs (Emmons & Belangee, 2018). School based mental health programs are a key tool that can be employed to improve children's quality of life (Eber et al., 2019). Researchers have shown that school-based mental health care supports students' success (Jayman et al., 2019; Paulus et al., 2016; Sælid & Nordahl, 2017; Splett et al., 2018). Schools are a critical institution in the mental health care model for students and serve an important role in removing barriers to receiving mental health care (Cavioni et al., 2020; Splett et al., 2018; Swick & Powers, 2018). School systems recognize that supporting students' mental health increases

positive learning outcomes and improves tangible goals such as class success data and graduation rates (Hughes, et al., 2020; Mallett, 2016). In addition to teaching and learning, developing well-rounded citizens who are prepared to contribute to society is a school's core function, and mental health support is a key element of overall healthy human development (Emmons & Belangee, 2018; O'Dea et al., 2019). Despite clear evidence that supporting mental health in students is important and needed, the data show that mental health support is not reaching students (Capp, 2015; Weist et al., 2018). Significant numbers of students choose not to access or do not have access to mental health support (Capp, 2015; Montañez et al., 2015; Weist et al., 2018). Some factors that keep mental health support from reaching students are related to infrastructure problems like no transportation, long commutes for care and long wait times for care, (Behavioral Health Division, 2020; Swick & Powers, 2018; van Vulpen et al., 2018). Even when mental health infrastructure is in place, barriers to access persist, and these often manifest in stigmas related to how communities perceive mental health care and even the health care system overall. These stigmas are exacerbated when mental health programming and access is inconsistent and unpredictable; this unpredictability of care is another barrier (Adelman & Taylor, 2020; Feiss et al., 2019). Students' limited access to mental health support comes from multiple complex factors including how communities view mental health, funding sources for mental health, and how mental health care systems are (Atkins et al., 2015; Burns & Rapee, 2016; Capp, 2015; Dowdy et al., 2015; Feiss et al., 2019; Gamble & Lambros, 2014).

These complex factors impacting student's access, combined with the serious demand for mental health services means that school personnel cannot effectively meet the mental health needs of all learners alone (Dowdy et al., 2015; Paulus et al., 2016). In order to support all learners, schools develop an array of supports (Burns & Rapee, 2016; Capp, 2015, Dowdy et al.,

2015; Handley, 2017; Moran & Bodenhorn, 2015; Splett et al., 2018; Villarreal & Castro-Villarreal, 2016). Though structures and approaches vary, a general goal of mental health support in school is to identify students in need of support and provide care to students with mental health needs at school (Burns & Rapee, 2016; Dowdy et al., 2015). These basic elements of identifying students in need and providing mental health care at school are the fundamental elements of a school based mental health program. Many schools realize establishing school based mental health programs is a necessary aspect of effectively educating modern students (Atkins et al., 2015; Eber et al., 2019; Montañez et al., 2015; Stephan et al., 2014).

School based mental health care service best practices incorporate mental health support into a Multi-Tiered System of Support (MTSS) (Cavioni et al., 2020; Reinbergs & Fefer, 2018; Splett et al., 2018; Splett et al., 2020; Weist et al., 2018). The MTSS framework was first introduced in schools when the Individuals with Disabilities Act was updated in 2004 and became more common when the Every Student Succeeds Act of 2015 called for public schools to utilize evidence-based practices for interventions (Choi et al., 2019; Reinbergs & Fefer, 2018; Slanda & Little, 2020). A MTSS is a framework designed to support the whole learner to meet academic, social, and emotional needs (Briesch et al., 2019; Capp, 2015, Dowdy et al., 2015; Reinbergs & Fefer, 2018; Splett et al., 2018). In a MTSS, the level and intensity of intervention support is divided into tiers (James et al., 2019; Utley & Obiakor, 2015). Each tier provides more intensive support to students. Tier one supports all students (Weist et al., 2018). In most MTSS frameworks, 10-15% of students receive tier two interventions and tier three interventions are the most individualized supports and target those with the greatest need (Weist et al., 2018).

The goal of a MTSS is to provide the whole learner with academic, social and emotional support (Briesch et al., 2019; Capp, 2015; Dowdy et al., 2015; Freeman et al., 2017; Franklin et

al., 2017; Reinbergs & Fefer, 2018; Splett et al., 2018). Academic needs are supported through a Response to Intervention (RTI) system and behavioral, social, and emotional needs are supported via Positive Behavior Intervention Systems (PBIS). Mental health support is an important element of whole student development and should be integrated at all MTSS tiers (Barrett et al., 2019; Splett et al., 2018; Weist et al., 2018).

What is clear now is that when mental health supports are incorporated into a MTSS, they are often a part of tier one supports where, commonly, prosocial curriculum is delivered in classrooms to all students or universal screenings are deployed; mental health supports are also again commonly utilized at the tier three level after student crises have occurred (Cavioni et al., 2020; Splett et al., 2018; Weist et al., 2018). MTSS frameworks developed with this level of mental health support integration often rely on reactive mental health interventions (Splett et al., 2018; Weist et al., 2018). When reactive, mental health interventions often focus on supporting mental health as a response to significant student behaviors, or other serious negative student outcomes (Burns & Rapee, 2016; Dowdy et al., 2015; Reinbergs & Fefer, 2018; Splett et al., 2018; Weist et al., 2018). A more robust incorporation of mental health supports provides more opportunity for proactive intervention within each MTSS tier (Splett et al., 2018; Weist et al., 2018).

Schools have developed MTSS frameworks to support positive student behavior, but positive student behavior is complex, involving multiple layers of support and unique staff with specialized skills. A MTSS needs to incorporate mental health resources and these mental health supports should be developed and incorporated into all levels of the system (Burns & Rapee, 2016; Jayman et al., 2019; Paulus et al., 2016; Splett et al., 2018; Weist et al., 2018). Effective school based mental health programs create supportive, collaborative team environments where

mental health care workers, along with school staff, use and create effective mental health tools, and then deploy those supports to the student population (Freeman et al., 2017; Hollingsworth, 2019; Weist et al., 2018). Further, the collaborative team of school based and partner based staff create levels of mental health support that are appropriate for the needed intervention, can be deployed prior to significant negative student outcomes resulting from unmet mental health care needs, and, when necessary, can be used as a crisis response to serious student behaviors or outcomes including mental health disorders (Dowdy et al., 2015; Sælid & Nordahl, 2017; Swick & Powers, 2018; Weist et al., 2018). Effective school based mental health programs are integrated into school systems, and staff from multiple student support perspectives collaborate to support students and student access to mental health (Burns & Rapee, 2016; Cavioni et al., 2020; Dowdy et al., 2015; Jayman et al., 2019; Splett et al., 2018; Weist et al., 2018).

Given the high number of young people impacted by mental health problems, which has been exacerbated by COVID-19, and the influx of millions of federal dollars to address student mental health needs, understanding the structures established school based mental health programs have been using to meet students' mental health is a necessary area of study (DeArmond et al., 2021; Horesh & Brown, 2020). A significant amount of research exists on the problem of unmet student mental health needs (Emmons & Belangee, 2018; Essau et al., 2014; Kozina, 2020; Swan et al., 2018), the serious negative impact unmet mental health needs have on students' lives (Capp, 2015; Essau, et al., 2014; Franklin et al., 2017; Lyon et al., 2014; Paulus et al., 2016; Swan et al., 2018), the best practices of school based mental health programs (Cavioni et al., 2020; Reinbergs & Fefer, 2018; Splett et al., 2018; Splett et al., 2020; Weist et al., 2018), and the best practices of the MTSS (Briesch et al., 2019; Capp, 2015, Dowdy et al., 2015; Freeman et al., 2017; Franklin et al., 2017). Nevertheless, a gap in the literature exists around

understanding how schools integrate collaborative school based mental health programs into their larger MTSS to impact student outcomes.

Purpose

Based on the identified problem, the purpose of this qualitative study was to examine the integration of a School Based Mental Health Program within a Multi-Tiered System of Supports (MTSS) in an urban alternative high school. Specifically, this study was interested in the relationship between academic and behavior intervention systems and mental health intervention systems. The incorporation of mental health supports into all other interventions is an area for further qualitative investigation.

Definition of Terms

School Based Mental Health Program

School based mental health programs range in type and model depending on how they are implemented at schools and can include classroom-based social emotional learning to fully integrated systems with mental health therapists as a part of an integrated intervention team (Caldarella et al., 2019; Capp, 2015; Franklin et al., 2017; Handley, 2017). Common elements of school based mental health programs are mental health screeners, collaboration with an external partner for mental health service at school, a leadership/intervention/support team to target care, and strong school-leader support for mental health programming (Barrett et al., 2019; Caldarella et al., 2019; Capp, 2015; Handley, 2017; McIntosh et al., 2016; Villarreal & Castro-Villarreal 2016).

Multi-Tiered System of Support (MTSS)

A Multi-Tiered System of Support is a framework designed to support the whole learner (Briesch et al., 2019; Capp, 2015; Dowdy et al., 2015; Reinbergs & Fefer, 2018; Splett et al.,

2018). In this framework, a MTSS is an overarching term that encompasses addressing students' academic needs via a Response to Intervention (RTI) system and their behavioral needs via Positive Behavior Intervention Systems (PBIS) (Sink, 2016; Scott et al., 2019; Utley & Obiakor, 2015). MTSS requires several critical components: evidenced-based practices, tiers with varied intensity of intervention, and continued monitoring of progress (Freeman et al., 2017; Sink, 2016; Utley & Obiakor, 2015). A MTSS is a well-established tool in education (Reinbergs & Fefer, 2018; Slanda & Little, 2020).

Research Question

The aim of this study was to investigate the following research question: how was the school based mental health program integrated into an urban alternative high school's MTSS model?

Significance of the Study

Student mental health is now a critical topic of conversation in education circles. In March 2021, the United States Federal Government passed the American Rescue Act allocating \$122 billion dollars to states and school districts to mitigate the impacts of COVID-19; that law directly laid out a need for schools to provide: "mental health services and supports, including through the implementation of evidence based full-service community schools and the hiring of counselors" (Office of Elementary and Secondary Education, 2021, p. 2). Prior to this never-before-seen investment in student mental health, sustainable, long-term funding allocations have been one of the more significant barriers to access for school based mental health programs (Adelman & Taylor 2020; Feiss et al., 2019; van Vulpen et al., 2018). This amount of money is an amazing investment in students; however, studying and understanding how existing school based mental health programs are working, and have been working, prior to this influx of money

is needed. COVID-19 has pushed mental health problems and funding to the forefront of American's minds; now is the time to understand what has been working in school-based mental health (Horesh & Brown, 2020).

Given the high number of young people impacted by mental health problems, which has been exacerbated by COVID-19, and the influx of millions of federal dollars to address student mental health needs, understanding the structures established school based mental health programs have been using to meet students' mental health is a necessary area of study. A significant amount of research exists on the problem of unmet student mental health needs, the negative impact of unmet mental health needs on students' lives, the best practices of school based mental health programs, and the best practices of the MTSS (Briesch et al., 2019; Capp, 2015; Cavioni et al., 2020; Dowdy et al., 2015; Emmons & Belangee, 2018; Essau, et al., 2014; Splett et al., 2018; Weist et al., 2018). Nevertheless, a gap in the literature exists around understanding how schools integrate collaborative, partner led school based mental health programs into their larger MTSS to impact student outcomes. A theoretical understanding of this collaboration is being defined in research (Splett et al., 2020; Weist et al., 2018). However, additional research of how schools can implement, and school based mental health model that is integrated into the larger MTSS is needed (Barrett et al., 2019; (Splett et al., 2018; Weist et al., 2018). A qualitative case study of a school that is utilizing the features of an integrated school based mental health program to support mental health and student outcomes within their MTSS may provide researchers with a model of collaboration between a mental health agency and a school's intervention team. The significance of this study was analyzing an example of a school's integration of mental health support within their MTSS. This study, and its findings, were needed as more schools around the country look to stand up school based mental health

programs more robustly with the increase in federal funding and COVID-19's impact on students' mental health. This study added a qualitative voice to the conversation of mental health support integration into schools' larger intervention plans.

Organization of the Remainder of the Study

Chapter 2 reviews literature relevant to this study, beginning with a description of the mental health challenges facing school-aged youth, continuing with literature about school as an ideal place for mental health support, the conceptual frameworks of MTSS and school based mental health programs, and ending with the barriers to school based mental health programs. Research procedures and methods are presented in Chapter 3. Chapter 4 presents the findings, and a discussion of the implications of the findings and suggestions for additional research is in Chapter 5.

Chapter 2: Review of Literature

The chapter begins with a brief introduction of the mental health challenges facing school-aged youth. Next, the review of literature examines the negative impact of untreated mental health disorders and school as an ideal environment to support mental health. The conceptual frameworks of the MTSS and school based mental health programs are introduced along with the impact of school based mental health programs and the barriers to school based mental health programs. The chapter concludes with a summary of the implications for this study and how detailed cases or examples of how schools integrate school based mental health programs within their larger MTSS is an area of need within the research.

The Mental Health Challenges Facing School-Aged Youth

The high rates of school-going youth who experience mental health disorders demands attention; multiple researchers support that between a fifth and a quarter of young people are diagnosed with a mental health disorder each year (Burns & Rapee, 2016; Capp, 2015; McHugh, 2015; Paulus et al., 2016; Stephan et al., 2014; Villarreal & Castro-Villarreal, 2016). Students are most often diagnosed with depression and anxiety; suicidality and behavior problems are also common in schools (Burns & Rapee, 2016; Capp, 2015; McHugh, 2015; Paulus et al., 2016; Stephan et al., 2014; Swan et al., 2018, Villarreal & Castro-Villarreal, 2016). Significant numbers of young people do not have adequate access to mental health care (Capp, 2015; Paulus et al., 2016; Stephan et al., 2014). Access to, and the use of, mental health resources is even more limited for students of color and students from low socio-economic backgrounds (Atkins et al., 2015; Franklin et al., 2017; Montañez et al., 2015).

The number of youth who experience mental health disorders is a pressing concern facing young people and the education system (Handley, 2017; Stephan et al., 2014). Access to school

based mental health program resources are not evenly distributed amongst school systems (Atkins et al., 2015; Franklin et al., 2017). The structures of school intervention systems often prioritize mental health support for students in reactive ways, giving services to students during and after crises (Franklin et al., 2017). Further, learning is impacted, or all together interrupted, when mental health suffers; the inter-relationship between positive school outcomes and positive mental health is clear (Capp, 2015; Franklin et al., 2017; Lyon et al., 2014; Paulus et al., 2016).

Negative Impact of Untreated Mental Health Disorders

The negative impacts students face when mental health needs are not addressed ranges from increased school failures and isolation to longer term life impacts including an increased risk for drug dependency and incarceration (Essau et al., 2014; Swan et al., 2018). Anxiety disorders are the most common mental health disorders amongst school-aged youth (Burns & Rapee, 2016; Capp, 2015; McHugh, 2015; Paulus et al., 2016; Stephan et al., 2014; Swan et al., 2018; Villarreal & Castro-Villarreal, 2016), and when anxiety disorders are left untreated they have life-long implications including overall decreased life satisfaction, difficulty adjusting to work life, increased likelihood of substance abuse and an increased chance of criminal behavior as an adult (Emmons & Belangee, 2018; Essau et al., 2014; Kozina, 2020; Swan et al., 2018). In specific terms, adolescent anxiety is correlated with longer term negative outcomes as adults which includes impacts on job/career development and life-long income earning potential (Essau, et al., 2014). When mental health symptoms arise in adolescence, they are associated with higher negative “life course outcomes” including lower adult incomes (Kent & Bradshaw, 2021).

In the short term, when student mental health problems manifest, students' learning is often interrupted due to engagement issues (Capp, 2015; Franklin et al., 2017; Lyon et al., 2014;

Paulus et al., 2016). Absences, decreased school participation, and disconnection with school activities are examples of this interruption in engagement (Capp, 2015; Franklin et al., 2017; Lyon et al., 2014; Paulus et al., 2016). When this interruption is not met with mental health support and intervention longer term impacts occur (Capp, 2015; Franklin et al., 2017; Kozina, 2020; Paulus et al., 2016). Overall, students with untreated internalizing disorders, like depression and anxiety, report having a lower life satisfaction than their peers (Essau et al., 2014; Swan et al., 2018).

Untreated and unmet mental health needs are feeding the school-to-prison pipeline (Kozina, 2020; Mallett, 2015). Students in juvenile detention centers have unmet mental health needs at a higher rate than their peers; further, researchers have shown that there are correlations between mental health needs, discipline referrals, suspensions, and incarceration later in life (Kozina, 2020; McCarter, 2017). Amongst factors like race, violence, trauma, and dysfunctional family life, mental health needs predict the school-to-prison pipeline (Mallett, 2015). These unmet needs at school can develop into unhealthy means of dealing with society and adult-life tasks, and these learned coping strategies can lead to students becoming justice-involved and eventually incarcerated (Emmons & Belangee, 2018).

Understanding and treating students' mental health needs matters because of the impact of mental health conditions on learning and achievement (Dowdy et al., 2015; McHugh, 2015; Montañez et al., 2015; Moran & Bodenhorn, 2015). Students dealing with mental health needs are less likely to be successful in completing classes and degrees (McHugh, 2015; Montañez et al., 2015). Students in need of mental health support develop coping skills to mask their unmet needs which can lead to crisis situations where extreme interventions like hospitalization or a

change in school setting are required; these interventions lead to delayed school success (Alisson et al., 2015; Montañez et al., 2015).

School as an Ideal Environment to Support Mental Health

School is a cornerstone of our communities; schools are charged with meeting students' academic, social and emotional needs (Montañez et al., 2015; Moran & Bodenhorn, 2015; Sælid & Nordahl, 2017). Educators design schools and classrooms to be welcoming and caring for young people (Behavioral Health Division, 2020; Emmons & Belangee, 2018). Teaching, learning, and the development of well-rounded citizens who are prepared to contribute to society are all a part of school's core function, and mental health support is key to meeting each of these core elements (Emmons & Belangee, 2018; O'Dea et al., 2019). Further, students spend a significant amount of their time at school (Stephan et al., 2014). This caring environment along with the "captive audience" of students in school create the infrastructure for school as an ideal environment for mental health support (Behavioral Health Division, 2020; Emmons & Belangee 2018; Stephan et al., 2014).

Additionally, the onset of mental health disorders typically occurs during the teen years (O'Dea et al., 2019). Early mental health interventions are critical to student well-being, positive student outcomes and preventing negative, long-term outcomes associated with unmet mental health needs (Emmons & Belangee, 2018; Franklin et al., 2017; Kozina, 2020; Mallett, 2015). Finally, because school is a critical institution in students' lives, they are much more likely to participate in and complete a course of treatment at school compared to one in the community (Behavioral Health Division, 2020; Hughes et al., 2020). School is a critical place for youth to receive mental health care (Behavioral Health Division, 2020; Emmons & Belangee 2018); Stephan et al., 2014). Students cannot learn to their highest capacity without mental health

support; supporting positive mental health is a core function of the school system. (Behavioral Health Division, 2020; Emmons & Belangee, 2018; Hughes et al., 2020; O'Dea et al., 2019).

Schools are well-situated to have a positive impact on student mental health, and even when schools do not have actual school based mental health programs, they can still provide mental health support to students in other capacities (Atkins et al., 2015; Lyon et al., 2014; Montañez et al., 2015; Stephan et al., 2014; Villarreal & Castro-Villarreal, 2016). When a school based mental health programs is not established at a school, social workers, school counselors, and teachers are often doing all they can to meet students' mental health needs (Moran & Bodenhorn, 2015; Capp, 2015, Dowdy et al., 2015; Handley, 2017; Villarreal & Castro-Villarreal, 2016).

Conceptual Framework of a Multi-Tiered System of Support (MTSS)

Background

A MTSS is a framework designed to support the whole learner (Briesch et al., 2019; Capp, 2015; Dowdy et al., 2015; Freeman et al., 2017; Franklin et al., 2017; Reinbergs & Fefer, 2018; Splett et al., 2018). In this framework, a MTSS is an overarching term that encompasses addressing students' academic needs via a Response to Intervention (RTI) system and their behavioral needs via Positive Behavior Intervention Systems (PBIS) (Sink, 2016; Scott et al., 2019; Utley & Obiakor, 2015). A MTSS requires several critical components: evidenced-based practices, tiers with varied intensity of intervention, and continued monitoring of progress (Freeman et al., 2017; Sink, 2016; Utley & Obiakor, 2015). Multi-Tiered Systems of Support were first used in schools when the Individuals with Disabilities Act was updated in 2004 (Reinbergs & Fefer, 2018; Slanda & Little, 2020). They were initially developed to meet Special Education students' needs; specifically, for supporting positive academic and behavioral choices

through each tier of support (Gamble & Lambros, 2014; Handley, 2017; Lyon et al., 2014). With the passage of the Every Student Succeeds Act, implementing a MTSS became a legal requirement for public schools (Choi et al., 2019; Reinbergs & Fefer, 2018; Slanda & Little, 2020). In the United States, more than 25,000 schools report having some type of MTSS (Scott et al., 2019; Splett et al., 2020).

Tiers of Intervention

In a MTSS, the level and intensity of support is determined by each school. Generally, tier one supports are designed to meet 100% of the student population. These are usually done within the classroom setting (Sink, 2016; Eiraldi et al., 2019; Splett et al., 2018). Because tier one targets all students in the classroom, it is often an intervention designed with with specialized curriculum in classrooms (James et al., 2019; Utley & Obiakor, 2015).

When target outcomes are not achieved, based on data, students are selected for an increase of intervention service with tier two supports (Sink et al., 2016; Weist et al., 2018). The data utilized to support the increase in intervention is connected to academic or behavior benchmarks. The type of data is dependent on the goal or desired outcome. When the system is working 10-15% of students receive tier two interventions; however, this number is very dependent on the student population's level of needs (James et al., 2019). Tier two interventions vary in terms of scope, based on their academic, social or behavior goals, but the intervention is outside the classroom (James et al., 2019; McIntosh et al., 2017). For example, this could be targeted academic support in reading in math, or it could be a check and connect meeting with a behavior specialist. Students are selected by data driven choices for targeted academic support, social skills groups, or behavior plans with tier two supports (James et al., 2019; McIntosh et al., 2017).

Tier three interventions are the most individualized supports (Weist et al., 2018). Tier three are also more intensive in terms of scope, timeframe and are delivered by specialized staff such as therapists, social workers, school-support personnel or school psychologists (McIntosh et al., 2017; Sink, 2016). When the system is working, 1-5% of students receive tier three interventions; however, this number is very dependent on the student population's level of needs (James et al., 2019). As with other levels, these interventions are evidence based, but most importantly are built on past interventions in terms of severity, duration, and type (Eiraldi et al., 2019). Examples of tier three interventions include functional behavior assessments plans and wrap-around services (James et al., 2019). When tier three interventions are often wraparound in nature and engage school-support personal from multiple areas including behavior, academics, and emotional supports (James et al., 2019). Tier three interventions are often ongoing, requiring daily support checks and require relationship focused personnel for implementation (James et al., 2019). Overall, the goal of all three tiers of intervention is to provide all students a level of social, emotional, and academic they need to find school success (Freeman et al., 2017).

Schoolwide Positive Behavior Interventions and Response to Intervention

Schoolwide Positive Behavior Interventions (SWPBIS), Response to Intervention (RTI) are components of an effective MTSS. The overall goal of each of these components is to identify students who are at risk of problems related to school and school success (Cavioni, et al., 2020; Scott et al., 2019; Splett et al., 2020). They each have similar structures, and they are often supported by common teams of school personnel. However, each works to support different aspects of student support (social, emotional, behavior) of the whole learner (Scott et al., 2019; Utley & Obiakor, 2015). Figure 1 best exhibits each intervention structure under the greater “umbrella” structure of a MTSS.

Figure 1

Umbrella Structure of MTSS



Note. From “MTSS vs. PBIS vs. RTI – What’s the Difference?,” by L. Ehlers, 2018, *Illuminate Blog* (<https://www.illuminateed.com/blog/2018/11/mtss-vs-rti-vs-pbis-whats-the-difference/>)

Response to Intervention is the academic tiers of intervention of a MTSS; with these interventions, schools are most interested in identifying students who are not performing academically (Sink, 2016; Scott et al., 2019; Utley & Obiakor, 2015). PBIS is defined as the social, emotional tiers of intervention of a Multi-Tiered Systems of Support; the overall goal of PBIS systems is to encourage students' positive behavior, increase prosocial behavior, and decrease problem behaviors (Sink, 2016; Robert, 2020).

However, researchers have shown that PBIS is often focused on addressing externalized behavior problems. These are necessary and important interventions that support students' success, and are often connected to students' mental health needs, but this focus can limit the overall MTSS's success of targeting students at-risk of school related problems (Splett et al., 2020; Weist et al., 2018). Tier two and three PBIS interventions are reactive to these “problem” behaviors. From this reactive model, many MTSS design frameworks are not well equipped to address more subtle behavioral supports often exhibited when students are in need of proactive mental health interventions (Splett et al., 2020; Weist et al., 2018).

Evaluating a Multi-Tiered System of Support (MTSS)

Ongoing evaluation for effectiveness is a needed component of a MTSS in schools; however, researchers have mixed conclusions on the long-term impact of social and behavioral interventions on academic outcomes (Briesch et al., 2019; Hollingsworth, 2019; James et al., 2019; Scott et al., 2019). These mixed results should not deter ongoing implementation or evaluation of a MTSS because researchers are clear that they do have positive impacts on social and behavioral outcomes which have a positive impact students' well-being (Barrett et al., 2019; Briesch et al., 2019; Hollingsworth, 2019; James et al., 2019). Researchers claim that for the change in students' outcomes to be realized, schools need to implement evaluative tools within their own MTSS framework (Hollingsworth, 2019; James et al., 2019; McIntosh et al., 2017). A commonly recognized tool to measure the implementation of schools' MTSS is a tool called the tiered fidelity inventory (James et al., 2019; McIntosh et al., 2017). The limited study of the tiered fidelity inventory points to a need that intervention does support students, but supporting behavior outcomes may not have an impact on academic outcomes (James et al., 2019). A key point of evaluation is research is students' outcomes are impacted, but these impacts are often slow, and as stated above, the long-term impact of social and emotional intervention on academic achievement is not completely understood (Hollingsworth, 2019; James et al., 2019; Splett et al., 2020).

Staff feedback is another important evaluation tool researchers point to for understanding the impact of a MTSS within a school (Hollingsworth, 2019; McIntosh et al., 2017; Splett et al., 2020). The tiered fidelity inventory is the longest-lasting evaluation tool that relies on staff survey feedback to measure implementation of, generally, PBIS tiers of interventions (Hollingsworth, 2019; McIntosh et al., 2017). This tool is a confidential tool MTSS system

members complete for evaluation, and though it is not directly measuring students' outcomes, this is a formative evaluation where higher fidelity scores correlate with higher positive students' outcomes (McIntosh et al., 2017).

The Integrated Systems-II is a newer implementation tool that uses staff feedback for evaluation and advancement of MTSS; this tool is more focused on the social, as opposed to behavioral, side of MTSS. Researchers are still developing and studying this tool's usability (Splett et al., 2020). Though several methods exist, researchers agree, that the team charged with leading a school's MTSS needs to utilize evaluation at regular intervals for program viability (Briesch et al., 2019; Hollingsworth, 2019; James et al., 2019; McIntosh et al., 2017; Scott et al., 2019; Splett et al., 2020).

Conceptual Framework of School Based Mental Health Programs

Effective school based mental health programs are responsive to the school community needs and culture (Gamble & Lambros, 2014; Hughes et al., 2020). School based mental health programs have a range of services based on their implementation level; they can range from school-wide lessons on positive thinking to universal screening systems to fully integrated community systems (Atkins et al., 2015; Capp, 2015; Dowdy et al., 2015; Handley, 2017; Montañez et al., 2015; Stephan et al., 2014; Villarreal & Castro-Villarreal, 2016). Common elements among school based mental health programs are: collaboration with a community agency to provide mental health care, levels of support, universal screening, leadership or student support teaming, and school building leadership buy-in support (Atkins et al., 2015; Capp, 2015; Dowdy et al., 2015; Montañez et al., 2015; Stephan et al., 2014; Villarreal & Castro-Villarreal, 2016). Positive students' outcomes that are directly connected to school based mental health programs interventions include improved students' self-esteem, self-efficacy, and a reduction in

problematic behaviors (van Vulpen et al., 2018). Student outcomes, like reduced anxiety and stress, that could have an impact on school attendance are also positively impacted by integrated school based mental health programs (Weist et al., 2018). In addition, students who receive mental health services have since increased in positive school outcomes including their grades (van Vulpen et al., 2018). The research indicates several positive outcomes for students when school based mental health programs are utilized (Dowdy et al., 2015; Reinbergs & Fefer, 2018; Splett et al., 2018; van Vulpen et al., 2018; Weist et al., 2018).

The Whole School Approach

The Whole School Approach attempts to acknowledge that multiple aspects of the school community play a role in mental health (Cavioni et al., 2020). The Whole School Approach provides a tier one mental health or social emotional learning support for all students; this is often a universal intervention or screening that is preventative in nature (Caldarella et al., 2019; Capp, 2015; Franklin et al., 2017; Handley, 2017). Tier one interventions that give all students exposure to positive mental health strategies and a common language to discuss mental health helps prevent unhealthy coping strategies that can make identifying students in need of intervention more challenging (Allison et al., 2014; Caldarella et al., 2019). The whole school approach can reduce stigma, increase support from stakeholders, and identify students with needs before crises occur (Allison et al., 2014; Caldarella et al., 2019; Gamble & Lambros, 2014; Splett et al., 2018). These positive elements of the whole school approach are useful for many students, but when not paired with more intensive services, the program will have limited impact (Feiss et al., 2019; Katz et al., 2020).

The most notable merit of the whole school approach is the use of a universal screener as a preventative or diagnostic tool (Lendrum et al., 2013). This is especially true when a universal

screeners are implemented with all learners and then paired with intensive, personalized support (Hughes et al., 2020; Katz et al., 2020; Lendrum et al., 2013). Utilizing a universal screener may allow schools to shift from reacting to negative behaviors associated with mental health problems and identify internalizing problems that do not always stand out to educators or school personnel (Barrett et al., 2019; Splett et al., 2020). Additionally, the universal screener, and its results, can serve as a conversation starter for students and families about mental health support; starting this process can help students and families feel less stigma when and if they decide to pursue further mental health care (Dowdy et al., 2015; Lendrum et al., 2013). The preventative nature of the universal screener's benefit cannot be over emphasized (Hughes et al., 2020; Splett et al., 2020). Likewise, the universal screener is not effective in supporting students' mental health if it is not paired with additional mental health supports (Barrett et al., 2019; Eiraldi et al., 2019; Splett et al., 2020).

Collaborative Partnerships

A collaborative school based mental health program allows for integration of school personnel's mental health supports with a partnering mental health agency or similar collaborative partner (Alisson et al., 2015; Capp, 2015; Handley, 2017; Moran & Bodenhorn, 2015; Stephan et al., 2014). The percentage of youth experiencing mental health needs creates a need for schools to find unique solutions to the mental health needs of young people (Burns & Rapee, 2016; Capp, 2015; McHugh, 2015; Paulus et al., 2016; Stephan et al., 2014; Villarreal & Castro-Villarreal, 2016). School personnel alone are not equipped to provide for the mental health needs of all students; researchers have proven that partnership and collaboration are effective models for school based mental health programs (Burns & Rapee, 2016; Capp, 2015,

Dowdy et al., 2015; Handley, 2017; Moran & Bodenhorn, 2015; Villarreal & Castro-Villarreal, 2016).

Schools partner with community mental health agencies to provide mental health care and the interventions involving mental health care that school personnel alone cannot fulfill (Dowdy et al., 2015; Moran & Bodenhorn, 2015; Villarreal & Castro-Villarreal, 2016). Further benefits of a collaborative partnership include increased students' access and earlier identification of mental health problems (Villarreal & Castro-Villarreal, 2016). In order for the collaborative partnership to work, schools and mental health partners need to establish clear contracts or memorandums of agreement that clearly lay out each entity's role and expectation; this should go beyond the financial implications and should include meeting expectations, and data sharing information (Barrett et al., 2019; Villarreal & Castro-Villarreal 2016). The effectiveness of the partnership depends on the school student support team's approach to mental health and the integration of mental health supports alongside other academic, social and behavioral interventions at the school (Moran & Bodenhorn, 2015; Villarreal & Castro-Villarreal, 2016).

Leadership Teams

Within a school based mental health programs, the leadership team is a multidisciplinary group of educators, school personnel, and mental health providers who plan, implement and evaluate the students' interventions. The Leadership Team is a critical component of the PBIS framework (Scott et al., 2019; Utley & Obiakor, 2015). The members of this interdisciplinary leadership team should involve all levels and areas of expertise in the school around school support and intervention; this should include, but not be limited to mental health, school

counseling, behavior support personnel, special education, and principals (Choi et al., 2019; Weist et al., 2018).

The actions and norms of the team will be dependent on school-based details; however, for effective implementation all leadership teams need to establish consistent, regular meeting times (Choi et al., 2019; Eber et al., 2019; Freeman et al., 2017). Further actions that the team must consider are the data sources they will use to identify students in need of intervention - this can include universal screener data, office referral data, and attendance data among other sources (Barrett et al., 2019; Freeman et al., 2017; Weist et al., 2018). Implementation and progress monitoring of interventions is a critical component of the leadership team's role in impacting students' success and well-being (Barrett et al., 2019; Freeman et al., 2017; Weist et al., 2018). The leadership team process could work like this: the team identifies problematic students' behaviors/outcomes, they discuss tier one interventions completed with that student, develop a tier two intervention plan that may include academic, behavioral, and/or mental health support. Engaging the student's family and or community is a critical step at this level of intervention. After implementing the interventions, review progress and assess if alterations or escalation to tier three interventions are needed (Weist et al., 2018). In the end, an effective leadership team has a common understanding and openness to dedicate time to creatively find new and more practices to support students (Hollingsworth, 2019; Weist et al., 2018)).

School Leadership's Role in Implementation of School Based Mental Health Programs

School based mental health programs are not feasible without the financial and philosophical backing of school leaders, principals and other key leaders' support (Choi et al., 2019; McIntosh et al., 2016; Robert, 2020). Further, students spend most of their academic life with a teacher, so teacher support for mental health during school is an important part of a school

based mental health programs (Atkins et al., 2015; Handley, 2017), and teacher's perception of school practices and priorities is highly influenced by the school principal (Handley, 2017; McIntosh et al., 2016). Training teachers with tier one strategies to support students' mental health is a key leadership decision that will empower teacher buy-in while developing useful interventions for students in need (Capp, 2015; Handley, 2017; McIntosh et al., 2016). This leadership support and school-wide "buy in" can provide for more impactful mental health care for students (Alisson et al., 2015; Capp, 2015; Handley, 2017; Moran & Bodenhorn, 2015; Stephan et al., 2014). Principals are the agents of change and drivers of school vision; these elements, along with financial investments, make their role critical in the implementation of school based mental health programs (Choi et al., 2019; McIntosh et al., 2016; Robert, 2020).

School Based Mental Health Program's Impacts

MTSS requires tier one to impact all students, and when schools support positive mental health for their entire population, the overall mental health well-being increases for all students: positive mental health strategies are good for all (Gamble & Lambros, 2014; Handley, 2017; Lyon et al., 2014). Students dealing with mental health needs are less likely to be successful in completing classes and degrees (McHugh, 2015; Montañez et al., 2015). With that said, school based mental health programs aim to have targeted impacts on students who are affected by mental health problems, and when developed with collaboration, results show mental health care does have a positive impact on school outcomes; these results are limited and affected by race and gender (Atkins et al., 2015; Franklin et al., 2017; Montañez et al., 2015; Paulus et al., 2016; Sælid & Nordahl, 2017). Researchers have shown that school based mental health programs can improve behavior, attendance, and learning outcomes (Atkins et al., 2015; Franklin et al., 2017; Handley, 2017). The direct impact of mental health support and interventions should be

evaluated with multiple measures such as increased engagement and attendance, or reduced negative behaviors; mental health interventions have a direct impact on these elements which often lead to increased academic success (Adelman, & Taylor. 2020; Feiss et al., 2019).

Many school based mental health programs are focused on fixing students' behavior problems that are a result of mental health needs, rather than prevention and early detection of mental health needs (Burns & Rapee, 2016; Dowdy et al., 2015). Understanding the theoretical framework of school based mental health collaboration with school staff and a multi-tiered intervention plan is needed to see how school based mental health programs are integrated into schools to have significant positive impact on students' lives and academic outcomes (Barrett et al., 2019; Splett et al., 2018; Weist et al., 2018).

Barriers to School Based Mental Health Programs

Access to mental health care and support provides a significant reduction in the barrier to care for many students (Behavioral Health Division, 2020; Swick & Powers, 2018; van Vulpen et al., 2018). When mental health care is outside of the student's school day and school building barriers like transportation, parent's ability to take off work, wait times for care, and long distances between care facilities and where students live are common (Behavioral Health Division, 2020; Swick & Powers, 2018; van Vulpen et al., 2018).

Multiple tiers of mental health care in school provides a solution to many of these structural problems; however, the barriers to care that remain often stem from how communities perceive mental health services (Atkins et al., 2015; Burns & Rapee, 2016; Capp, 2015; Dowdy et al., 2015; Gamble & Lambros, 2014). Some communities have negative perceptions of the health care system overall, and a distrust or stigma towards mental health care (Emmons & Belangee, 2018; Lindow et al., 2020; Tsang et al., 2020). Finding access points to mental health

support that are preventative (tier one supports) is a method schools use to garner positive support and reduce stigma about mental health support from reluctant community members (Burns & Rapee, 2016; Gamble & Lambros, 2014; Lindow et al., 2020).

Beyond community reluctance, a barrier to mental health care is poorly designed or inconsistently implemented programming that does not address students' needs (Eber et al., 2019; Hollingsworth, 2019). Historically, consistent funding has been a barrier that impacts the consistency of mental health programming in schools (Adelman & Taylor, 2020; Feiss et al., 2019). When programs are not fully funded the tiers of support do not work in unison and the tiered system begins to break down (Feiss et al., 2019). Additionally, when mental health programming is not fully funded insurance for care often becomes a requirement, rather than a “free clinic” model where insurance is welcome, but no one is turned away, and this begins to target care at more privileged school populations instead of areas of highest need (van Vulpen et al., 2018). Several factors limit care, but the elements of effective school based mental health programs can work around these barriers.

How schools connect and integrate school based mental health programs with their larger MTSS is an area where research is needed. The link between mental health and learning is clear, but how intervention systems are built to be most impactful on students' lives and learning outcomes is a question worthy of more research.

Chapter 3: Methodology

Approach and Methodology

This study utilized a constructivist approach. Based on the constructivist perspective, individuals develop meaning from experiences, and each person develops meaning from experiences in their own way (Creswell, 2014). When utilizing this approach, the researcher is attempting to understand how people make meaning from their experiences in society (Creswell, 2014). This is an appropriate research decision because the interview data in this study drew its conclusions from mental health workers and educators who constructed their opinions on supporting student's mental health while serving students in an urban alternative high school.

A single site for a case study design is an appropriate approach for a study when the research question is connected to established theory and when the population to be studied can support or build off those established theoretical frameworks (Ishak & Abu Bakar, 2014). This study examined how a school based mental health program was integrated into a school's MTSS. Both school based mental health programs and MTSS are well-established theoretical frameworks in the research (Capp, 2015; Dowdy et al., 2015; Freeman et al., 2017; Reinbergs & Fefer, 2018; Sink, 2016; Splett et al., 2018; Utley & Obiakor, 2015). Therefore, a single site for this case study was appropriate (Ishak & Abu Bakar, 2014).

Research Method and Design

Decisions about methodological designs needed to be viewed through the researcher's lens for bias and understanding. The decision to utilize a case study design was based on the realization that case study methods allowed for the best opportunity to understand the insights this research project provided around school based mental health programs' integration within MTSS (Creswell, 2014). This qualitative case study design provided a clearer view of how an

individual school's intervention systems integrate mental health support into their tiers of intervention. Researchers have shown that a qualitative case study can provide insights into how intervention systems work in schools (Gamble & Lambros, 2014). The approach to the study was to engage with a research method that provided access to mental health workers and educators who were actively working with students in need of support; these student support workers were best suited to provide the key insights needed to understand systems and best practices that serve students' needs. The insights from examining this model could be used to better serve more students in need at schools in the future.

This research approach was appropriate for this case study because the goal was learning about how one school integrates mental health support into their MTSS. This case study was informed by an empirical inquiry and exploration of the mental health and intervention systems at an urban alternative high school. A key characteristic of a case study design is the examination of multiple data sources to provide several viewpoints on the research question (Creswell, 2014). The data sources of this study were semi-structured interviews with members of the school's MTSS team. This school's team consists of licensed mental health staff, academic staff, and other behavior support staff. Open-ended interview questions based around the frameworks and theories of MTSS and school based mental health programs best practices were used (Freeman et al., 2017; Sink, 2016; Utley & Obiakor, 2015).

Research Question

The aim of this study was to investigate the following research question: how was the school based mental health program integrated into an urban alternative high school's MTSS model?

Site

The sample of this study was a convenience sample with an urban alternative high school and their partnering mental health providing organization who agree to the study's parameters and will provide the researcher access to the required content to study.

The urban alternative high school and their partnering mental health organization will be the site for this case study. Studying this school and partner mental health providing organization, provided an understanding of how the urban alternative high school creates and sustains mental health services to students. The urban alternative high school has been integrating mental health into its MTSS for more than twenty years, and they support a population of learners who are at high-risk of dropping out of school (urban alternative high school Executive Director, personal communication, July 30, 2021). These factors made understanding how the urban alternative high school sustains this system and develops positive students' outcomes a rich sample to study. This sample supported conclusions about one example of how to successfully create and sustain school based mental health programs with an MTSS that serves students' needs.

The partnering mental health organization is based out of a large midwestern city and is a collaborative partner with 28 schools in this area. The partnering mental health organization's services include targeted case management, conflict mediation, youth development and skill building, one-to-one mentoring, parenting education and support, diagnostic assessment, treatment planning, individual, group and family therapy, teacher and parent consultation, and training and development.

The urban alternative high school in the same midwestern city. It is a state approved urban alternative high school that is a contract alternative site with a large school district in the

same city. The urban alternative high school has been operating as a state approved urban alternative high school since 1999 and has existed in different iterations since 1978. The urban alternative high school serves roughly 150 learners each year, and students of color comprise 87% of the school's student population. During the 2020-2021 school year, 96% of their students received free or reduced priced meals, compared to 20% students statewide; students who receive free and reduced priced meals correlate with students who are experiencing poverty.

The urban alternative high school has two main programs of students broken into two parts, a group of 16-20-year-old students working to earn a traditional high school diploma, and a group of 18-24-year-old students who are working to earn an adult diploma and an industry-recognized certification in a career field. This highly diverse population of students functions with a level of support that includes full-time therapists, mental health interns and externs, social workers, multiple mentors, counselors, and case managers (urban alternative high school Executive Director, personal communication, July 30, 2021).

Sample

The urban alternative high school has a well-defined MTSS with integrated mental health interventions and support. The MTSS team at the urban alternative high school was called the “student support team” (urban alternative high school Executive Director, personal communication, July 30, 2021). All student support team members were potential interview participants.

The support team consisted of licensed therapists, other mental health therapists, mental health interns, mental health externs, social workers, mentors, counselors, academic support staff, and case managers. At the urban alternative high school, there were 15 members of the MTSS team. All 15 were invited to participate in the study. Of the 15 members, eight members

participated in the study. All participants are current members of the student support team and provide direct services to students. The student support team meets each week for approximately an hour. This study's participants all work at the urban alternative high school.

Instrumentation and Measures

This case study design used semi-structured interviews to explore mental health support's integration within an urban alternative high school's MTSS. Interviews with the urban alternative high school's MTSS team provided data to better understand how mental health supports were integrated into a school's tiers of intervention.

Semi-Structured Interviews

The case study utilized semi-structured interviews with MTSS team members, including mental health workers from the partnering mental health providing organization, deployed to the urban alternative high school. Semi-structured interviews were utilized in order to give the researcher an opportunity to ask follow up or further, probing questions when the participant's responses were not complete (Patten, 2017). An interview protocol was developed (Patten, 2017), and interviews were conducted one-on-one via Microsoft Teams video conference call. The times of the interviews were done to best fit into participants' schedules and that of the school/partner mental health providing organization. The length of the interview ranged from about a half an hour to about 45 minutes including introductions, consent form questions/clarifications, and the interview questions themselves. The exact times of the interviews are listed on Table 2.

Each interview was audio-recorded. Participants provided consent before interviews were conducted. The interview protocol started with questions to help participants feel comfortable with the protocol and their confidentiality. To continue relationship and credibility building the

next set of questions were about the participants work experience (Patten, 2017). The remainder of the interview protocol was broken into questions around three main themes: the student support team, the school's philosophy, and mental health support model's transferability. During the section of the interview around each theme, follow-up questions were used to help dive further into each response. The interview protocol provides an opportunity for the participant to share anything else. Before ending the interview, the researcher thanked participants for their time, and the researcher gave a reminder about confidentiality. The interview protocol is documented in Appendix A.

Field Tests

The interview protocol was field tested with four non-participants. The field tests were conducted with both mental health providers who have experience as mental health providers in schools and with educators with experience supporting students. The outcomes of the field tests were developing concise, open-ended interview questions and more clearly defining the themes for each section of the interview protocol. Revisions of the interview protocol helped the final version of the interview protocol that allows for deeper participant reflection and opportunity to share their thinking.

Data Gathering Procedures

Semi-Structured Interviews

The semi-structured interviews aimed to determine models and understand actual student support practices at the urban alternative high school. Interviews were conducted via the Microsoft Teams platform. The times of the interviews were done to best fit into participants' schedules and that of the school/partner mental health providing organization. Access to these mental health personnel for interviews was attained through written permission from the

executive director of the urban alternative high school and partnering organization and the individual consent of the interview participant.

Each interview was audio-recorded using the embedded recording feature within Microsoft Teams. Participants were told when the researcher was about to start recording; further, Microsoft Teams prompts meeting participants visually with a written prompt on the screen that a recording has started. Participants were also told they can stop the recording whenever and for any reason.

The researcher asked questions related to the integration of mental health into the MTSS and the model of school based mental health program between the urban alternative high schools and the partner mental health providing organization. The questions were open ended in nature. The researcher took detailed notes throughout the course of each interview. The interviews followed the interview protocol. Each interview started with questions to help participants feel comfortable with the protocol and their confidentiality (Patten, 2017). The remainder of the interview protocol was broken into questions around three main themes: the student support team, the school's philosophy, and model transferability.

Following each interview, the researcher had the audio recordings transcribed verbatim using NVivo software. The researcher reviewed the transcriptions and corrected any errors. The transcripts were shared with participants for their review. After participants were given time to review, provide feedback and or edit the content, prior to coding or analysis. To protect confidentiality, each participant was assigned a pseudonym, and the researcher removed any other information that may identify a participant. To be kept safe and confidential, the recordings are stored on a password protected cloud server that can only be accessed by the researcher. The interview data will be destroyed at the conclusion of the study.

Analysis of Data

Semi-Structured Interviews

The reliability and validity of qualitative research can be synthesized to the overall trustworthiness of the data (Golafshani, 2003). The coding and analysis was completed with the support of NVivo software. This coding and analysis started the data analysis process to designate themes and place meaning to responses as a means of creating a larger understanding of the research question. The transcriptions produced from the interviews were read, reviewed and coded to identify themes (Handley, 2017; Patten, 2017). After reviewing the transcribed interviews, the researcher utilized an open coding process. Codes were then categorized using axial coding. The researcher gave interview participants an opportunity to review the data analysis as a means of increasing trustworthiness. No participants provided feedback. A peer debriefing of data collected from these interviews was conducted to increase validity. The conclusions from this process was used to understand the effective deployment and sustainability of school based mental health programs. In the end, participants were given the results of this study.

Limitations and Delimitations

This study was designed to learn about one school's approach to integrating school based mental health into a MTSS. The study's sample was from one small, urban alternative high school; therefore, the conclusions from this study might be different if a larger sample was chosen, or if the sample was a different school type. Further, this study examines a state approved urban alternative high school, not a public, private, charter, a school targeting students with specialized service's needs, or a school focusing on online/digital learning. Other school types, or a comparative approach, could be an opportunity for a future study. The timeline for the

data collection was one semester; given a longer period of time, and or different school settings the results of this study could be different. For example, the urban alternative school serves a small population of students, studying a school with a larger study body over the course of an year could produce different results.

Further limitations within qualitative research exist: these include personal bias of the researcher and the drawing conclusions through interviews (Creswell, 2014). The conclusions of this study were based on data collected and interpreted through the researcher, transcriptions of interviews, and understanding the researcher's bias and history with school based mental health programs was an important consideration.

The sampling of this study was a convenience sample with a school and partnering mental health organization who agreed to the parameters of this study while providing the researcher access to the needed content to study. This factor indicated a potential bias and lack of generalizability.

Ethical Considerations

The ethical considerations of a qualitative case study design must focus on the participant's confidentiality and the protection of the data they provide (Creswell, 2014). This researcher has completed training through the Collaborative Institutional Training Initiative (CITI) program; and will follow those training guidelines during the course of the study. Relevant CITI training has been completed on: methodology, ethical principles, privacy, confidentiality, informed consent, assessing risk in research, and defining research with human subjects. Prior to any aspect of this study taking place with potential participants, The institutional research board (IRB) from this university reviewed this research proposal for ethical considerations. The IRB determined the research protocols of this study met the ethical criteria

for research on human subjects. To apply these ethical considerations, it was necessary that participants knew their participation in this study was voluntary; there was no personal benefit or harm to themselves, the urban alternative school, or the partner organization for participating.

Providing some benefit for participants for their time to the study is an element of the research process (Creswell, 2014). The findings of this study could support an example of integration of mental health support within a MTSS, which could be significant as more schools expand school based mental health programs with the increase in federal funding and COVID-19's impact on students' mental health. This is a potential benefit for the participants of this study.

The ethical principles of beneficence, justice, and autonomy were considered and maintained during this study (Patten, 2017). From the principle of beneficence, the researcher was required to minimize risk and maximize benefit for participants (Patten, 2017). A potential benefit of participating in this study is the opportunity to highlight the mental health intervention and integration systems that have been developed to support students within the urban alternative high school.

Treating each participant in the same fashion so they have the same risks and benefits was critical to meet the principle of justice (Patten, 2017). To ensure justice was met during this study, the researcher utilized an interview protocol during each participant's interview. Further, interviews were conducted at a time and on a platform that was most comfortable for the participant, and they could end or pause the interview at any time.

Participation in this study was voluntary, and this was in accordance with the principle of autonomy. Expectations for participation, potential benefits and risks, and acknowledgment that participants could withdraw from the study at their choosing was all clearly shown within the

informed consent form the researcher provided all participants. The informed consent form shared with participants is Appendix C. The informed consent form was provided before the interviews began. It was first shared in a welcome email to participants that is in Appendix B. Further, all participants were given opportunities to ask clarifying questions about the consent form or research process before the interview. To ensure the content of the informed consent form was clear, the researcher pointed out critical elements to each participant prior to the interview starting.

Keeping these voluntary participant's data safe was an important consideration. This study was small, and the number of participants was small. Therefore, this study can only ensure participants' responses are confidential not necessarily anonymous. Multiple steps were taken to protect confidentiality both during the collection of data, the storage of data and the analysis of the data. To protect confidentiality, each participant was assigned a pseudonym, and the researcher removed any other information that may identify a participant. To be kept safe and confidential, all data was stored on a password protected cloud server that can only be accessed by the researcher, and all data will be destroyed at the conclusion of the study.

From February 2016 through May 2021 the researcher was the school administrator of a Saint Paul Public School that partnered with the partner organization for mental health services for students. During this partnership, the partner organization placed a mental health provider as a member of the researcher's school's support team. The mental health workers that were deployed to the researcher's school site do not currently work at the urban alternative high school and were not potential participants of this study. The researcher has never had a personal affiliation with the urban alternative school or the partner organization, and the researcher

currently has no professional connection with either urban alternative school or the partner organization.

Assumptions

The opening lines of this paper relate part of Cava's educational story. Cava was a student at a school where this researcher was the school administrator. At the time of that story, that school had limited access to mental health services. The schools' inability to identify and deploy mental health services to Cava was a key factor that led to her aging out and not graduating from high school. Cava's story impacted this research's view of mental health needs and how schools should support students' needs. It is this researcher's core belief that developing a School Based Mental Health Program should be a required function of school.

Chapter 4: Results

The purpose of this qualitative study was to examine the integration of a School Based Mental Health Program within a Multi-Tiered System of Supports (MTSS) in an urban alternative high school. This study was conducted utilizing the videoconferencing tool, Microsoft Teams. A standard interview protocol was used, and 27 semi-structured questions were asked to each of the eight participants. Participants all worked at the urban alternative high school, were on the student support team, and provide direct services to students. Further, two of the eight are licensed mental health providers. A detailed process of data analysis was followed to answer the research question. Data was organized into codes and a thorough process was used to review the codes and organize them into themes. Best practices in qualitative data analysis were followed in order to determine these themes (Merriam & Tisdell, 2016).

Description of the Sample

This study's participants all work at the urban alternative high school. At the urban alternative high school, there are currently 15 members of the MTSS team. All were invited to participate in the study. Of the 15, eight members of the student support team participated in the study. All participants are current members of the student support team and provide direct services to students. Table 1 describes each participant's job roles at the urban alternative high school. It also identifies that two of the participants are licensed mental health providers at the urban alternative high school.

Table 1*Participant Job Roles Related to MTSS Team and Experience and School/Organization*

Participant	Job Roles	MTSS Related Job Role	Licensed Mental Health Provider?	Years of Experience at School
Aki	Therapist	Mental Health	Yes	18
	Family Services Coordinator	Mental Health/Social		
Greta	Therapist	Therapy	Yes	3
	Social Worker	Social		
James	Teacher on Special Assignment	Social		10
	Phy. Ed Teacher	Academics		
Pamela	Director	Leadership		20
	Science Teacher	Academics		
Rico	Counselor	Social		25
	Art Teacher	Academics		
Souwan	Case Manager	Social		21
	Construction Teacher	Academics		
Terry	Teacher	Academics		17
	Case Manager	Leadership		
Yutki	Case Manager	Social		1
	Health Care Pathway Teacher	Academics		

Due to the small sample size of this study, and the need to protect participant's identity, limited demographic information was collected. The choice to not collect more demographic

data was taken as a step to protect participants' confidentiality. However, the researcher maintained detailed notes about the interviews including dates, times, and length. The available demographic information and other interview details are included in Table 2, sorted according to date of the interview. The sample is 50% male and 50% female, and the sample is 62% people who identify as Black, Indigenous, or People of Color (BIPOC). Data and information that might identify individual participants remains confidential.

Table 2

Data Collection Overview

Participant Name	Gender	BIPOC	Interview Date	Interview Length	Interview Location
Pamela	Female	No	4/12/22	45 min	Microsoft Teams
Aki	Female	Yes	4/12/22	40 min	Microsoft Teams
Rico	Male	Yes	4/15/22	65 min	Microsoft Teams
James	Male	No	4/15/22	40 min	Microsoft Teams
Yutki	Female	Yes	4/18/22	30 min	Microsoft Teams
Souwan	Male	Yes	4/19/22	20 min	Microsoft Teams
Greta	Female	Yes	4/20/22	20 min	Microsoft Teams
Terry	Male	No	4/22/22	20 min	Microsoft Teams

Member Checking

Qualitative researchers often utilize member checking as a validity check on their data. Soliciting and receiving feedback from participants allows the researchers to ensure their data is tracking with the intended validity and credibility the study is researching. This is mainly

accomplished by gathering feedback about developing findings from participants (Merriam & Tisdell, 2016). For this study, all eight participants were issued their own transcript of the interview. This was shared via a cloud server to their individual account. In a corresponding email, the researcher asked to ensure that the transcript represented what they said and offered an opportunity for corrections. No participants offered any corrections to the transcripts.

The next step in member checking was a part of the coding process. Participants were sent a second transcript of their interview with selections of text identified by code. They were also sent a list of code definitions; these definitions are included in Appendix D: Code Definitions. This was shared in the same fashion as the original transcript to their individual cloud server account. In a corresponding email, the researcher asked to ensure that the transcript and code definitions represented the interview and the intentions of their answers. The researcher has did not receive any feedback on the coding process from participants.

Initial Analysis Process

After transcripts were produced using NVivo Software and shared with participants, the data analysis process began. Each interview transcript was read and reviewed several times. The researcher used the NVivo software at this point in the analysis to aid in sorting data, searching data, and identifying aspects of the data as potential codes. During the first readings of the transcripts the researcher employed the process of open coding, and all data was given the same value during these initial readings. Open coding was done by identifying all statements that seemed connected to better understanding the research question (Handley, 2017; Patten, 2017). The next step in the researcher's open coding process was looking for patterns, and the obvious place for this study were statements, practices, and topics that were repeated across multiple participants' data. These repeated items were noted. The process of open coding eventually

generated a final list of sixteen codes. Appendix D: Code Definitions lists the codes, with definitions and examples, that were developed through this process. As part of member checking, these codes and annotated transcripts were shared with participants for confirmation and accuracy of the data.

The next process was to nest the codes together and begin to make meaning using an axial coding process (Merriam & Tisdell, 2016). The researcher again relied on the NVivo software to support the analysis process. The NVivo tools aided with query searches and visual representations of the data that further helped to understand and place the codes together. This growing understanding of the data also relied on continually rereading the transcripts to check that the codes held their meaning in all the data sets in which they were being assigned.

Table 3

Nested Code Groups with Total Number of Codes

Code Group 1	Number of Codes
3: Connecting Students to Service*	17
5: Defining Pathways for students' success*	8
6: Discuss Each Student, Each Week	11
13: Relationships with Students*	23
16: Weekly Meeting	26
Code Group 2	
1: Accessing Mental Health	27
4: Culture as Barrier to Mental Health Support	8
5. Defining Pathways for students' success*	9

6: Discuss Each Student, Each Week*	11
7: Growth and Change Equal Success*	16
9: Language as Barrier to Mental Health Support	7
10: Mental Health Team "at the table"*	9
12: Prioritize Student Support	12
Code Group 3	
2: Communication	25
3: Connecting Students to Service*	17
11: Multiple Job Roles*	12
14: Staff-Staff Relationships*	28
Code Group 4	
5: Defining Pathways for students' success*	8
7: Growth and Change Equal Success*	16
11: Multiple Job Roles*	12
13: Relationships with Students*	23
14: Staff-Staff Relationships*	28
15: Strength of Diversity*	14
Code Group 5	
3: Connecting Students to Service*	17
8: Home Impacts School and Learning	12
10: Mental Health Team "at the table"*	31
13: Relationships with Students*	23

14: Staff-Staff Relationships*	28
15: Strength of Diversity*	14

* codes that are represented in more than one theme

Placing the codes in groups was a trouble area in this analysis process. The initial challenge was thinking and trying to find “one” group for each code. As a part of the peer support process, the researcher shared Appendix D: Code Definitions with the four educators who conducted the field test. Each peer field tester has experience with school based mental health programs. The collective feedback pointed out definitions of the codes describing and representing the complex social organization required for successful school based mental health, and the complexity of a system like this will require overlapping and non-linear constructions. This provided insight that opened the researcher’s thinking to placing codes in multiple groups. Once codes were grouped through this process and represented in multiple groups, the process of identifying and designating themes emerged.

Analysis of Themes

The process of taking nested codes and designating themes relied on validated data, visuals and tables from the NVivo software. For a code to be valid and represented in the data, it had to be seen in at least six of the eight participants’ data. This measure of validity was used with the thinking that 75% (6 of 8 participates) representation of a code across participates is reasonable benchmark of code saturation for further investigation. Additionally, nesting codes in multiple themes also confirmed the complex and rich interconnection needed when supporting student mental health. Five themes emerged from this process. Table 3 shows the codes that are identified and connected with each theme. The number represents how many occurrences of that code there are in the participant’s data. Table 4 shows the nested codes separated into each of the

four themes, and it also shows how many occurrences of each code by participant. Each table supports the complex and rich interconnection of the codes in supporting the themes. A detailed definition of each theme is described in detail later in this chapter. Also, each theme will be explained with examples later in this chapter.

Table 4

Themes with Nested Codes by Participant

Theme 1: Holistic Support First								
	Aki	Greta	James	Pamela	Rico	Souwan	Terry	Yutki
3: Connecting Students to Service*	2	7	2	1	0	1	0	4
5: Defining Pathways for students' success*	1	3	1	1	0	2	1	0
6: Discuss Each Student, Each Week	0	1	1	5	0	2	1	1
13: Relationships with Students*	2	0	2	2	5	5	2	5
16: Weekly Meeting	1	3	6	5	1	0	6	4
Theme 2: Mental health staff's integration								
	Aki	Greta	James	Pamela	Rico	Souwan	Terry	Yutki
1: Accessing Mental Health	5	3	3	4	3	3	5	1
4: Culture as Barrier to Mental Health Support	2	1	1	1	2	0	0	1
5: Defining Pathways for students' success*	1	3	1	1	0	2	1	0
6: Discuss Each Student, Each Week*	0	1	1	5	0	2	1	1
7: Growth and Change Equal Success*	3	2	2	3	0	3	3	0

9: Language as Barrier to Mental Health Support	1	1	0	0	1	2	2	1
10: Mental Health Team "at the table"*	6	2	3	6	0	3	7	4
12: Prioritize Student Support	3	4	0	2	3	9	3	2
Theme 3: MTSS Team Roles								
	Aki	Greta	James	Pamela	Rico	Souwan	Terry	Yutki
2: Communication	3	4	4	4	1	4	2	3
3: Connecting Students to Service*	2	7	2	1	0	1	0	4
11: Multiple Job Roles*	1	1	2	3	2	1	1	1
14: Staff-Staff Relationships*	6	0	2	5	5	4	2	4
Theme 4: Diversity is an Asset								
	Aki	Greta	James	Pamela	Rico	Souwan	Terry	Yutki
5: Defining Pathways for students' success*	1	3	1	1	0	2	1	0
7: Growth and Change Equal Success*	3	2	2	3	0	3	3	0
11: Multiple Job Roles*	1	1	2	3	2	1	1	1
13: Relationships with Students*	2	0	2	2	5	5	2	5
14: Staff-Staff Relationships*	6	0	2	5	5	4	2	4
15: Strength of Diversity*	3	1	1	0	3	4	1	1
Theme 5: School and Community Intersection								

	Aki	Greta	James	Pamela	Rico	Souwan	Terry	Yutki
3: Connecting Students to Service*	2	7	2	1	0	1	0	4
8: Home Impacts School and Learning	3	0	1	3	3	1	0	1
10: Mental Health Team "at the table"*	6	2	3	6	0	3	7	4
13: Relationships with Students*	2	0	2	2	5	5	2	5
14: Staff-Staff Relationships*	6	0	2	5	5	4	2	4
15: Strength of Diversity*	3	1	1	0	3	4	1	1

* codes that are represented in more than one theme

Theme 1: Holistic Support First

This theme was represented in all the interviews. The codes that defined the development of this theme are Connecting students to services, Defining pathways for students' success, Discuss each student, each week, Relationships with students and Weekly meetings. These codes define a support structure that is designed around holistic student support.

Connecting Students to Service was not coded in Rico or Terry's interview. Defining Pathways for students' success was not coded in Rico or Yutki's interview. Discuss Each Student, Each Week was not coded in Aki or Rico's interview. Relationships with Students was not coded in Greta's interview. Weekly Meeting was not coded in Souwan's interview.

The participants each shared educational beliefs and examples about students' success related to well-being and support. These are factors that support the integration of mental health into the urban alternative high school's MTSS.

Prioritizing this emotional and social support overall academic support is a defining feature of this theme that was commonly related in the data by participants. Participants often

talked about this in terms of understanding students and helping them get needed resources.

Souwan talked about the value of the seemingly simple gesture of a daily greeting: “I think of our day-to-day interaction with them [students] as well. You know, in speaking out loud, good morning, you know how we are, how we are asking them how they are every day, things like that make a difference.”

The investment in establishing relationships with students is critical to this theme, and it is reinforced throughout the interviews. Rico states:

I can say genuinely that we all have an investment in students and young people, you know, because we care about, you know, young people, you know, in your lives and you want to try to help you out in your life. So that's what we're here for.

Aki reinforces this theme with her feelings about the value and need for relationships with students:

So it's always my goal at least to establish some type of relationship that's positive with any student and at least we'll be able to find something about that student, that's something really positive.

Pamela adds perspective on why the relationships add value and support:

So if there was something like, we knew some family was struggling with housing. Somebody was trying to get medical assistance. Somebody was in need of help in tracking down Social Security. Then, you know, we would hand those jobs over to the people who know those kids best.

Yutki brings Pamela's example to reality as describes that it is her job to remove barriers. “So I am trained in helping them with their various barriers that they have that keep them from coming to school.”

The next defining feature of this theme is seen through examples where traditional school metrics are not considered, and personalized student-specific success metrics are set on the student-specific level. Greta describes how the urban alternative high school does this from a mental health or social emotional perspective: “we really measure the student's success by whatever it is that they define success. So really asking our clients, what does success look like to them and going based off that.” Aki reinforces this way of thinking about success:

Did that person establish healthier relationships with more staff? And were they able to navigate their challenging days, days without having any big meltdowns? Like also did they advocate for themselves? So, you know, those kinds of things that we definitely see the maturity level of, like emotional intelligence or I don't know, I don't like the word intelligence, but you know what I mean, able to navigate themselves without having too strong of emotional triggers.

Finally, Terry links the academic into this aspect of the theme with his conclusions about how the urban alternative high school considers students' success: “overall, in a program like academic or like mental health or I mean, I think perhaps if a student doesn't need that support anymore, I think it's easy to see progress.”

Developing relationships and focusing on alternative metrics are critical elements of this theme, but the codes of weekly meetings and talking about every student, every week are relevant across all eight participants. Each participant mentioned its value in terms of staying connected to students, preventing students from falling through the “cracks” and as a tangible element of their model that may be unique from other school programs. The participants sometimes refer to the weekly meetings as the “caseload management meeting” or “caseload meetings” Terry states this value of these meetings very succinctly:

I think the weekly caseload meetings make it almost impossible for any student to fall through the cracks. And having all their teachers and everyone on our team in there and members of the student support team, it's almost impossible for a student's mental health to go unaddressed if it's manifesting in any type of outward way.

It is important to highlight this short quote from Terry's example "everyone in the room." Terry is describing the other participants of the MTSS or student support team who attend this meeting, and he is implying that administrators, teachers, social workers, counselors, therapists and support staff are all present to provide feedback and data at these meetings. This was a key element of the meeting, the support structure, and the overall integration of mental health support into the MTSS.

In James' interview he described an agenda of these meetings:

We go through the list of kids and just talk about how they're doing in the classes. How's this, that? There's things that have come up in their home life? Are there needed supports and what types of other things are needed at the time, if any? What are they getting? What are the patterns and stuff that we're seeing and their behavior? Academics or home life, that type of thing?

Pamela reinforced this type of agenda:

And so we go through every student talk about what's going on during the weekly caseload management where you go through each kid and we talk about how are they doing? You know, what can we do to make this better? Are things going? But otherwise we talk about every kid and every week. And everyone's in the room. If anything's popping up, there's some sort of pattern that's abnormal. Not, you know, they usually have good attendance, but they miss three days this week. You know, what's the reason?

Why are they usually well-behaved and they lashed out this week? What's the reason?

We get down to it and we figure something's going on and then we talk about where we go from there.

In discussion about the transferability of the student support model at the urban alternative high school, this meeting and “talking about every student” was the only repeated element that participants thought could transfer to other schools. Greta summarizes the feelings about transferring the “weekly meeting” to another school program: “it would be very helpful and easy to have at any other school” Terry supported this when asked about transferability “caseload management meetings, you know, those are a huge, huge part of it.”

Summary of Holistic Support First Theme. This theme was developed by examining codes: Connecting students to services, Defining Pathways for students' success, Discuss each student, Each week, Relationships with Students and Weekly Meetings. The theme is defined in three parts: relationships are required to have any success supporting students at the schools, defining success metrics helps students, mental health support is only one of many required supports available at school, and the weekly meeting is the factor the participants believe is most beneficial to their support model. These factors contribute to the integration of mental health supports into the urban alternative school’s MTSS.

Theme 2: Mental Health Staff’s Integration

This theme was represented in all the interviews. The codes that defined the development of this theme are Accessing Mental Health, Culture as a Barrier to Mental Health Support, Defining Pathways for students' success, Discuss each Student each Week, Growth and Change Equal Success, Language as a Barrier to Mental Health Support, Mental Health Team

“At The Table” and Prioritize Student Support. Discuss each Student each Week was not coded in Aki’s interview.

Culture as a Barrier to Mental Health Support was not coded in Souwan or Terry’s interview. Defining Pathways for students’ success was not coded in Rico or Yutki’s interview. Growth and Change Equal Success was not coded in Rico or Yutki’s interview. Language as a Barrier to Mental Health Support was not coded in James or Pamela’s interviews. Mental Health Team “at the table” was not coded in Rico’s interview. Prioritize Student Support was not coded in James’s interview.

Based on the participants’ data, the urban alternative high school values access to mental health support. To that end, the urban alternative high school has adopted an open and supportive mindset on mental health support at school, this has given mental health workers access to critical voice and advocacy abilities. Nevertheless, barriers to access persist. These are all factors that support the integration of mental health into the urban alternative high school’s MTSS.

The theme of mental health staff being integrated into all elements of student support programming is best and first established when participants discussed the alternative school’s philosophy on mental health. Pamela put the urban alternative high school’s value toward mental health staff clearly in terms of dollars and cents: “well, you know, we invest in therapists, you know, so money goes to hiring therapists to work with students.... so that's how you can see it [the impact of mental health] day to day.” She expanded this thinking beyond finances, but for a small program the investment is a critical philosophical observation: “let me just say that I'm a total believer in it [mental health support] and I feel like that there's the kids that have real issues.”

Pamela's concession of being "all in" on mental health support was supported by other participants too. Souwan made his point about the urban alternative high school's philosophy on mental health access: "we believe in mental health very much here and our school is great. I mean, we help them [students] a lot in many different ways, mental health and all that as well. We go above and beyond." Terry made similar remarks:

I think every student should have access to it [mental health support], and I think there's a high need for it, especially in alternative settings. I think the availability of social workers and therapists has contributed a lot to the success of our students in our program.

James expands this line of thinking adding on the impact mental health support can have on students' lives, both academically and socially:

Well, they [students] have things going on at home, need some support from a counselor that can do huge things if they solve that, that can either fix or attempt to repair where they are now in school. Maybe they can start doing better academically. I mean, so that's you know, obviously good but certain students tie everything together between behavior, academics and home life. It's [mental health support] not an extra. It's not a last resort, it's not something that is looked down upon. It's a part of what we do. It is a part of getting students to be successful, getting students to graduate, to move on, and I think most of the students would even see it that way.

Aki and Greta, the two licensed mental health therapists, provided the most nuanced perspectives on this philosophical value aspect of the theme. Aki explains that value of school is to develop the whole person, and that connecting social, emotional and academic goals is the true goal of positive school outcomes:

I feel like we [the urban alternative high school] also have this kind of heavy emphasis on how they [students] are developing as a person too. That's important. So how are they going to be functioning outside of school? What is the next step of their life and when they, you know, kind of like compare how they were mental health wise or inter- relationally, how they were back in the day compared to at graduation? And we see that as both important, you know, progress. Our school is definitely all about mental health. They really prioritize a student's mental health, I would say almost above anything. The changes that the school itself is making are targeted to support our students' mental health and their day to day needs.

Based on the participants' data this philosophy of valuing mental health support manifests in having mental health workers present and "at the table" when decisions are made. This is a key element of the theme mental health staff are integrated into all elements of student support programming. The best example of being at the table was already discussed during the discussion of the "caseload management meetings." Further important examples come from Aki's explanation of how the mental health team serves a connector between students, families and the academic team:

So if we think about in terms of let's say, American born students, then we're [mental health workers] basically that bridge in between the academic staff and the student and family. So we kind of connect those two groups together, gathering more information from the client's family or their background and how things are going. And then with, of course, permission from a family and individual, we take that message to some of the academic staff side so they can work together and more kind of focusing on their success in school.

The next key element of the theme mental health staff are integrated into all elements of student support programming is understanding how the process of accessing mental health supports at the urban alternative high school. This is relevant and important to this theme because without the philosophical context of the urban alternative high school and the structural integration of the mental health workers, the access process would not work nor would it make sense. In short, the urban alternative high school tries to find early and often access points to mental health support for students. The strategies rely on relationships, data and resilience. Aki describes the process when students start at the urban alternative high school or access mental health most thoroughly of all the participants:

Our strategy usually is let's give it a shot [mental health support] for like at least a month or so. And if your transition to our school is smooth enough, kind of, you know, go slow on, not so frequently anymore and then maybe graduate out [of mental health support].

Aki continued to provide more details on how and where these processes work:

At the first enrollment meetings, we [mental health workers] get to sit in it, too. So mental health practitioners or professionals can sit in the first interaction meetings with the family and a student and kind of get to know them from that. So we don't have to wait until students start to act up or act out in the classroom and have that teacher approach.

The family and the family says, yes, we need help. And then, you know, I mean, we don't have to have that much about steps in order to get to know the family, you know?

Pamela, who is in a leadership position, corroborated Aki's perspective on the value of having mental health workers at these intake meetings:

When students are referred to the school program in general, you know, we get so we do an intake interview and then we, you know, we'll have their transcripts if they have an

IEP, any behavior stuff. So, if we've got 20 pages of behavior reports, then we might, suggested in that intake meeting, look like, you know, your son or daughter is having a hard time and not making progress. And so here's something we have in the intake meeting. We usually have the therapists there, and then we would always recommend to the parents that it might be a good thing to get them connected.

Early access is a key to this theme, but so is a persistence and a team approach to accessing mental health. Aki explains that when students who may benefit from mental health supports are reluctant, she relies on the support of colleagues:

So we really focus on trying to just establish a trusting relationship first and then try to do the intervention through that. And he [the person helping the student consider mental health support] really does not need to be anyone in a therapist role. I feel like sometimes I have great success because one of our academic staff, who is Latino, had a great conversation with a student and then he's a support person to that student, and so the therapist couldn't quite do anything with the student until this Latino academic staff was able to establish and go from there.

Rico talked about a similar situation where staff support each other by supporting students, but he describes it as “having energy for students:”

So that they [students] feel like, you know, somebody has energy for you. Do you have energy for this kid, you know? Well, I'm up to here with this guy, you know, well, he does really good with me. And, you know, so we share information like that and I think we want them to feel. You know, of course, cared about, you know, and important, you know, and personally, I mean, the way, I mean, because I can't speak for how the style of

work, of how other, you know, the way we as counselors, you know, we have people from very varied backgrounds, you know.

These are both descriptions of who the team supports each other through student relationships in order to better serve students.

Yutki shares the final example of how students access mental health at the alternative school. Students bring issues to staff, who then refer current students to mental health support. To ask, for example, was one of the therapists. Yutki shared an example of this:

She [a student] said during lunch, to me, I need to talk with you. So I just listen,. But in my mind, it's OK. She needs to talk with somebody. And then I suggest her. But some students are very reluctant to go to a therapist. So then I shared with her my experience and encouraged her. I say, you know, I had my own therapist. That is, sometimes it's just really good and it's good. You feel good when you just talk.

Barriers to access exist at the urban alternative high school even though structures and positive intentions for access are in place. The two barriers participants discussed are culture and language. From the culture perspective, Rico shared a personal perspective about cultural connections to mental health support:

So I think that that is one of the things that still happens with our people. That we don't have a lot of trust. So as far as I'm concerned, when I'm working with those families, you know, I try to address that because I know that there's I can see that with a lot of families, you know? You know, and so it's still out there.

Yutki expressed a similar level of cultural distrust with mental health supports

I also understand part of their culture, especially with that Asian student, Asian culture that most of the students they won't, even though I offer these and explain in different ways, but they will still say, no.

The other common barrier expressed was providing mental health support in student' home language. This was expressed by several participants. Souwan made the point succinctly, a lot of stuff here is open to mental health, it's just our language barrier with our students." Greta said,

Language, so a lot of the population of students that we serve here, we don't have a therapist who speaks their native language. And I definitely believe that is one of the barriers to students receiving proper mental health support. Aside from cultural taboos and beliefs.

Terry echoed this "I think the biggest barrier here is the language barrier. We have a very high number of EL students and I think everyone on our team is open to those [mental health] interventions."

Summary of Mental Health Staff's Integration Theme. This theme was developed by examining codes Accessing Mental Health, Culture as a Barrier to Mental Health Support, Defining Pathways for students' success, Discuss Each Student Each Week, Growth and Change Equal Success, Language as a Barrier to Mental Health Support, Mental Health Team "At The Table" and Prioritize Student support. The theme is defined by the urban alternative high school's philosophy towards mental health, as it is expressed by the participants of the study, mental health workers open and frequent access to students and other staff, and the persistent barriers to mental health services.

Theme 3: MTSS Team Roles

This theme was represented in all the interviews. The codes that defined the

development of this theme are Communication, Connecting Students to Services, Multiple Job Roles, and Staff-Staff Relationships. Staff-staff relationships was not coded in Greta's interview and connecting student service was not coded in Terry or Rico's interview. The overall data supports the theme. Key elements to understanding this theme is that the urban alternative high school is a small program with a limited number of staff who perform multiple job functions, and it is an experienced staff. These are all factors that support the integration of mental health into the urban alternative high school's MTSS.

The participants all described themselves as having multiple job functions at the urban alternative high school. Further, the participants have many collective years of experience at the urban alternative high school. Table 1 shows each participants' multiple job duties related to the MTSS team and their years at the urban alternative high school. Participants have been working at the urban alternative high school for a long time on average: the mean of their experience is 14.75 years, and the median is 20 years of experience. This may be relevant to the integration of mental health supports into the MTSS because the participants discussed how impactful communication is on how they work together to support students. Souwan states the importance of connecting with the team to support students:

Communication is the key. You know, communication with each other every day about students that are not here every day. Ongoing communication with each other amongst the staff to see what all we think about it [situations with students]. What we all think about the situation and then go from there.

Aki supports this same value of quick student support team check ins:

Sometimes it's very quick 'Oh, this is crisis based.' We definitely need something. And then it's just one of those things. We got to pick up the phone and just talk it out [amongst the team]. So that's kind of how we do it.

Other participants also talked about the value of this type of on-going communication, but added more about “how” and “where” it happens. Pamela explained the value of technology and proximity to integrating support:

You know, during the course of the day, we're like, I say, we're in close proximity, so we all eat lunch together with and supervise during lunch with the students. So, you know, you always have a conversation going on at lunch or after school and out in the hallway in between classes. So, you know, all throughout the day, we're in kind of constant communication and we do a lot of it through Microsoft Teams.

James added to this perspective

I have no problem talking quick at lunch or someone stopping by my office to say, Hey, you know, what have you seen with this kid, blah blah blah? You know, we always see that. But it's that willingness to talk, how well we communicate while the staff gets together and we never feel like any one person's overpower another.

James and Pamela's explanations add context to these on-demand meetings and communications. However, how they help support student access to mental health is connected to both the on-going communication and the value structures discussed in “Mental health staff are integrated into all elements of student support programming.” For example, the value of early and often access to mental health support that is discussed through examples from Aki and Rico's interview (p. 59) is also relevant evidence to this theme. Further evidence of how the

support team bridges and connects students to services (including integrated mental health services) because of their multiple roles on the student support team.

Greta, who is both a social worker and a therapist puts it frankly: “I am a connector, so I connect our students to services depending on their needs, whether that's physical or mental, whatever.” Souwan also has a clear way of supporting this part of the theme: “everybody has a role, but we all have a different role as in relationship with each student.” Pamela expands on how staff might have “different roles:” “As a group we say, all right, why don't you advocate for them for a while? I don't like them much right now, but if you do?” Rico echoed this,

You know, they may not connect with all the teachers, but maybe they connect with one or someone, you know, I'm not going to say it's, good cop, bad cop. But you know, there are some kids that may not fly with me, but they'll vibe with another staff.

In these examples the staff are able to be nimble in their support not only because of their communication, but because they all perform multiple job functions at the urban alternative high school.

Aki brings the last key element to light with her comment, “With academic teachers, with wraparound staff, with students and families we are kind of ready to battle without having a, you know, kind of a residue after.” The ability to “let it go” and not hang on to that residue is likely a product of the average 14.75 years of experience. Passing the “caseload” of support between staff is a clear product of experience, communication, and multi-job functions, and it is a key to how mental health support is integrated into the urban alternative high school’s MTSS.

Summary of MTSS Team Roles Theme. The codes that defined the development of this theme are Communication, Connecting Students to Services, Multiple Job Roles, and Staff-Staff Relationships. The theme is defined by the participant’s communication style and tenacity, their

experience, their job functions, and how they pass student support around the team to best connect students to supportive adults. These are factors related to how mental health supports are integrated into the urban alternative high school's MTSS.

Theme 4: Diversity is an Asset

This theme was represented in all the interviews. The codes that defined the development of this theme are Defining Pathways for students' success, Growth and Change Equal Success, Multiple job roles, Relationships with Students, Strength of Diversity and Staff-Staff Relationships.

Defining Pathways for students' success was not coded in Rico or Yutki's interview. Growth and Change Equal Success was not coded in Rico or Yutki's interview. Strength of Diversity was not coded in Pamela's interview.

Key elements to understanding this theme are related to the staff's diversity, the students' diversity, and how the team works to support challenges and see skills/ability in students. These are all factors that support the integration of mental health into the urban alternative high school's MTSS.

Table 2 shows that the participant sample of this study are 50% male and 50% female, and the group is 62% BIPOC. Further, the participants support students at a school with 87% students of color (urban alternative high school Executive Director, personal communication, July 30, 2021). Both the urban alternative high school staff who participated in this study and the urban alternative high school students represent a diverse population set. Isolating and identifying students' identity and culture as an asset is an important strength to the urban alternative high school's approach to supporting students. Further, it may show why they are able to get more students to participate in mental health support. The participants who are best able to

describe and represent this theme, were able to do so by sharing examples from their personal experiences. All participants who are represented in the remainder of this section are people of color.

A defining description of diversity as a tool for student support came from Souwan:

Like I said, I've been here 21 years. I was a student here before. So yeah, you know, if it wasn't for [the urban alternative high school] and [the partner organization], you know? But I would have been somewhere else, so I'm very thankful.

When I think about those who have been here [the students] I am the same as them, you know, the same thing, you know, I look at them like, just like myself, I'm a refugee, just as well as them coming here trying to learn English and go to school.

Here is an example of an educator who works as an instructor and a support staff member who is able to identify with at-risk students in a personal, tangible way. This connection may be a reason for the deep level of support and relational affinity that the participants discuss. Clearly, Souwan's diversity is an asset to his students and the school.

Rico was able to share and describe similar examples:

I'm a Spanish speaker on our team. And so I do handle a lot of the Spanish parents, you know, speaking Spanish phone calls. And so there's also the cultural connect with some of the Latin or Hispanic parents, you know?

The connections are deeper than through language, Rico described the process building relationships with students that were culturally meaningful:

They [students] always ask, you know they'd, you know, we have a lot of stigma in our community, too. So. Oh, were you in a gang or do you smoke weed, you know, stuff like that. So those are things that I personally and professionally have to have had to deal

with, you know? Right. And even questions like, how do you get a job here? Well, I went to school like everyone else, man, you know. So really, you went to college, you know, so you know, can you imagine? Yes. Some Mexican Americans go to college, you know, some Latinos go to college, you know, yeah, some of us actually finish high school. Yeah, you know, so. So I mean, and that's even from not just from I mean, that's even from other Latinos, other Latino students, probably maybe the role models they have around them, you know that they don't see that, you know, so.

In these examples the richness of providing students with positive examples of staff people who “look like them” at school has an impact on outcomes, and it may be why the mental health services that are integrated into the MTSS are to support students.

Rico goes on to discuss the strength of diversity and diversity as an asset that goes beyond race and ethnicity:

This Latino male that connected with this Karen kid, you know? And even though we had some Karen staff and I remember, because, I know, because, of the blood was the gang that he was, that he was involved in, I suggested, you know. There's an older male Asian staff who worked with a lot of those young bloods, you know, because he used to be a gang member himself when he was younger, you know? And so I said, you know, I said to one of the staff, I said, we should connect him with this guy. You know, the staff. And other staff said. Well, he's not, you know, one is Cambodian one's Karen, you know, they're not the same. And I'm like, I know. That's not the reason. It's not about that. It's about I wasn't talking about culture because they were Asian, it is about culture like gang culture.

This is a complex social situation that Rico describes. At its core, it is valuing the identity and culture of the students and staff at the alternative school and using those diverse backgrounds to serve students in a way that is likely uncommon in traditional K-12 education. Further, the way that these examples value and support student identity is a key element to their support model, and how mental health support is integrated into the urban alternative high school's MTSS.

Summary of Diversity is an Asset Theme. The codes that defined the development of this theme are Defining Pathways for students' success, Growth and Change Equal Success, Multiple job roles, Relationships with Students, Strength of Diversity and Staff-Staff Relationships. The theme is defined by the diversity of the students and the staff participants of this study. It is also defined by how the participants utilize and value both their identity and that of those around them as an asset to support growth, learning and potentially the integration of mental health support into the urban alternative high school's MTSS.

Theme 5: School and Community Intersection

This theme was represented in all the interviews. The codes that defined the development of this theme are Connecting Students to Service, Growth and Change Equal Success, Home Impacts School and Learning, Mental Health Team "at the table," Relationships with Students, Strength of Diversity and Staff-Staff relationships.

Relationships with Students and Staff-Staff relationships was not coded in Greta's interview. Home Impacts School and Learning was not coded in Terry or Greta's interview. Connecting Students to Service and Home Impacts School and Learning was not coded in Rico's interview.

Key elements to understanding this theme are related to the "alternative" aspect of the urban alternative high school. In this context, the students who are coming to the school have

met challenges to school success, and may have additional challenges to graduating. This intensifies the need for support. Finally, the participants often make links between community and home and how each impacts the other. These are factors that support the integration of mental health into the urban alternative high school's MTSS.

The first set of responses that help understand this theme are about meeting students' needs "where they are at" and supporting students to the next opportunity. Souwan explains a basic and fundamental way that he connects with students that may frighten many educators: "all my students have my phone number, personal contact." This is a basic way he bridges the school-community gap. Yutki expands this by talking about helping students meet their basic needs, like childcare and transportation:

I teach the basics and also how to get drivers ed or childcare or if they don't have health insurance. If they are working, some students are very tired. So that is, sometimes they [students] work until late at night and during the week until one o'clock, sometimes so they are tired the next day to come to school. Early they come. But you can look at them that they are very tired. So, if they are willing to change their jobs, we help them.

Aki continues, explaining how academic schedules can be modified to support students' needs that may be impacted by home-life challenges:

So first, let's focus on getting you [a student] through only certain hours of a class. So if there are huge challenges on certain hours, let's say you can't get up or are never on time and really struggling every morning because of it, then we might get the student only come from like first hour, not zero hour. And then maybe two hours will be the first step and then kind of put them more schedule later on, which we did back in the days.

Terry also discussed modifications like these: "you know, if a student is ill, all needs and

behavioral health needs, you know, we will develop a unique schedule.”

The next set of responses that helps understand this theme are about recognizing and acknowledging the trauma and pain students may be experiencing and bringing to school and supporting them with services at school. Aki summarizes this category best with her example:

I have to say a lot of family support is definitely crucial. And if it's not blood related family, that's fine. But I mean, I don't want to say fine, but if there is at least enough support a person in their life that can be also on kind of on our team as well, then I think it makes a lot more impact. A fact, but yes, there are some students who've just had so many broken relationships in the past that just couldn't kind of establish with any of us because of it. At that moment, they weren't ready for it [support/relationship], weren't asking for it.”

Rico deepens this example with more explanation of how conceptually trauma can be manifest at school:

A lot of times they [students] blamed themselves for a lot of the stuff, you know, that they're feeling, you know? And so that becomes some kind of guilt. And so I think we try to help them with that. You know? And, you know, in talking to them, they know you find out. You know, it's more complicated than that. You're not a bad person, you know. You know, so we try to. You know, let them know that, you know, they have value and that they're valued. And that it may seem dark where you're at. Right now, but there is light at the end of the tunnel.

Both Rico and Aki's examples are in concept. Pamela give more specific example of how this happens and impacts students day-to-day:

I had a gal, she just turned 18, she lives with her aunt. Auntie's trying to explain to me

how she's trying to pull her out of bed in the morning. And I said to her, Stop, stop trying to pull her out of bed in the morning. She's 18 now. I don't want you calling me anymore. I mean, we can talk, but not about the things that now she has to talk and figure out. Yeah. And so, you know, I said, and if she wants to come back to school, I need her to call me. I'm going to have a conversation with her. It can be through her social worker. And in the meantime, you need to back off because this is her choice. She no longer legally has to go to school. And of course, we'd all love her too.

In all of these examples the connection to services and supports are related to needs at home or in the community, but meeting those needs in these holistic ways supports academic needs and builds trust with students. This type of support and trust is the type of work that may support the effective integration of mental health support in the MTSS.

Summary of School and Community Intersection Theme. The codes that defined the development of this theme are Connecting Students to Service, Growth and Change Equal Success, Home Impacts School and Learning, Mental Health Team "at the table," Relationships with Students, Strength of Diversity and Staff-Staff relationships. The theme is defined by the need to support students' needs as they are now based on their current set of circumstances and recognizing that trauma may impact their ability to function and learn initially. These factors indicate why and how the integration of mental health support into the MTSS at the urban alternative high school is needed and works.

Summary

This chapter detailed the student support structures at the urban alternative high school, and how those systems work to integrate mental health supports. This chapter presented this data from semi-structured interviews that were conducted on Microsoft Teams, recorded on that

platform and then transcribed. The analysis process followed qualitative best practices in all aspects including theme development (Merriam & Tisdell, 2016). The interview transcripts were read several times to begin looking for patterns and developing codes. The coding process utilized both open and axial coding to finally create themes based from the nested codes. Member checking and peer review processes were also utilized.

Sharing the data analysis authentically involved presenting it in both a set of tables as well as the actual language from participants. Several tables were utilized to help understand the sample and data set as a whole. The actual language from the interviews was used to show and explain each of the five themes that emerged from the analysis. All eight of the participants reflect the five themes. The five themes are: Theme 1: Holistic Support First, Theme 2: Mental Health Staff's Integration, Theme 3: MTSS Team Roles, Theme 4: Diversity is an Asset, and Theme 5: School and Community Intersection. These five themes represent how the urban alternative high school integrates mental health into its MTSS. Chapter 5 provides interpretations of the findings, implications, and conclusions from the study.

Chapter 5: Discussion

Overview of the Study

The purpose of this study was to examine the integration of a School Based Mental Health Program within a Multi-Tiered System of Supports (MTSS) in an urban alternative high school.

This study was conducted with eight participants. The videoconferencing tool, Microsoft Teams, was the communication platform used for the interviews. Participants all work as members of the student support team at the urban alternative high school. Best practices in qualitative data analysis were followed in order to develop codes and themes (Merriam & Tisdell, 2016). Data was organized into codes, and a thorough process was used to review the codes and organize them into themes. The process included member checking and a peer review process. Through this process sixteen codes and five themes emerged.

Research Question

The aim of this study was to investigate the following research question: how was the school based mental health program integrated into an urban alternative high school's MTSS model?

Conclusions

This study was interested in the relationship between intervention systems. Specifically, how mental health interventions can be an integrated part of an overall intervention system at a school. Through the understanding of theory presented in Chapter 2, MTSS best practices are that tiers of interventions should be utilized to focus services with students in increasing levels of need (Freeman et al., 2017; Sink, 2016; Utley & Obiakor, 2015). This is both for academic and behavioral interventions. The umbrella metaphor in Figure 1 shows the unity of academic and

behavioral intervention systems that focus services on the whole child's needs (Ehlers, 2018). These models have been adopted and implemented with some fidelity at most public schools in the United States (Sink, 2016; Robert, 2020). These models still leave opportunities to support student mental health at school (Splett et al., 2020; Weist et al., 2018).

The Urban Alternative High School Student Support Model

The student support model studied at the urban alternative high school breaks from the theoretical norms of MTSS models presented in the Chapter 2 to integrate mental health services into their student support system. Further, the urban alternative high school's MTSS may be designed in sets of tiers, but in discussion of the practice, participants of this study describe a model that supports wrapping or layering supports "on demand" and then drawing those supports back or ramping them up as needed. These layers of services target all students at the school, and are delivered by relationally focused, caring adults. The five themes presented in Chapter 4 each hold part of the answer to how the urban alternative high school is able to integrate mental health into this student support model.

Theme 1: Holistic Support First. Multiple members of the student support team stated that a key goal of their weekly meetings is to talk about every student, every week. Further, this weekly meeting is a key function of how the team operates and ensures services are provided. However, this mindset that the goal is to about every student breaks from the norm of having traditional tiers of service. Participants certainly provided examples and data where specific students received more support than others, but the support team's mindset is that all students need a touch point every week to ensure students' success. The idea is more about adding a layer of support now that can be taken off later as needed.

Students' success is individualized and can be disconnected or partially paused from academics for a time. The participants shared a value that school success should be measured in any way possible that can be positive for the learner, and that academic success will not come until the student is supported in other ways. Other success metrics could be behavioral, and even in a student's physical appearance, in one example. This mindset is likely possible because the school is an alternative high school.

Talking about every student, being relationally focused with students, and having a unique perspective on students' success creates the support team mindset that is open to mental health support as a positive factor for student engagement with school. The schools overall holistic student support toolbox, as presented in Chapter 1 includes targeted case management, conflict mediation, youth development and skill building, one-to-one mentoring, parenting education and support, diagnostic assessment, treatment planning, individual, group and family therapy, teacher and parent consultation, and training and development. Participants referenced individual mental health therapy sessions as a key tool in holistic student supports; however, the participants of this study discuss building on therapy with other supportive services like one-on-one mentoring, case management, and even academic skill development. These enable holistic student support to aid in the integration of mental health interventions into the overall MTSS.

Theme 2: Mental Health Staff's Integration. The weekly meeting and the support team's mindset about students' success set an environment where mental health support for students can be welcomed; however, the way that mental health staff are connected into the support team on a daily basis brings the integration to reality. The urban alternative high school has taken bold decisions in terms of investing in mental health providers and having them present at key meetings. Inviting therapists to intake meetings with families sets a tone that the

school values mental health support and places a high level of positional authority on mental health providers in the eyes of students and families. Connecting mental health providers with families before crises happen is a key strategy supported by research (Cavioni et al., 2020; Splett et al., 2018; Weist et al., 2018). Finally, having mental health providers at all meetings normalizes services, for students, other support staff, and the school as a whole. Participants talked about mental health being a “normal” part of school at the urban alternative high school.

Theme 3: MTSS Team Roles. The previous section explains how the mental health providers are at all key meetings including intake with new students, which gives mental health interventions a high level of visibility at the school. An additional factor that is key to the integration of mental health supports at the urban alternative high school is that the participants of this study on the support team, including the mental health providers, hold multiple job roles. Table 1 shows each of the participants job roles related to the support team. Participants discussed the value of communication, and how they can connect with each other to support students' success. These multiple roles imply an all hands on deck approach to support. This is also the case for the mental health providers. This may contribute to their credibility with the team, and therefore, the successful integration of mental health support into the overall MTSS. Everyone is a therapist, but no one is just a therapist.

Theme 4: Diversity is an Asset. Multiple participants explained that no single person, and no single intervention, can support students' success alone. Further, supporting students to access mental health is a human endeavor that can feel scary. No level of adult-thinking or systems-thinking will change that for students. However, the relational work of the student support team with students, coupled with the team's lack of “ego” about how students find their way to support allows staff's diversity to be an asset to support student's access to mental health

because mental health is integrated into the larger MTSS. The team shared examples where diversity was used as an asset, and both staff and students' cultural identity was the focus of how to support their success, and without this thinking a successful mental health integration into the MTSS would not be possible at a school that serves the student population of the urban alternative high school.

Theme 5: School and Community Intersection. Students' lives are complex, and that complexity does not get left at the school door. The participants of this study explained how recognizing this and providing support is a pathway for students' success. This theme is related to the integration of mental health into the MTSS because for mental health support to work trust is needed. The school community intersection is where the participants of this study talked about supporting learners' basic needs and helping them in some of their hardest moments. Having the mental health supports integrated and a part of that trusting relationship between community and school is how the integration can be successful.

Success Metrics of School Based Mental Health Integration at the Urban

Alternative High School. From both the participants' interview data student success is an individualized, unique measure for each student at the school. From the limited data available from other sources about student success at the urban alternative high school, student success at the urban alternative high school is below state averages. For example, the school's four-year graduation rate is 21% and their seven-year graduation rate is 53%. Graduation rates are not good success indicators for alternative schools because students choose to attend an alternative school after the school system has brought them school success challenges. Further, the urban alternative high school serves a group of students who are too old to earn a traditional high school diploma, and therefore would never be captured as successful in these data points (urban

alternative high school Executive Director, personal communication, July 30, 2021). The urban alternative high school has created their own metrics to measure student growth through their school continuous improvement plan. These are annual plans created by the school with goals for the next year and shared with the school community. Historical goals have been around trauma informed teaching practices, career readiness metrics, positive school climate, and classes passed. School data used to measure these metrics includes: referrals to therapists and professional development lead by therapists. These are two implementation or success metrics that are directly linked to an integrated school based mental health program. The data on these public school continuous improvement plans related to the school's success indicators does not have shared outcomes.

In the end, traditional school indicators would say that the urban alternative high school is well behind state benchmarks for success; however, the school represents a new opportunity for student success. The participants of this study discussed student challenges like parenting, immigration, chemical health, housing, and “aging” out of a high school diploma. Nonetheless, the participants' data shared that the pathway to student success was through a collaborative approach, summarized by the five themes presented in Chapter 4, and supported by an integrated school based mental health system. It is necessary to note that this measure of success implies that students at the urban alternative high school, no matter their personal successes, may never meet the success indicators that most schools use.

Implications

Of the at least 20% of school-aged youth who experience mental health problems, each year, only 36% of them receive treatment for their needs (Allison et al., 2014; Burns & Rapee, 2016; Capp, 2015; Paulus et al., 2016; Weir, 2020). These unmet needs do not go away, and

school is one of the best facilitators of this needed support (Emmons & Belangee, 2018; O’Dea et al., 2019). The COVID-19 pandemic has brought awareness and resources to mental health in a new way, so now is the time for schools to invest in mental health support. Even though mental health needs may be highlighted, and resources may be targeted for mental health support, school based mental health programs, like the one at the urban alternative high school, take layers of resources. Participants discussed the financial investment in therapists at the school. The financial investment is the most obvious layer of need to implement a school based mental health program, but in addition, schools need to recognize the systems-thinking shift needed to integrate school based mental health. This may lead to many different types of staff investing time, and time is one of an educator’s most valuable this is especially true considering the limited time educators have with students. Taking some of that away from core academics is a critical investment leaders need to be ready to support. Further, to support an integrated mental health program, similar to the program at the urban alternative high school, staff to student ratios overall need to be low. The exact ratio would need to be at a level where the relational factors presented in chapter four could be realized. The overall implications of this study involve the value of school based mental health at the urban alternative high school, and that there are pathways to creating school based mental health models that are integrated into schools’ MTSS.

School Based Mental Health Integration at the Urban Alternative High School

The MTSS model at the urban alternative high school may break from some theoretical MTSS conventions. The data of this study describes a model that is more of a layering of individualized services rather than tiers of services targeting groups of students. Even though there are elements of the support system at the urban alternative high school that are unique and non-traditional, the school based mental health program aligns with each key conceptual

framework of school based mental health programs described in chapter two: the whole school approach, leadership teams, collaborative partnerships, leadership's role in school based mental health.

When asked about what might be transferable about the model at the urban alternative high school, multiple participants thought that the weekly meeting with the goal of talking about every student, every week should be a goal of all schools. Finding a team approach to humanize and connect about all students seems like a tangible way other schools looking to integrate mental health support into their MTSS could make the support structure more about relationships. The opportunity of making these weekly connections at a small school is obvious when compared to the challenges of at a large, comprehensive high school.

Next, schools with existing mental health workers need to get mental health staff members "at the table." The participants shared having mental health workers at intake meetings, weekly meetings and generally "a part of the conversation" is key to normalizing mental health support at school. Schools need to invest in mental health; this small program has multiple licensed mental health providers to support students.

Finally, the urban alternative high school has many support structures in place that seem to work for their student population. However, because of the nature of their program they are able to pause, decrease, and change academic pathways without significant negative student outcomes. This would be a major challenge at other school programs where test scores, grade rates and other student outcomes are more drivers than they may be at the urban alternative high school.

Nevertheless, the participants did name needs and wants for the school based mental health program at the urban alternative high school. The common refrain for needs was a desire

to “do more.” Participants wished they could provide childcare at schools, provide therapy in more languages, and provide more access to therapy overall. From the participants’ perspective, the limiting factor for providing these additional services were budgetary.

Implications for Future Research

This study adds a small amount of data about school based mental health programs. Studies about more schools and more types of schools are needed to add depth to the answers that are beginning to develop about school based mental health. Of particular interest would be looking at comprehensive 9-12 high schools’ integration of mental health into their MTSS. This would add the complexity of integrating with thousands of students rather than hundreds, like at the urban alternative high school. Data that includes student voices and success data in correlation with mental health support would be intriguing parameters for future research. Continuing to develop connections to traditional school-success metrics like GPA, graduation, or even positive behavior markers like attendance and office referrals is an important next step for school based mental health research.

Concluding Comments

The participants of this study shared detailed, and at times, intimate examples of how they support students through very challenging situations. The data collected and analyzed showed that there are clear, simple steps the school takes to connect mental health supports into an MTSS. Though the urban alternative high school is a unique learning program, there are principles that can be taken from their practices that will better connect students to needed mental health services at school.

Finally, the research shows that school is a conducive environment for mental health support (Behavioral Health Division, 2020; Swick & Powers, 2018; van Vulpen et al., 2018).

When schools and school leaders look to make decisions about school based mental health programming, integrating mental health supports into their overall MTSS should be a consideration. If the urban alternative high school's system, and the themes of this study, could be distilled for final considerations for schools considering integrating mental health into their MTSS they would be: to convene all student support members (academic, behavioral, emotional) each week and talk about every student, use a team approach to relationally connect students to services, reduce mental health support stigma by having mental health workers at all family meetings from in-take onward, invest in mental health workers, invest in staff that reflect the diversity of your student body, and allow the student supports to be a part of student success - find unique and different ways to measure success for students who have struggled to find school success. These are the core factors of implementing a school based mental health program that is integrated into the larger MTSS at the urban alternative high school.

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Appendix A

Interview Protocol

Semi Structured Interview Questions

1. INTRODUCTORY QUESTIONS:
 - 1.1. How long have you worked at the urban alternative high school/partner mental health providing organization?
 - 1.2. What is your job and job title?
 - 1.3. How long have you been in your current position?
 - 1.4. How would you describe your job to someone outside the education/student support system?
 - 1.5. How do you think your role would be described by other members of the student support team? What about other teachers in the school?
2. THE STUDENT SUPPORT TEAM
 - 2.1. Can you describe the Student Support team and how you work together?
 - 2.2. Can you describe your role within the team? How is your role different from other members of the team?
 - 2.3. How does the team communicate?
 - 2.4. Describe how students are referred for mental health support?
 - 2.5. If we ran into a student in the hall, how would they address you? How would they describe your job/role at the school?
 - 2.6. How does the team distinguish between behavior, academic, emotional (MH) needs when targeting an intervention?

2.7. Are there examples of unique or novel intervention / treatment plans that happen at the urban alternative high school that may not be as common at other schools?

2.7.1. Do you think of the intervention / treatment plans as distinctly “behavioral”, “academic”, or “emotional (MH)” or is there “cross-over”?

2.7.2. Can you describe a situation where an intervention / treatment plan worked / didn’t work?

3. THE SCHOOL PHILOSOPHY

3.1. What is the urban alternative high school’s philosophy towards mental health support? How can you “see” that philosophy in action day-to-day?

3.2. Do you have a philosophy towards mental health support? Would you describe it?

3.3. What are the barriers to mental health support at the urban alternative high school? Who on the staff/team is open to mental health as an intervention?

3.4. Do you see preconceived bias towards mental health supports amongst the team? How do they manifest?

3.5. What aspects of this student support model make it effective for students?

3.6. From your perspective, how does urban alternative high school meet students' overall needs at school?

3.7. What elements of the student support model demonstrate student progress?

3.8. How does the urban alternative high school/partner mental health providing organization measure students' success?

4. MODEL TRANSFERABILITY

4.1. What elements of the student support model could be easily transferred to other schools?

- 4.2. If you could change an aspect of the urban alternative high school's student support model, what would be different? Why?
 - 4.3. What is an element of urban alternative high school's student support model that is critical to its success?
5. CLOSING QUESTION:
- 5.1. Is there anything else you would like to share?
 - 5.2. Do you have any questions you would like to add?

Appendix B

Welcome Email Sent to Participants

Good Evening,

Thank you for agreeing to participate in this study / interview. I am a student of Bethel University's Doctor of Education program. My studies have created an interest in pursuing a qualitative case study dissertation around school based mental health. The title of my study is "Everybody here is like a therapist." A Qualitative Case Study of the Integration of School Based Mental Health within a Multi-Tiered System of Support in one Urban Alternative High School."

The design of this study is based on collecting from interviews with the student support team to learn more about the integration of mental health support into the overall intervention system at the school. The goal of the one-on-one interactions of the interview design is to better understand how mental health supports are integrated into a school's other intervention systems.

Participants can choose if they would like to do these in person or via TEAMS. The shared information and collected data will be kept to the highest confidentiality standards. I have chosen The Alternative School and Partner Organization as a location of study because of the long history the organization has provided mental health services during/at school.

I have attached an Informed Consent form with more detailed information and specifics about procedures, participation, and privacy in this study.

Please review the Informed Consent Document - we will review and you will have a chance to ask questions before the interview begins. The Informed Consent Form needs to be signed before the interview.

Best, Adam Kunz

Appendix C

Informed Consent Letter

Consent Form for Levels 1 and 2 Research with Humans: Kunz Interview

My name is Adam Kunz. I am a doctoral student of Bethel University pursuing my Ed.D in Educational Leadership. One requirement of the program is to complete a dissertation. As such, I am conducting a research study titled “Everybody here is like a therapist: A Qualitative Case Study of the Integration of School Based Mental Health within a Multi-Tiered System of Support in one Urban Alternative High School.”

My research study is overseen by the program director of Bethel University, Dr. Tracy Reimer and Dr. Mary Michener, my dissertation advisor. The consent form offers information regarding your voluntary participation in the study. If you have any questions you can contact me prior to the interview. When you have questions, contact me by email adk32324@bethel.edu.

Purpose of the Research: Based on the identified problem, the purpose of this qualitative study will be to examine the integration of a school based mental health program within a Multi-Tiered System of Supports at an urban alternative high school where the integration is established.

You were selected as a possible participant in this study because you are either a member of the student support team at the Alternative School and/or you are a mental health care provider through the partner organization Inc. who is supporting students. If you decide to participate, I will conduct a one-on-one interview with you as detailed here:

Research Procedures: The interviews will be in the natural setting in a private meeting room at the school or via Teams - whichever method is more preferred by the participant. The length of the interview will be around one hour. This estimate is considering introductions, consent form questions/clarifications, and the interview questions themselves.

I will audio-record each interview. I will use the audio recording functions on Zoom if the meeting is remote. If the meeting is in person, I will use QuickTime Player.

During the interview, I will ask a series of prewritten questions relating to the overarching theme of the case study. The questions will be open-ended in nature, and I may ask you to clarify answers or I may ask follow up questions for further elaboration.

The interviews will be transcribed verbatim using NVivo’s transcription services. Once this transcription is complete, I will contact you to confirm the accuracy of the transcription as well as provide another opportunity to ask for clarifications. Once all the interview data is collected, I will use a process of data analysis that will designate themes and place meaning to responses as a means of creating a larger understanding of the research question.

Potential Benefit for Participants: The goal of this research is to add to the field of knowledge around student support. Therefore you will be, as a participant in this study, directly contributing

to the field of knowledge and adding your experiences serving students to the larger field of knowledge around student support systems. You may read the findings and conclusions of my dissertation which could further the development of student support systems at your school or your future schools.

Potential Benefit Risk for Participants:

The interview questions will include questions about mental health treatment, barriers, and biases. These questions may hold some sensitive information or feelings for participants, and some of the questions might generate discomfort. All potential participants should know they can choose not to answer any interview question. Further, all participants can withdraw from the study at any time.

Further, even though I am taking concrete steps to not disclose any identifying information during the reporting of results in my dissertation (e.g., no personal names will be used, nor will the name of the school or location be disclosed), because of the small sample size and qualitative description of themes from the coding of the interviews, it is possible that someone reading the dissertation could deduce your identity or the identity of the school. To be kept safe and confidential, the audio files and transcripts will be stored on a password protected cloud server that can only be accessed by the researcher. Audio recordings of interviews will be destroyed at the conclusion of this study.

Protection of Research Participants/Confidentiality: Your participation is voluntary in this study. Therefore, you can request to stop the recording whenever and for any reason, and you may opt out at any time. To protect confidentiality, each participant will be given a pseudonym, and I will remove any other information that may identify a participant.

Your decision whether or not to participate will not affect your future relations with [REDACTED] or [REDACTED] School in any way. In fact, you are under no obligation to participate in this study. You can say “no” to participating, or can withdraw from this study without any negative impact on your performance review or employment status at [REDACTED]

If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

This research project has been reviewed and approved in accordance with Bethel’s Levels of Review for Research with Humans. If you have any questions about the research and/or research participants’ rights or wish to report a research-related injury, please call Adam Kunz 651-341-4537, my faculty advisor Mary Schulze Michner, College of Adult and Professional Studies and Graduate School 651-635-8001, or Peter Jankowski, Ph.D, Bethel University, IRB Chairperson 651-638-6901.

You will be offered a copy of this form to keep.

Participant Consent: By signing the informed consent document I understand that I am a voluntary participant in this study. I am an informed, consenting participant. I have read the

entire consent form. If I have questions or concerns I will contact the researcher. I freely agree to participate in the study under the terms and conditions outlined. I approve of the researcher using the interview data in accordance with the conditions outlined.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study

Signature Date

Signature of Investigator

2/02

Appendix D

Code Definitions

Accessing Mental Health: The code was used when a participant talked about the process (how, why, when) the school and or partner organization uses to support student access to mental health support at school. For example, students are offered mental health support at their intake meeting and referrals to mental health happen at the weekly meeting.

Communication: This code was used when participants talked about the student support team's communication process (how, why, when). This was used both in terms of how they communicate with each other and with students/families. For example, "Teams" messages are highly valued staff to staff communication and developing a relationship with someone who "cares" about the student is a key strategy for communicating with students/families.

Connecting Students to Service: The code was used when a participant talked about the process (how, why, when) the school and/or partner organization uses to connect students with a variety of services including academic, social and behavioral services. Examples are driver's education, COVID-19 care, mental health therapy, drug/alcohol treatment, transportation, and job-training.

Culture as Barrier to Mental Health Support: The code was used when a participant talked about barriers to mental health therapy that could be categorized as "cultural." Examples that participants gave are mistrust of the system and therapists not "looking" like students.

Defining Pathways for students' success: The code was used when a participant talked about the need to help students find success, and that many of the students at the school have not found school success yet finding new and different ways to help students see their success is a school value. A key example multiple participants gave was defining success by how students

behave at school - when students are able to communicate and be comfortable in a learning space that is a key step towards success, from the participants' data.

Discuss Each Student, Each Week: The code was used when a participant talked about the process of school support where the entire school support team meets each week in the “weekly meeting.” A valued part of that meeting is to talk about every student. This is valued as a preventative to avoid “students from falling through the cracks.”

Growth and Change Equal Success: The code was used when a participant talked about the value of helping students see changes they make as success. Participants talked about how helping students identify and celebrate small milestones is important to keep momentum going for the learners they serve. This is both in terms of academics and social and mental health support.

Home Impacts School and Learning: The code was used when a participant talked about the need for a holistic approach to learning and the impacts the community has on the school, the students and learning. Examples that participants gave were about gang activity, transportation issues, and the history of the school.

Language as Barrier to Mental Health: The code was used when a participant talked about barriers to mental health therapy that were specific to not having a therapist who could speak the native language of the student in need. The main language cited was Karen.

Mental Health Team “at the table:” The code was used when a participant talked about therapists (or other members of the mental health team) being at all relevant meetings. This includes having a therapist at the intake meeting when students are first welcomed to the school, and at all the weekly meetings when the team discusses every student.

Multiple Job Roles: The code was used when a participant talked about how everyone at

the school and partner organization has multiple roles. Participants explained this as a product of the school's small size. Evidence of this can be seen in Table 1 that shows each participant's dual/multiple roles.

Prioritize Student Support: The code was used when a participant talked about how supporting students is prioritized before academics. The common philosophy of the participants is that students need to be welcomed, and have a positive relationship in place before academic learning will flourish. Participants gave examples of how relational work supports later academic success.

Relationships with Students: The code was used when a participant talked about The common philosophy of needing to have a positive relationship in place before academic learning will flourish. Participants gave examples of how engaging students in trying therapy works much better when staff with caring relationships explain the value of therapy to the students first.

Staff-Staff Relationships: The code was used when a participant talked about how staff work and communicate with each other. Participants gave examples of how important communication is and how they keep open and frequent text communication, eat lunch together and the high value they place on the weekly meeting.

Strength of Diversity: The code was used when a participant talked about how the school serves students from so many different backgrounds, and that the staff see that diversity as a strength of the school. Examples participants gave were about the stories of refugee and immigrant students.

Weekly Meeting: The code was used when a participant talked about the meeting the support staff has each week. All members of the support staff are present. They discuss each student.