Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework

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Schools provide an ideal setting to deliver interventions that support student learning, health, and well-being.

Many K-12 schools partner with community resources to provide wraparound services, expand health and mental health services, and offer a continuum of health and learning supports. Research confirms that implementing prevention and health promotion programs, as well as delivering services in schools, improves access and reduces barriers to services, increases utilization and follow-up, reduces stigma, and is associated with a host of positive health and education outcomes.[1,2]

Factors that impact health, well-being, and learning are also known as Social Influencers of Health and Education (SIHE). The SIHE are essential to understand because the social, environmental, or economic conditions in which individuals are born, live, learn, play, work, worship, and age, impact their health status and educational achievement.[3] Screening and/or surveillance for SIHE can uncover the extent to which these may positively or negatively impact individuals, groups, or the whole school community.[4] With this information, schools with their integrated health and mental health professionals – and namely school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) – can provide interventions that mitigate the effects of SIHE associated with poor short- and long-term outcomes.

This brief describes how the use of a multi-tiered system of supports (MTSS) framework for SIHE-related interventions promotes alignment with and can increase the benefits of other academic, social-emotional, and behavioral interventions already offered in school.

For more information on SBHCs, CSMHSs, and how the education and health sectors can together address SIHE, visit:

The Center for Health and Health Care in Schools

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

NCSMH
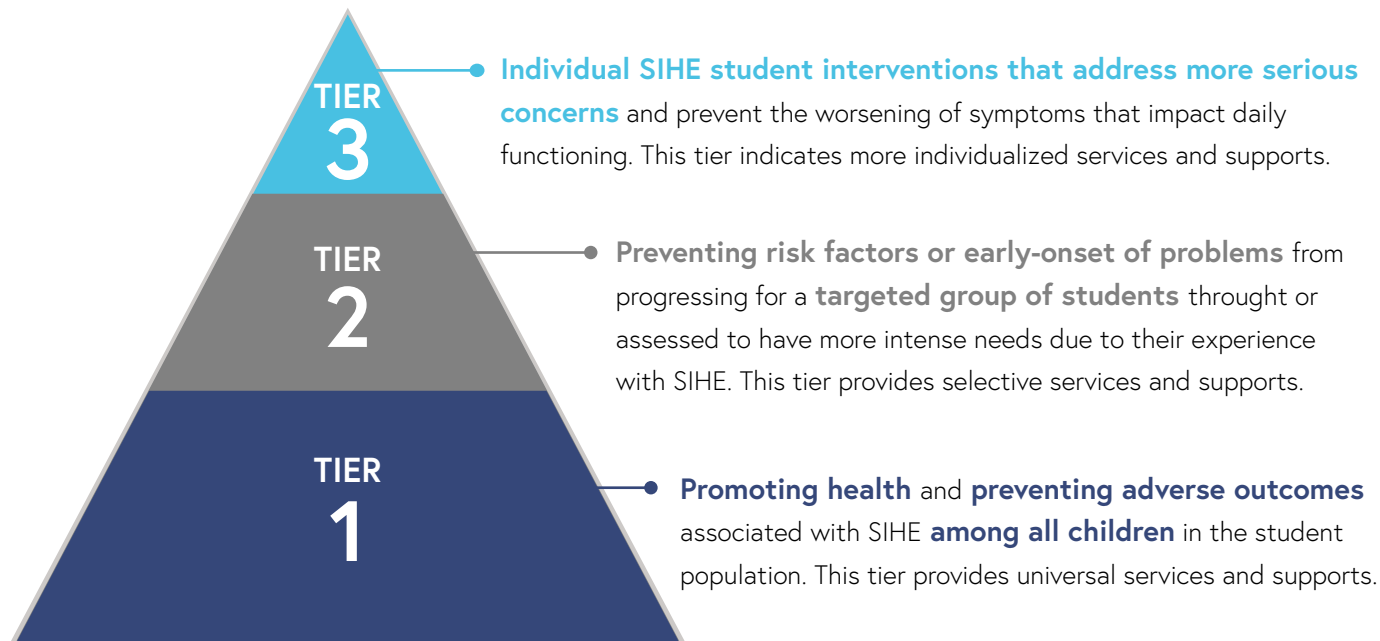NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Using a Multi-Tiered System of Supports (MTSS) Framework

Schools commonly use a three-tiered framework called a multi-tiered system of supports (MTSS) to deliver instructional or behavioral intervention to students.[5] Using an MTSS framework for SIHE facilitates the delivery of interventions to students dependent on their level of need.

School-based staff, including staff who are part of SBHCs and CSMHSs, may be familiar with similar multi-tiered frameworks, such as the health impact pyramid, to improve public health.[6] Similar to MTSS, the base of the health impact pyramid represents the aim to support the general population. The increased intensity of intervention in the upper tiers aims to be responsive to the growing demand for individualized services. Regardless of the pyramid's name or the number of tiers, such a framing helps school staff and providers match the provision of services to their students' needs. SBHCs and CSMHSs are well-positioned to partner with schools to provide a full continuum of supports beyond treatment services delivered to those at greatest risk.
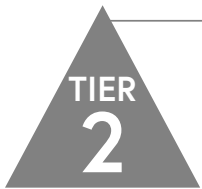
Defining an MTSS for SIHE

TIER 3

Individual SIHE student interventions that address more serious concerns and prevent the worsening of symptoms that impact daily functioning. This tier indicates more individualized services and supports.

TIER 2

Preventing risk factors or early-onset of problems from progressing for a **targeted group of students** throught or assessed to have more intense needs due to their experience with SIHE. This tier provides selective services and supports.

TIER 1

Promoting health and **preventing adverse outcomes** associated with SIHE **among all children** in the student population. This tier provides universal services and supports.

TIER 1

Tier 1 focuses on promoting health and preventing adverse outcomes associated with SIHE among all children in the student population based on available school, community and population data. This tier provides universal services and supports through strategies such as:

- Universal health and mental health literacy interventions
- Prevention and health promotion programs and policies
- Health communications and resource dissemination
- School-community partnerships with health and human service agencies
- Health and wellness events
- Professional development for school and community staff to build knowledge and awareness
- School-wide surveys about student assets and needs
- School or district policies that advance equity

TIER 2

Tier 2 focuses on preventing risk factors or early-onset of problems from progressing for a targeted group of students thought or assessed to have more intense needs due to their experience with SIHE. This tier provides selective services and supports through strategies such as:

- Targeted screening
- Referral and follow-up activities[7]
- Small groups for students coping with specific challenges
- Support groups for at-risk families
- "Trainings and workshops to remediate limited knowledge or skills

TIER 3

Tier 3 focuses on individual SIHE student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning. This tier includes more individualized services and supports, such as:

- Individual screening
- Case management
- Care coordination
- Motivational interviewing
- Individual, group, or family counseling

SIHE interventions along an MTSS framework might look different across schools and districts given their unique contexts and the specific needs of their respective student and family population(s). An MTSS framework helps educators and school health partners understand what resources, programs, and policies are required at each tier to mitigate the negative impact of SIHE on students and work towards equity in health and education.

Established best practices in the implementation of an MTSS framework should be adopted when focusing on SIHE. These practices include, but are not limited to, data-driven decision-making, effective multidisciplinary teaming, use of evidence-based interventions, family and community engagement, and monitoring and evaluation.

Examples of SIHE Interventions Using an MTSS

The following table presents ideas for the ways in which schools, particularly those with SBHCs and/or part of CSMHSs, can address SIHE needs using an MTSS framework. These examples often require the involvement of community partnerships.

SIHE	Example of Potential Health Impact of SIHE	TIER 1 Intervention Example	TIER 2 Intervention Example	TIER 3 Intervention Example
Lack of or limited access to technology	Insufficient access to technology leads to missed telehealth appointments and/or class sessions.	Implement a one-to-one device policy, which issues each student a laptop computer, Chromebook, or tablet.	Conduct office hours in native language to troubleshoot and answer parents' and guardians' questions about technology use.	Provide WiFi hotspot devices to families without home Internet access.
Unsafe housing	Living in older homes that are in disrepair may cause exposure to lead-based paint and elevated blood levels.	Disseminate information and host meetings in partnership with the local health department to educate all families about the dangers of lead exposure.	Conduct virtual or in-person home visits with families living in areas with high rates of lead poisoning to assess their risk and inform them of signs and symptoms of lead exposure; refer students to the SBHC for an annual well-check visit to conduct age-appropriate lead screenings.	Refer families to local housing authority programs to resolve home lead exposure or assist in their relocation to safe housing.
Food insecurity	Insufficient food to eat at home causes children to request to go to the nurse's office complaining of stomachaches.	Offer universal school meals (breakfast and lunch).	Work with partners to implement a school-based food pantry or holiday food drives.	Assist with applications and refer families to the local Supplemental Nutrition Assistance Program (SNAP) office for families with chronic food insecurity.
Chronic absenteeism	Missing 10 school days in the quarter and expressing difficulty waking up and getting to school on time.	Implement a school-wide attendance awareness campaign in the first month of school.	Identify underlying issues impacting attendance and develop a Student Attendance Success Plan with the student and family for those referred to the student support team.	Conduct intensive outreach to locate the student and family, assess the situation, and assign a care coordinator.

Examples of SIHE Interventions Using an MTSS (continued)

SIHE	Example of Potential Health Impact of SIHE	**TIER 1** Intervention Example	**TIER 2** Intervention Example	**TIER 3** Intervention Example
Language barriers	Limited English proficiency leads to a parent not understanding a pediatrician's instructions.	Translate materials and health information in common languages spoken in the school community.	Hire or bring in bilingual providers in SBHCs or CSMHSs to engage with families around health and education needs.	Provide families with translator, or make use of Language Line, for clinical and health appointments.
Lack of or limited access to public transportation	Use of multiple forms of public transportation, some of which are unsafe, to access a health or mental health specialty provider.	Institute universal public transit fare for students with student IDs to travel within the local area.	Provide public transit fare or arrange rideshare services (e.g., Uber, Lyft) when public transportation is not an option.	Provide out-of-district transportation for homeless students under McKinney-Vento Act provisions.
Limited social connectedness	Relationships with peers is a protective factor, thereby increasing the health and well-being of children.	Support teachers in holding morning meetings or advisory classes that foster school community-building.	Help to offer a variety of extracurricular activities, sports, and clubs that meet the various interests of students at risk for school dropout.	Assist in establishing or connecting to a mentoring program to pair individual students with an adult mentor.
Community violence	Fear of going outside in the neighborhood due to worry that school conflicts will escalate into more serious conflict in the community.	Assist with the implementation of universal violence prevention programs, such as restorative justice practices.	Provide targeted violence prevention programs, for example, gang violence prevention programs and conduct targeted risk assessments.	Help develop crisis response plans, which may include the conduct of threat assessments.
Other basic needs (related to income, utility assistance)	Inadequate access to running water, electricity, heat, or other utilities.	Adjust hours to make school and library available evenings and weekends to facilitate computer and Internet access; send information home about available public services and resources.	Install a washing machine and dryer and make free detergent available for students with laundry needs; provide toiletry "pantry" or care packages with hygiene products.	Refer families to human services agencies for rental and/or utility assistance.

Conclusion

School-based staff, including staff who are part of SBHCs and CSMHSs, are well-positioned to help mitigate the underlying drivers of illness, disease, and dysfunction that hinder student well-being.

An MTSS framework offers an effective way to organize the delivery of supports responsive to student needs and allows schools to still function in both a familiar and collaborative way.

SBHCs and CSMHSs represent two collaborative approaches that schools use to address SIHE by facilitating children's access to a continuum of high-quality healthcare services regardless of insurance status. However, SBHCs and CSMHSs may also work as integral entities within their school to help plan and deliver intervention that mitigate additional negative SIHE, such as food insecurity, housing instability, and access to basic needs. SBHCs and CSMHSs can address SIHE by facilitating student access to preventative and intervention services and supports.

It is important to note, though, that the education sector – namely, schools and districts – cannot and should not be expected to reduce SIHE alone. A single entity cannot address the complex social and economic issues that children and families face. In fact, SBHCs and CSMHSs have reach beyond the school walls and into the community. While school-based interventions within an MTSS framework provide a strong starting point, a systemic approach to focus on the physical and policy environments that create these risky conditions will also be required. For this reason, school-community partners and cross-sector engagement of collaborators are necessary to reduce health and education disparities and promote equitable child, family, and community outcomes.

> *An MTSS framework offers an effective way to organize the delivery of supports responsive to student needs and allows schools to still function in both a familiar and collaborative way.*

Endnotes

1   Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2014). The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions. *School Mental Health, 6*(2), 84-98.

2   Knopf, J. A., Finnie, R. K., Peng, Y., Hahn, R. A., Truman, B. I., Vernon-Smiley, M., … & Community Preventive Services Task Force. (2016). School-based health centers to advance health equity: A community guide systematic review. *American Journal of Preventive Medicine, 51*(1), 114-126.

3   Center for Health and Health Care in Schools, School-Based Health Alliance, National Center for School Mental Health (2020). Understanding Social Influencers of Health and Education: A Role for School-Based Health Centers and Comprehensive School Mental Health Systems. Washington, DC: School Health Services National Quality Initiative.

4   Center for Health and Health Care in Schools, School-Based Health Alliance, National Center for School Mental Health (2021). Assessing Social Influencers of Health and Education. Washington, DC: School Health Services National Quality Initiative.

5   Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

6   Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health, 100*(4), 590-595.

7   For screening considerations, please visit: http://www.schoolmentalhealth.org/Resources/Mental-Health-Screening/