The Healthy CPS Network Specialist: Implementing a Multi-tiered System of Supports using SISTER/ERIC Strategies in Chicago Public Schools

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INTRODUCTION

In the United States, there is a plethora of policies at the federal, state, city, and local (school district) levels that govern and guide school health and wellness. Navigating and successfully implementing these policies is an ongoing challenge that schools face on a daily basis. Identifying strategies to support schools in implementing these policies is key; however, strategies need to be aligned with practices that are commonly used in schools to facilitate stakeholder buy-in. This research describes an approach developed with Chicago Public Schools (CPS), to provide implementation supports to one geographic network of schools in the district, by leveraging education sector and implementation science frameworks. (See Figure 1.) Cook et al.'s study, which translates clinical implementation domains and strategies, Expert Recommendations for Implementing Change (ERIC), to School Implementation Strategies, Translating ERIC Resources (SISTER), lays the foundation for this disciplinary crossover (1). Many school districts, including CPS, administer health and wellness policy implementation supports in accordance with a Multi-Tiered System of Supports (MTSS) framework, which involves delivering supports to schools along a tiered continuum, with 'Tier 1' representing universal supports to all, 'Tier 2' representing targeted supports, and 'Tier 3' representing highly individualized interventions (2). Using an MTSS framework, CPS's Office of Student Health and Wellness (OSHW) developed the Healthy CPS initiative and accompanying Healthy CPS Network Specialist position to improve school-level compliance with federal, state, and local health and wellness policies.

Figure 1: Conceptual Framework for the Healthy CPS Network Specialist Position Development and Implementation
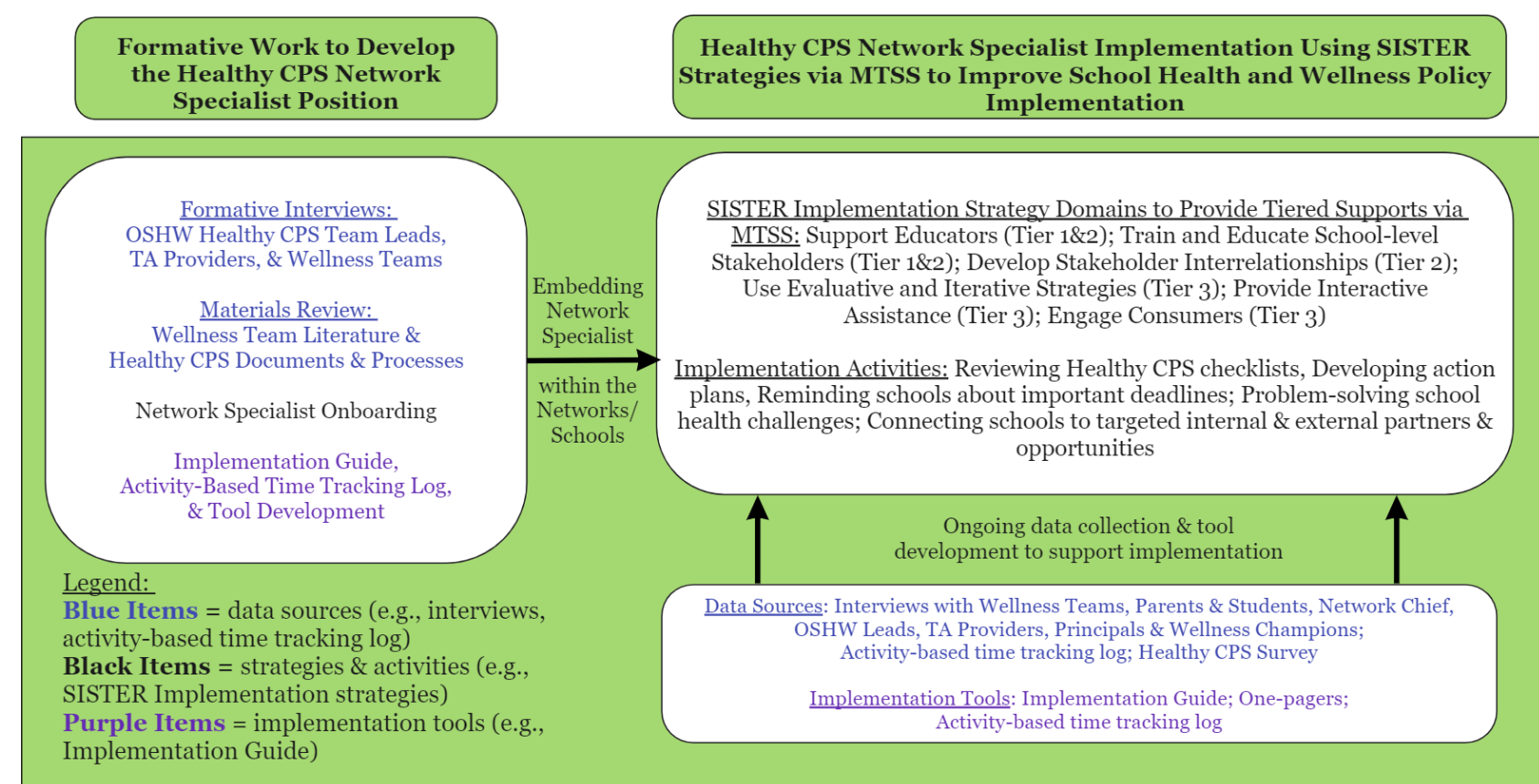
RESEARCH AIMS

❖ Identify the primary implementation activities and strategies used by the Healthy CPS Network Specialist to support school health and wellness policy implementation.

❖ Describe the implementation of the Healthy CPS Network Specialist using an MTSS framework within the context of Cook et al.'s SISTER domains and strategies.

METHODS

The study involved analyses of qualitative data from 25 interviews with the Network Specialist and stakeholders interacting with the Network Specialist, as well as data (556 entries) from an activity-based time tracking log used to capture the day-to-day activities of the Network Specialist. Interviews were recorded, transcribed, and analyzed using MaxQDA and data from the log were processed monthly using Stata. The log and interview data were both mapped to specific SISTER implementation domains and strategies by the study team. Log data was also coded by MTSS tiers.

FINDINGS

In capturing the full range of the Network Specialist's activities, researchers identified the Network Specialist's implementation activities that fell within 6 SISTER domains and the domains' frequencies in both the activity-based time tracking log and the qualitative interviews. From the log data, domain frequencies were broken down by tiers of support and specific SISTER implementation strategies were also identified and mapped to MTSS.

Table 1 categorizes the Network Specialist's supports by MTSS tier, with illustrative quotations from the interviews that exemplify the Network Specialist's supports within each tier, and presents the relative frequency of tiers of support provided as cataloged in the log. Tier 1 supports included reminders, email guidance, newsletters, and links to more general resources that went to all schools. Tier 2 supports were interactions with schools that were more focused, targeted instruction/interventions, supplemental supports, and/or follow-up communications. Tier 3 supports represented the most targeted supports and included onsite visits to schools and standing meetings with school staff.

Table 2 includes examples of implementation strategies used by the Network Specialist to support schools in achieving Healthy CPS grouped by SISTER domain, the activity-based time tracking log frequencies of these strategies by SISTER domain, and the frequency these strategies appear within 25 interviews with key Healthy CPS stakeholders. The table is sorted in descending frequency based on the activity-based time tracking log data – which included a total of 556 interactions. The final three columns present a cross-tabulation of interactions from the activity-based time tracking log by SISTER domain and MTSS tier that was used to inform the development of **Figure 2**.

Figure 2 is a graphical representation of the alignment across MTSS and SISTER domains. It also highlights the specific SISTER strategies within each SISTER domain and Network Specialist example supports that align with each tier of support. Two SISTER domains span Tiers 1 and 2, "train and educate stakeholders" and "support educators." Aligning with the data presented in **Table 2**, the SISTER domain "develop stakeholder interrelationships" and strategies falling under this domain are depicted as primarily Tier 2 supports. The domains and subsequent strategies for "use evaluative and iterative strategies," "provide interactive assistance," and "engage consumers" are depicted as primarily Tier 3 supports.

Table 1: Network Specialist Activities by Tiers of Support

Tier	Definition	Quotation	Log Frequency[a]
1	Supports and resources, including email guidance, newsletters, and links to resources available on internal & external CPS websites, that go to all schools	"I send out three reminders with anything I send out…and then I have times that are allotted, so they can go in at their leisure to schedule a time that's best for them." -Network Specialist	340/556 (61%)
2	More focused, targeted instruction/ interventions, and supplemental supports	"So, we were able to obtain two individuals from a college to teach our sex ed. class and… [the Network Specialist] … had a connection with [that resource]." -Principal	165/556 (30%)
3	Most targeted supports and interventions (i.e., onsite visits and standing meetings)	"I do have a lot of administrators that contact me via phone… I'm with administrators once a month within the Network meeting…I'm always interfacing." -Network Specialist	50/556 (9%)

Data Sources: Activity-based time tracking log and process evaluation interviews conducted from 2020-2022 [a]One interaction logged by the Network Specialist could not be categorized into any of the three tiers.

Table 2: Network Specialist Implementation Strategies by SISTER Domain and Tiers of Support

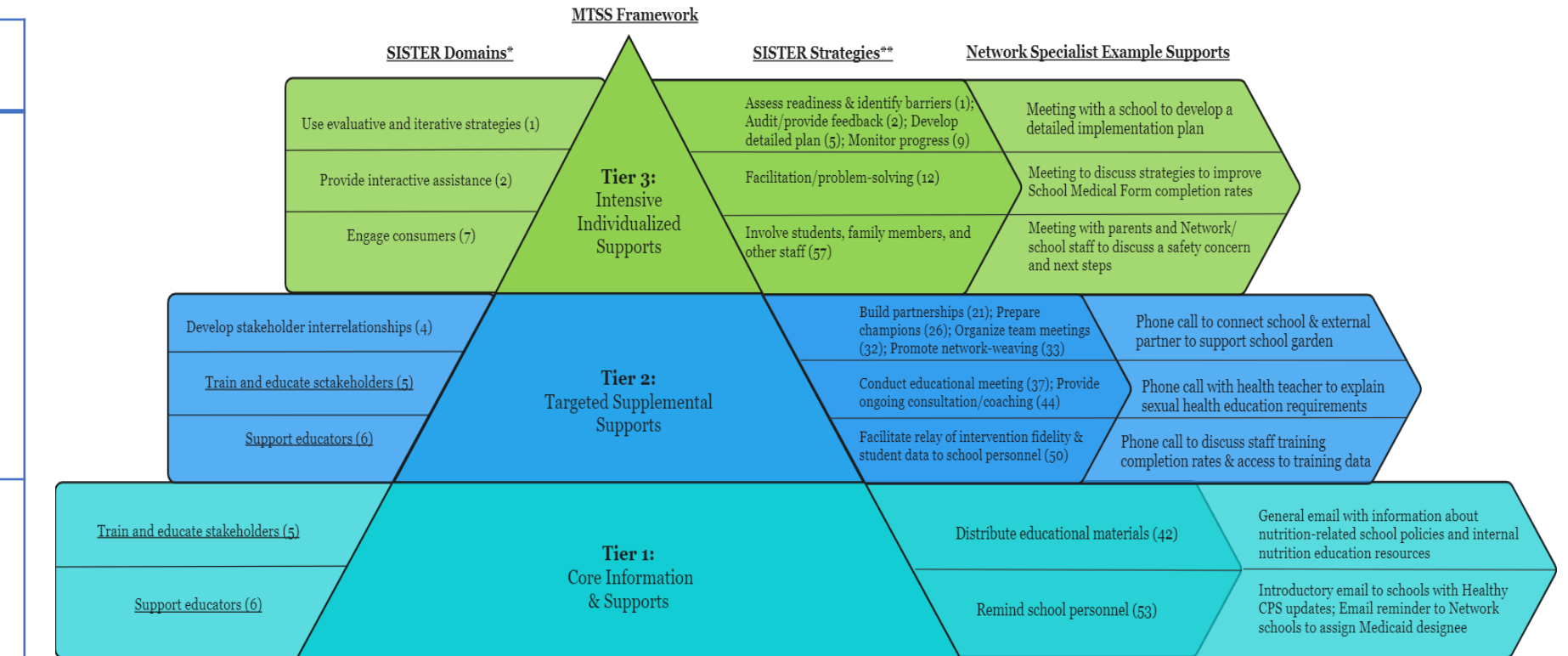| SISTER Domain	Examples of Implementation Strategies Used by the Healthy CPS Network Specialist	Log Frequency[a]	Interview Frequency[a]	Log Frequency Tier 1 (N=340)[b]	Log Frequency Tier 2 (N=165)[b]	Log Frequency Tier 3 (N=50)[b]
Support Educators (N=240)	Sending/providing reminders (e.g., to complete Healthy CPS survey, assigned trainings, etc.); helping schools generate buy-in for Healthy CPS compliance; supporting employee wellness; sending/sharing real-time health data with schools (e.g., staff training completion data)	240/556 (43%)	18/25 (72%)	210/240 (87.5%)	21/240 (8.8%)	9/240 (3.8%)
Train and Educate Stakeholders (N=132)	Sending schools relevant information/materials; answering questions about specific Healthy CPS criteria/school health questions; redirecting to resources and/or answering clarifying questions; connecting Wellness Champions from different schools to discuss similar health-related implementation challenges and learnings	132/556 (24%)	22/25 (88%)	44/132 (33.3%)	73/132 (55.3%)	15/132 (11.4%)
Use Evaluative & Iterative Strategies (N=72)	Participating in school walks and quarterly meetings; reviewing checklists and school-level health data; developing action plans; collecting Healthy CPS documentation; reporting back to Principals and Chief on findings of check-ins with Wellness Champions and/or school-level walks	72/556 (13%)	19/25 (76%)	4/72 (5.6%)	30/72 (41.7%)	38/72 (52.8%)
Develop Stakeholder Interrelationships (N=51)	Identifying Wellness Champions; supporting Wellness Teams and other key school health personnel (e.g., nurses); sharing information between schools; building partnerships by connecting schools to supports (e.g., mobile vans, other Specialists, CBOs, etc.); advocating for resources, tools, and services for schools	51/556 (9%)	20/25 (80%)	6/51 (11.8%)	34/51 (66.7%)	11/51 (21.6%)
Provide Interactive Assistance (N=18)	Engaging in problem-solving; talking through how to achieve Healthy CPS criteria; following up to make sure next steps in developed action plans were clear and completed; providing technical assistance with documentation	18/556 (3%)	14/25 (56%)	0/18 (0.0%)	7/18 (38.9%)	11/18 (61.1%)
Engage Consumers (N=6)	Engaging and/or communicating with families and students directly; Working with Network and/or school staff to engage a family with involved health needs; referring families to internal and external resources; supporting schools in efforts to engage students/families	6/556 (1%)	8/25 (32%)	0/6 (0.0%)	0/6 (0.0%)	6/6 (100.0%)

Data Sources: Activity-based time tracking log and process evaluation interviews conducted from 2020-2022 [a]The application of domain codes was not mutually exclusive, so interactions could be coded with multiple domains. [b]One interaction logged by the Network Specialist could not be categorized into any of the three tiers of support – while 115 interactions could not be coded into any SISTER domains (e.g., scheduling communications). The application of domain codes was not mutually exclusive, so interactions could be coded under multiple domains. The bolded text within each row of the last three columns represents the tier of support that comprised the largest proportion of interactions within each SISTER domain. The domains are organized in descending order of overall prevalence of each domain being applied.

Figure 2: MTSS Crosswalk with SISTER Domains and Strategies of the Network Specialist

*Underlined SISTER domains indicate the domains that contain strategies that span tiers. Domains are organized by least intensive to most intensive tier of support - not by overall prevalence of SISTER domains and strategies within the activity-based time tracking log data.
**SISTER strategies listed above are abbreviated and the numbers included in parentheses represent the original numbering of the SISTER strategies. Original adapted SISTER strategies can be found in Cook et al. (2019).

IMPLICATIONS FOR POLICY AND PRACTICE

❖ This research builds on previous work by identifying the primary implementation activities used by an individual dedicated to supporting school health and wellness policy implementation and outlines how these activities overlap with MTSS and Cook et al. SISTER strategies and domains. To our knowledge, this is the first study to examine the role and activities of a specialist dedicated to supporting schools navigating implementation of school health and wellness policies.

❖ Because MTSS frameworks can be useful, but are sometimes critiqued as vague and lacking in explicit implementation strategies, cross-walking MTSS with SISTER helps to provide illustrative and specific domains and strategies that can help improve school health and wellness policy implementation (3).

CONCLUSION

This study examines the role and activities of a specialist dedicated to supporting specific schools with school health and wellness policy implementation and crosswalks these activities with Cook et al.'s SISTER domains and strategies and MTSS. Future research that replicates this study's approach in cross-walking Cook et al.'s SISTER domains and strategies with an MTSS framework is necessary to identify best practices in supporting school health and wellness policy implementation. This study hopes to establish a starting point which future studies can use to continue to bridge the gap between commonly-used educational frameworks like MTSS and implementation science. This research also seeks to provide greater clarity on the specific implementation activities and strategies that can exist within a tiered system of school health and wellness policy implementation supports to schools. Finally, future research in this area should place an emphasis on the triangulation of data from multiple sources and mixed-methods approaches in order to comprehensively capture the array of activities and strategies of an individual dedicated to supporting school health and wellness policy implementation.

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