SWK Interconnecting Mental Health within a School-Wide System of PBIS: Systems, Practices, Data

APBS Pre-Conference Workshop
March 11, 2020

lucille.eber@midwestpbis.org
kelly.perales@midwestpbis.org
Agenda*

1:00 – 1:30  Context and History
1:30 – 2:30  Defining ISF, Critical Features and Key Stages of Implementation applied to ISF
2:30 – 3:00  What Does it Look like at the School Level
3:00 -3:15  BREAK
3:15 – 4:15  Installing within District/Community Leadership Teams
4:15 – 4:45  School-level Implementation
4:45 – 5:00  Wrap-up, summary, potential next steps
             Highlight other sessions at the conference

*Each Section of Agenda includes Concepts, Tools and Resources, Examples, Activity/Discussion
Acknowledgments

National PBIS TA Center ISF Team

- Susan Barrett
- Mark Weist
- Bob Putnam
- Joni Splett
- Teams from Midwest PBIS, MidAtlantic PBIS, USC

Leaders and Innovators from Sites

- MI, WI, PA, DE, Iowa, Ohio, WA, CA, etc
National PBIS Leadership Forum

More info in mid-March 2020 at www.pbisforum.org

This two-day forum for school, state, district, and regional Leadership Teams and other professionals has been designed to increase the effectiveness of PBIS implementation.

Sessions are organized by strands that support initial through advanced implementation in a full range of education settings, and assist state level planning to improve school quality and student success. Featuring sessions specific to Juvenile Justice, Alternative Educational Settings, Mental Health, and Family partnerships.

The National PBIS Leadership Forum is a technical assistance activity of the Center on PBIS and provides an opportunity for the Center to share information on the latest applications of PBIS.

SAVE THESE DATES

October 22-23, 2020

Hilton Chicago
720 S Michigan, Chicago, IL

Mark your calendar now for 2021!
October 21-22, 2021

www.facebook.com/PBISForum  @PBISForum
Context For Today

- **Language is important**: you need to decide what works best in your state/district/community.

- **Acronyms** – there are many, so we will work hard to make sure we are clear. (Please ask if we forget to clarify!)

- **Questions and discussion** – please interject at any time; it will be more helpful for everyone.

- **DOTS** – “Depends on the Situation” – context is important, so we will dialogue with you so we can work together to clarify.
Context and History
Key Questions

- Can we expand the effectiveness of the continuum of interventions if we include:
  - a) a broader group of school/community mental health providers
  - b) youth & family voice?

- How can we enhance the continuum with a greater array of EBP’s to meet the needs of more ‘clients’ with greater effectiveness?

- How can we create honest dialogue across agencies, schools, communities, families?
Partnerships are needed:

- One in 5 youth have a MH “condition”
- At least 50%, perhaps 80%, of those get no treatment
- School is “defacto” MH provider
- Juvenile Justice system is next level of system default
- Suicide is 2nd leading cause of death among young adults
- Factors that impact mental health occur ‘round the clock’
- It is challenging for educators to address the factors beyond school
- It is challenging for community providers to address the factors in school
Additional Context

- 33% increase in teens reporting symptoms of depression
- 46% of children in the US have experienced at least one Adverse Childhood Experience (ACE)
- US has highest rate of opioid use in the world
- The CDC reports “electronic aggression” as an emerging public health problem
  - Any type of harassment or bullying that occurs through email, a chat room, instant messaging, a website or text messaging
Big Picture Challenges:

• Low intensity, low fidelity interventions for behavior/emotional needs
• Habitual use of restrictive settings (and poor outcomes) for youth with disabilities
• High rate of undiagnosed MH problems (stigma, lack of knowledge, etc.)
• Changing the routines of ineffective practices (systems) that are “familiar” to systems
  • “Referrals to a MH person” viewed as an intervention
A History of ad hoc and Weak Connections of Community Mental Health Providers to Schools

- Need for systematic MOUs that clarify roles for systemic integration of community partners in schools
- Need for integration of MH personnel into school-based teams at Tier 1 and 2; and to not just be “co-located” at Tier 3
Perceived Barriers

- Funding
- HIPPA/FERPA
- “Working beyond your scope”
- “So you are here to take my job”
- Implicit Bias and Stigma
Complication: Initiative Overload

Popularity breeds fragmentation?
Potential for drift?
Potential for confusion?

• Systems change is complex
• Multiple Definitions
• Multiple Interpretations
• Range of experiences
  • especially in low fidelity settings
    o Trauma Informed
    o Mental Health
    o Restorative Practices
    o Social Emotional Learning
The Interconnected Systems Framework (ISF)

- Deliberate application of the multi-tiered PBIS Framework for all social-emotional-behavioral (SEB) interventions, (e.g. Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention, etc.),

- Aligning all SEB related initiatives through **one system** at the state/regional, district and school level.

- Active participation of Family and Youth is a central feature of the ISF.

**DSFI 3.2:** Community Agency Alignment: Procedures exist to ensure that all external community agency work is aligned to PBIS framework, evidence-based practices, and organizational goals of the district.
Alignment of PBIS & Mental Health

- Moving from a co-located school mental health model to an integrated model where all S/E/B interventions are designed, delivered, and monitored through one set of teams at each school.

- Community and school-based clinicians actively participate with other school staff in multi-tiered teams, reviewing data and ensuring effective system structures at the school level.

DSFI 3.4: Alignment to Initiatives: Clear description of initiative alignment (e.g., graphic organizer, organizational chart, conceptual map) displays integrated and/or collaborative implementation of PBIS with existing initiatives having similar goals, outcomes, systems, and practices.
Coordinate and lead alignment process with an executive level team

- **Cabinet Level**: implementation science experience and provides authority to leadership for alignment
- **Leadership Team**: Charged with alignment installing process for alignment
- **Implementers**: people with knowledge of the initiatives direct experience with implementation of core features and practices


*(OSEP Technical Assistance Center on PBIS, 2017)*

Primary Prevention:
School-/Classroom-Wide Systems for All Students, Staff, & Settings

Secondary Prevention:
Specialized Group Systems for Students with At-Risk Behavior

Tertiary Prevention:
Specialized Individualized Systems for Students with High-Risk Behavior

SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT FRAMEWORK:

• Students
• Staff
• Parents/Families

~80% of Students

~15%

~5%
Experimental Research on SWPBIS


Why Use a MTSS/PBIS Framework
To integrate trauma informed approaches and SEL competencies?

- Emphasizes whole system response/prevention
- Provides instructional framework for teaching S/E competencies
- Focus on use of data to evaluate impact
- Sustainability


Applying MTSS or “Framework Logic” Independently is NOT Integration

• Restorative Practices, Trauma Informed, Literacy, Math, Mental Health, Social Emotional Learning, Bully Prevention, Safety, Climate

To what extent do each have their own team, data system, fidelity tool, training event/conference, budget line and staffing?

We are MTSS savvy but still working in silos.

How do we align all related initiatives through one system at the district and school level?
PBIS Provides a Solid Foundation.... but More is Needed...

- Many schools implementing PBIS struggle to implement effective interventions at Tiers 2 and 3
- Many systems struggle to align multiple initiatives
- Youth with “internalizing” issues may go undetected
- PBIS systems (although showing success in social climate and discipline) often do not address broader community data and mental health prevention.
## Current National Data: Principals’ Concerns

<table>
<thead>
<tr>
<th>Areas ranked as an extreme or high concern by 50 percent or more principals, 2018</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the numbers of students with emotional problems.</td>
<td>73.7%</td>
</tr>
<tr>
<td>Student mental health issues.</td>
<td>65.5%</td>
</tr>
<tr>
<td>Students not performing to their level of potential.</td>
<td>62.3%</td>
</tr>
<tr>
<td>Providing a continuum of services for students who are at risk.</td>
<td>61.6%</td>
</tr>
<tr>
<td>Student assessment.</td>
<td>57.2%</td>
</tr>
<tr>
<td>Student poverty.</td>
<td>56.5%</td>
</tr>
<tr>
<td>Instructional practices.</td>
<td>55.8%</td>
</tr>
<tr>
<td>Teacher performance/effectiveness.</td>
<td>55.1%</td>
</tr>
<tr>
<td>Professional development of staff.</td>
<td>55.0%</td>
</tr>
<tr>
<td>Fragmentation of principal’s time.</td>
<td>53.5%</td>
</tr>
<tr>
<td>Management of student behavior.</td>
<td>52.5%</td>
</tr>
<tr>
<td>Financial resources.</td>
<td>50.8%</td>
</tr>
</tbody>
</table>

Superintendent
National Data

• A national study completed in the journal *Pediatrics* (11/2016) found a 37% increase in the number of teens suffering from a major depressive episode from 2005 to 2014, but those receiving mental health counseling or treatment did not change significantly (Mojtabai, Ramin; Olfson, Mark; Han, Beth; 2016).

• A 2015 report from the *Child Mind Institute* states that of the 74.5 million children in the United States, it is estimated that just over 17 million have or have had a psychiatric disorder. The report goes on to state that according to interviews done by professionals with a group of youth ages 13-18, “49.5% of American youth will have had a diagnosable mental illness at some point before they are 18...” and that, “22.2% of American youth will have a diagnosable mental illness with ‘serious impairment’ at some point before they are 18.”
In Schools, Mental Health should be EVERYONE’s Job
Efforts Need to Focus on Sustainability

Four Factors to increase sustainability
(McIntosh et al., 2013; McIntosh, Horner, Sugai, 2009)

1. Promoting and prioritizing the initiative
   https://vimeo.com/392067896  (Superintendent example)

2. Ensuring effectiveness

3. Increasing efficiency in implementation

4. Using data for continuous regeneration
ISF History/Development:

- **2002-2007:** Site Development with PBIS Expansion (informal and independent), Community of Practice focus on integration of PBIS & SMH
- **2008:** ISF White Paper: formal partnership between PBIS and SMH
- **2009-2013:** Monthly calls with implementation sites, national presentations (from sessions to strands)
- **2009-2011:** Grant Submissions
- **June 2012-September 2013:** ISF Monograph & Monograph Advisory group
- **2015:** ISF Learning Community, SOC Webinar Series
- **2016:** Randomized Control Trial Grant awarded
- **2016-2017:** Targeted Work Group Webinars, knowledge development sites
- **2018:** Continued webinars/knowledge development sites, expanded Training/TA curriculum and workbook available online
- **2019:** Targeted Work Group (PLC) webinars
Advancing Education Effectiveness: Interconnecting School Mental Health (ISF) and School-Wide Positive Behavior Support (PBIS)

Editors: Susan Barrett, Lucille Eber, & Mark Weist

pbis.org
csmh.umaryland
IDEA Partnership NASDSE
2019-2024
OSEP’s National PBIS Center (PBIS V - 2018-2024)

- National PBIS Center: Development of ISF Demonstration sites
  - 8 states represented
  - 15 districts
  - 30 schools
- Volume 2 of ISF monograph: An Implementation Guide
ISF Volume 2: An Implementation Guide

Chapter 1: Context and Structure for Volume
Chapter 2: Defining ISF: Origins, Critical Features, and Key Messages
Chapter 3: Exploration and Adoption
Chapter 4*: Installing ISF at the District/Community Level
Chapter 5*: Installing ISF at the School Level
Chapter 6: Full Implementation and Sustainability

* Includes Installation Guide
Why are You Here Today?

- Hoping to learn about...
- Hoping to learn how to...
- Hoping to understand...

- What local issue/data are you thinking about?
Defining ISF, Critical Features and Key messages
STAGES of IMPLEMENTATION
(Fixsen, Blasé, 2005)

- **Exploration/Adoption**: Should we do this?
- **Installation**: Put resources and systems in place
- **Initial Implementation**: Initial pilots and assess results
- **Full Implementation**: The practice was successful, adopt system-wide
- **Innovation**: Adopt variations of the practice and assess results
- **Sustainability**: Make this the way of doing business
Moving From Co-located to a Single System
ISF Defined

- **Structure** and **process** for education and mental health systems to interact in most effective and efficient way.

- Guided by **key stakeholders** in education and mental health/community systems

- Who have the **authority** to reallocate resources, change role and function of staff, and change policy.
ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers
- **Data-based** decision making that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals
Traditional

- MH counselor “sees” student at appointments
- Clinicians only do “mental health”
- Case management notes

An Interconnected Systems Framework

- MH person on teams at all tiers. Interventions are defined (core features, dosage, frequency, outcomes)
- MH is everyone’s job. Clinicians contribute to integrated plan
- Fidelity AND outcome data determined before delivery; data monitored continuously by teams
Symmetry of Process

State Leadership Team

Regional Leadership Team

District/Community Leadership Team

School Leadership Team

Regional Leadership Team

District/Community Leadership Team

School Leadership Team

Regional Leadership Team

District/Community Leadership Team

School Leadership Team

Regional Leadership Team

District/Community Leadership Team

School Leadership Team
Stakeholder Engagement
Funding and Alignment
Policy
Workforce Capacity

Executive Functions
LEADERSHIP TEAMING
Implementation Functions

Training
Coaching
Evaluation

Local Implementation Demonstrations
1. Single System of Delivery

2. Access is NOT enough

3. Mental Health is for ALL

4. MTSS essential to install SMH

Key Messages

One Set of Teams

Success defined by Outcomes
1. Single System of Delivery

*One set of teams*

- Community and School MH staff serve on leadership team and make decisions as a TEAM

- Symmetry of Process
  - State
  - County
  - District
  - School

- A seamless system for accessing interventions
  - Both school and community-based supports

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**What Does it Look Like?**

Invest in one set of school “behavioral health” teams organized around tiers.

Flexibility of funding to allow community employed staff to serve on teams and assist serving ALL students.

Role and function of staff are explicitly stated in MOU.

ALL Requests for Assistance managed within one set of teams.

ALL school and community employed staff take part in teaching Social/Emotional/Behavioral (SEB) necessary to navigate social situations, school, family and work environments.
2. Access is NOT Enough

Success is defined by student impact

- Interventions are evidenced based and matched to presenting problem using data
- Interventions are progress monitored for fidelity and impact
- Teams are explicit about intervention description (what, when, how long)
- Skills taught in Tier 2/3 interventions are assessed across all tiers by ALL Staff across ALL settings linked to Tier 1 Social Emotional Behavioral (SEB) instruction

What Does it Look Like?

The District and School team includes community providers, families, students and persons who have authority to make structural changes within their organizations.

Teams work collaboratively with leaders to continuously assess student needs, implement programs, and eliminate, adjust, replace programs at all tiers to increase their impact on students.

Ineffective programs or practices are eliminated.
Broaden Use of Data:
Focus on Internalizing Issues
<table>
<thead>
<tr>
<th>Minor Problem Behavior</th>
<th>Major Problem Behavior</th>
<th>Possible Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate language</td>
<td>Abusive language</td>
<td>Obtaining attention</td>
</tr>
<tr>
<td>Physical contact</td>
<td>Fighting/Physical aggression</td>
<td>Obtaining attention</td>
</tr>
<tr>
<td>Defiance</td>
<td>Defiance/Distraction</td>
<td>Obtaining activities</td>
</tr>
<tr>
<td>Disruption</td>
<td>Harassment/Bullying</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Dress Code</td>
<td>Dress Code</td>
<td></td>
</tr>
<tr>
<td>Property misuse</td>
<td>Inappropriate Display</td>
<td></td>
</tr>
<tr>
<td>Tardy</td>
<td>Electronic Violation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Lying/Cheating</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Skipping class</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Decision/Time Out of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of privilege</td>
</tr>
<tr>
<td>Time in office</td>
</tr>
<tr>
<td>Conference with student</td>
</tr>
<tr>
<td>Parent Contact</td>
</tr>
<tr>
<td>Individualized instruction</td>
</tr>
<tr>
<td>In-school suspension (___ hours/___ days)</td>
</tr>
<tr>
<td>Out of school suspension (___ days)</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What activity was the student engaged in when the event or completion took place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group instruction</td>
</tr>
<tr>
<td>Small group instruction</td>
</tr>
<tr>
<td>Individual work</td>
</tr>
<tr>
<td>Working with peers</td>
</tr>
<tr>
<td>Alone</td>
</tr>
<tr>
<td>1-on-1 instruction</td>
</tr>
<tr>
<td>Interacting with peers</td>
</tr>
<tr>
<td>Other: Please identify below</td>
</tr>
</tbody>
</table>
Daily Progress Report (DPR) Sample

NAME: ____________________  DATE: ____________________

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student’s achievement in relation to the following sets of expectations/behaviors.

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>1st block</th>
<th>2nd block</th>
<th>3rd block</th>
<th>4th block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Safe</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td>Self-Check</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use calming strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be Respectful</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td>Use your words</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use safe hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be Responsible</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
<td>2 1 0</td>
</tr>
<tr>
<td>Ask for help</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connect with safe person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Points</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher Initials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Grant Middle School STAR CLUB
Example

- Community clinician joined Tier II team
- Helped recognize that a group of students identified for support had likely experienced trauma.
- Community clinician and school clinician collaborated to select an evidence-based trauma informed group.
- Trauma informed group was added to school’s continuum of interventions
- Community and school clinician co-facilitated the group
- Students receiving intervention had improved academic and behavioral data as well as self-reporting feeling more connected to school.
Belonging

“I feel like I belong”

- 60% of students agree/strongly agree
- 40% disagree/strongly disagree

- strongly disagree
- disagree
- agree
- strongly agree
3. Mental Health is FOR ALL
   From Few to ALL

- Integrate SEB competencies into PBIS Matrix
- Vast majority of students will benefit from safe, predictable, positive nurturing environment, mentoring and academic support.
- Universal Screening to identify ALL possible MH/Behavioral needs (externalizers and internalizers)
- Need MH experts to triage and identify students with positive screen to determine next steps. However, not all interventions require clinical expertise

What Does it Look Like?

ALL staff are trained and supported through PD plan/coaching process.

MOU defines roles of all staff working in schools.

Clinicians’ role includes support of systems and support of ALL adults as well as delivery of some interventions with students.

Teachers provide social emotional behavior (SEB) instruction along with academic content.

District Leadership prioritizes Staff Wellness
### INCORPORATE Coping Strategies for Managing Stress

<table>
<thead>
<tr>
<th>Teaching Matrix</th>
<th>All Settings</th>
<th>Halls</th>
<th>Playgrounds</th>
<th>Lunch</th>
<th>Library/Comput</th>
<th>Assembly</th>
<th>Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsible</strong></td>
<td>Responsible.</td>
<td>Use equipment.</td>
<td>Be on time.</td>
<td>Have a lunch plan and choose quiet or social lunch area</td>
<td>Push in chairs. Treat books carefully.</td>
<td>Pick up. Treat chairs carefully.</td>
<td>Wipe your feet.</td>
</tr>
</tbody>
</table>

**1. Expectations**
- Invite those sitting alone to join in
- Have a lunch plan and choose quiet or social lunch area
- Invite friends to join me
- Use my breathing technique
- Listen to my signals

**2. Natural Context (Location)**

**3. Rules or Specific Behaviors**
4. Use MTSS Framework
Need implementation science to guide the work

- All S-E-B* instruction and interventions are decided upon and monitored through team process across tiers.
- Data-based decision making is used by teams at all tiers with type of data matched to specifics and complexity of interventions.
- A formal process for selecting and implementing evidence-based practices is established.
- Comprehensive screening allows for early access to interventions.
- Progress monitoring for both fidelity and effectiveness;
- Ongoing professional development and coaching to ensure fluency and to guide refinement of implementation.

*Social–emotional–behavioral (S-E-B)

What Does it Look Like?

All initiatives/programs are aligned and installed with core features of MTSS

The continuum of evidence-based interventions are linked across tiers, with dosage and specificity of interventions increasing from lowest to highest tiers.

Skills taught in Tier 2/3 interventions are supported by ALL Staff across ALL settings linked to Tier 1 S-E-B* instruction
STAGES of IMPLEMENTATION
(Fixsen, Blase', 2005)

Exploration/Adoption
- Should we do this?

Installation
- Put resources and systems in place

Initial Implementation
- Initial pilots and assess results

Full Implementation
- The practice was successful, adopt system-wide

Innovation
- Adopt variations of the practice and assess results

Sustainability
- Make this the way of doing business
Quick Reflection

In your experiences:

a) What did you hear that is similar to the structures and way of work in your site?
b) What is different?
c) Possible Challenges you are thinking about?

What QUESTIONS do you have?
Exploration Steps

1. Establish an exploration team
2. Examine current partnerships
3. Assess impact of existing initiatives and programs
4. Develop shared understanding of the ISF
5. Determine benefit/decide to adopt or not
Adoption Decisions

Establish commitment to:

• Develop and revise contractual agreements/memorandums of understanding.
• Establish executive level leadership team.
• Consider needed changes to policy, funding, professional development (PD), coaching and data systems.
• Develop 3 - 5 year action plan focused on large system change efforts:
  o Installation in and support of Pilot/Demo Sites
Exploration (District Level)

Steps:

• Establish an exploration team
• Examine current partnerships
• Assess impact of existing initiatives/programs
• Develop a shared understanding of ISF
• Determine benefit
• Decide to adopt or not

Coaching Questions:

• Do you have an existing district leadership team?
• Do you have family or community partners on your team?
• What existing agreements do you have with community partners?
• What is current status of MTSS structures/implementation?
Port Washington School District (WI) 2018-19

Current Status at Time of Exploration
- PBIS Tier 1-2 (partial)
- Interagency coalition (sharing info)
- Community clinicians (co-located in some schools)

Setting the Stage for Exploration
- Explored differences ("Why weren’t clinicians on teams? We just had not thought of that but makes perfect sense.")
- Brought single system concept to interagency coalition
- Began current status assessment District/school levels
Port Washington School District (WI)
Exploration to Adoption stage
2019-20

**Strengths**

- ‘DCLT’ assessing current status across schools
- Schools completed building inventory and WI DPI MH needs assessment
- Using Universal Screener (DESSA mini K-12 2X per year). Those at risk then have full DESSA

**TA Considerations**

- Will be assessing current status of the emerging ‘DCLT’ using the (new!) DSFI
- To be facilitated by regional TA provider (supported by National Center)
- Will be reviewing MOUs to strengthen or modify to allow clinicians to work through teams; clarify expectations (MTSS features)
Port Washington School District (WI) 2020

Action Steps Completed

- Established a Mission Statement
- Universal Screening in place (collecting data for 3rd time)
- Resource mapping across tiers within all schools
- Installation Guide reviewed by TA provider and action plan developed

Action Steps in Progress

- MOUs being refined
- Establishing a process for selecting and monitoring interventions for fidelity and outcomes
- Developing an evaluation plan
Milton, PA

- Rural district
- Recognized addition need among students based on youth survey data
- PAYS* data indicated increase in reports of students feeling depressed or having thoughts of suicide; also increase in reports of substance use, physical aggression and bullying
Milton, PA – Action Steps

- Outreach to community partners to join their teams at the district and school level
- Professional development to teachers to increase awareness and knowledge about mental health and suicide prevention
- Installed universal screener for both internalizing and externalizing social-emotional concerns
- Engaged youth leaders within the school to assist with the problem-solving process
Installing ISF at State/Regional/District Leadership Level

1. Establish (or enhance) Leadership Team
2. Assess Current Status of PBIS and SMH
   a. System structures
   b. Current initiatives
   c. Staff Utilization
   d. Existing school/community data
3. Establish Mission
4. Establish Team Routines and Procedures for MTSS
   a. Comprehensive Universal screening process
   b. Single Request for Assistance process
   c. Routines for selecting EBPs
   d. Process for Fidelity
   e. Process for measuring outcomes
5. Implementation Plan (ongoing)
   a. Evaluation Plan
   b. PD/Coaching
   c. Select Demo Sites
   d. Establish MOUs as Needed
A Deeper Dive at the school Level
What Does it Mean to Integrate?

Change in routines and procedures?
(e.g. who needs to be available to participate in team meetings?)

Change in how interventions are selected and monitored?
(e.g. team review of data/research vs individual clinician choice?)

Change in language we use?
(e.g. identifying specific interventions vs generic terms such as “counseling” or “supports”?)

Changes in Roles/functions of staff?
(e.g. clinicians coordinating/overseeing some interventions that non-clinicians deliver?)
## Specific Behaviors + Social-Emotional Skills

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Specific Behavior or Social Emotional Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Safe</td>
<td>Keep hands and feet to self</td>
</tr>
<tr>
<td></td>
<td>I tell an adult when I am worried about a friend.</td>
</tr>
<tr>
<td>Be Respectful</td>
<td>Use the signal to ask a public or private question.</td>
</tr>
<tr>
<td></td>
<td>Make sure everyone gets a turn.</td>
</tr>
<tr>
<td>Be Responsible</td>
<td>Turn in all work on time</td>
</tr>
<tr>
<td></td>
<td>Check in with my feelings during the day</td>
</tr>
</tbody>
</table>
Specific Behaviors + Pro-Social Skills

**Specific Behaviors**
- Throw paper in the waste can
- Use the right side of the stairway
- Bring all materials to class
- Keep hands, feet, and other objects to yourself

**Pro-Social Skills**
- Choose kindness over being right; pick up trash even if it isn’t yours
- Encourage others; tell peer they did a good job
# BP integration

<table>
<thead>
<tr>
<th>Teaching Matrix</th>
<th>INCORPORATE BULLY PREVENTION / INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Settings</td>
<td>Library/Computer</td>
</tr>
<tr>
<td>Halls</td>
<td>Assembly</td>
</tr>
<tr>
<td>Playground(s)</td>
<td>Bus</td>
</tr>
</tbody>
</table>

### Expectations

1. **Respect**
   - Be on task.
   - Give your best effort.
   - Be prepared.
   - Walk. Have a plan.
   - Use respectful language.
   - Listen and watch.

2. **Achieving & Organized**
   - Be kind.
   - Hands/feet to self.
   - Help/share with others.
   - Use normal voice volume.
   - Walk to right.
   - Share equipment.
   - Include others.
   - Use appropriate applause.

3. **Responsible**
   - Recycle.
   - Clean up after self.
   - Pick up litter.
   - Maintain physical space.
   - Use equipment properly.
   - Put litter in garbage can.
   - Push in chairs.
   - Treat books carefully.
   - Pick up. Treat chairs carefully.
   - Wipe your feet.

### Stop: Interruption & model respect, rather than watch or join in

- **Stop:** Interrupt, Say “that’s not okay.”
- **Walk:** Walk away.
- **Talk:** Don’t be an audience.
- **Report:** REPORT to an adult.

### Walk: Invite people who are being disrespected to join you and move away.

- **Walk:** Invite those who are alone to join in.

---

**1. Expectations**

**2. Natural Context (Locations)**

**3. Rules or Specific Behaviors**
# Trauma Integration

<table>
<thead>
<tr>
<th>The Williams HS Way</th>
<th>Classroom 214 Rules (Examples)</th>
<th>Classroom 214 Routines</th>
<th>When you feel upset…</th>
<th>How to Transition</th>
</tr>
</thead>
</table>
| **Respectful**      | • Raise hand  
                       • Track the speaker  
                       • Follow directions | • Say “good morning” to teacher and classmates  
                       • Talk in soft voices | • Listen to your peers  
                       • Take turns speaking  
                       • Say “I like…” | • Ask for a break if you need a moment  
                       • Express your feelings appropriately | Clean up your area |
| **Organized and Achieving** | • Stay on task  
                       • Offer to help  
                       • Apologize for mistakes | • Turn in homework  
                       • Put materials in desk  
                       • Begin work | • Do your fair share  
                       • Manage time carefully  
                       • Double check sources before I post  
                       • Think before I forward | • Talk to someone if you need help  
                       • Talk to someone if it will make you feel better | Stand, Push in your chair  
                       On listen for direction to next activity |
| **Responsible**     | • Supervise all areas of classroom  
                       Bell to bell activity posted | • Actively supervise small group activities | • Stop and take a few deep breaths  
                       • Recognize what you’re feeling “I feel…” | Eyes on me  
                       • Wait to be called | |
| **Teacher’s Role (Conditions for Learning)** | Greet Students warmly  
                       Bell to bell activity posted | Teach & practice routine monthly | Use Active Supervision to predict triggers | Teach, practice, reinforce transitions |

*Classroom is also anchored to the SAME School Wide expectations*
3-Tiered System of Support Necessary Conversations

Universal Team
- Plans SW & Class-wide supports
- Universal Support

Secondary Systems Team
- Uses Process data; determines overall intervention effectiveness
- CICO
- SAIG
- Group w. individual feature

Problem Solving Team
- Standing team with family; uses FBA/BIP process for one youth at a time
- Brief FBA/BIP

Tertiary Systems Team
- Uses Process data; determines overall intervention effectiveness
- Complex FBA/BIP
- WRAP

Family and community

Integrated Team(s)

Sept. 1, 2009
The Request for Assistance (RFA) Process

- Integrated teams use an internal *request for assistance* process that places decisions about all interventions (e.g. who will deliver what interventions and how impact will be monitored) within the *single set of blended teams*.

- The use of a *referral* is reserved for circumstances outside the scope of the integrated service team such as students with medical or family support needs.
Establishing the RFA Process

• Is there one or multiple systems in the school for managing requests for assistance across tiers?
  o Is there one or multiple request for assistance form(s)?
• What are the decision rules for accessing interventions?
  o What are the data thresholds? (e.g. 3 minor infractions to access Check-in Check-out (CICO) intervention)
• Is the process for making/managing/responding to requests for assistance clearly defined and documented?
Data-Based Decision-Rules:  

Sample to Consider

a) Identification for CICO (IN):
   - Youth is identified by Universal Screener, has 2 or more ODRs, 10% out of class time, open referral

b) Progress-monitoring (ON):
   - DPR data is collected daily & reviewed every other week. Data is collected for 4-6 weeks (individual buildings decide whether 4 or 6 weeks will be better for their students).

c) Exiting/transitioning (OUT):
   - Youth received a total of 80% of DPR points averaged per day/week for 4 weeks and has had no new ODRs or attendance concerns. Youth will be transitioned into being a CICO student mentor.
Student A Example

- School Clinician gets email from parent with concerns their child “not herself” lately.
- Nurse notes student frequently coming to see her with stomach aches
- Team decides to use CICO as an intervention (prior to blended teams reviewing expanded data, student would have been placed on clinician caseload)
- After starting intervention, nurse visits reduced significantly, and parent reported improvements in mood at home.
Student B Example

• A concerned teacher fills out a Request for Assistance form for student B to receive the next level of social/emotional/behavioral support (CICO) after a minor physical altercation that took place in the class for the second time
  o Prior, the teacher would have gone directly to the social worker for support
• Student B does not respond to CICO (and knowing CICO is being implemented with fidelity) the CICO coordinator sends out a reverse request form asking the teacher what intervention she thinks should come next (from a menu of options established by the Tier 2 systems team)
• The teacher checks off the box for a low intensity problem solving skills group. When the CICO coordinator receives the form back, she is also informed by the Administrator that the student had a significant physical altercation happen in the cafeteria today and two days prior.
• The CICO coordinator checks in with the blended problem-solving team who decide together that this student should participate in the newly established- higher intensity social skills group as well as starting a brief FBA/BIP process.
  o Prior to this, the team would have started the process of opening a Domain for Special Education
# Systems Conversations for School-Based Teams

<table>
<thead>
<tr>
<th>Multidisciplinary Tier 1 Team</th>
<th>Multidisciplinary Tier 2 Systems Team</th>
<th>Multidisciplinary Tier 3 Systems Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinates and monitors support for all students, all staff, and all settings</td>
<td>• Coordinates and monitors interventions for groups of students needing support beyond Tier 1</td>
<td>• Coordinates and monitors interventions for all students receiving individual interventions</td>
</tr>
<tr>
<td>• Focuses on prevention and early identification of student needs across the school/community</td>
<td>• Ensures data-based selection of evidence-based practices for small groups of students</td>
<td>• Ensures data-based selection of evidence-based practices for individual students</td>
</tr>
<tr>
<td>• Monitors data to identify when and how to adjust system to meet the needs of whole school/community</td>
<td>• Monitors and ensures timely access for students identified through data and/or request for assistance from student, family, or staff</td>
<td>• Monitors the number of students receiving individual interventions</td>
</tr>
<tr>
<td>• Develops decision rules for when a student receives additional interventions</td>
<td>• Reviews how many interventions are in place, how many students are supported through each intervention, and how many of those students are responding</td>
<td>• Evaluates the number of students are responding to individual intervention</td>
</tr>
<tr>
<td>• Reviews aggregate data from both school and community</td>
<td></td>
<td>• Considers needs for additional staff PD and coaching as needed per aggregate data review of effectiveness</td>
</tr>
</tbody>
</table>
MTSS Feature:
Continuum of Evidence-Based Practices (EBPs) linked across Tiers

- Identify a formal process for selecting and implementing evidence-based practices
- Team process (not individual clinicians)
- Interventions linked across Tiers with dosage and specificity of interventions increasing from lower to higher tiers
Understanding the Continuum of Groups
Monitor Data, Select Practice, Install Systems

**REMEMBER to Consider:** structure, skills taught, staff skills, location, and frequency EBP or “kernels” matched to student need with instructional focus, skilled staff (i.e. group dynamics, content, behavior science, clinical)

**EXAMPLE**

- Basic
  - Social Behavior— Core Curriculum taught by teacher daily to all students
  - Small group taught inside classroom weekly by teacher or support teacher
  - Self-management cards for some students

- Pro-Social Skills—Core SE curriculum
  - Taught by range of staff with teaching background
  - Outside of Classroom
  - 2/week

- Coping Skills—pulled from SE curriculum
  - Add emotional regulation feature
  - Taught by staff with technical skills
  - Location varies
  - 2/week

- Specific Curriculum (i.e. Coping Power)
  - Taught by Staff with advanced technical skills
  - Location varies
  - Daily

CENTER ON PBIS Positive Behavioral Interventions & Supports
The Role of the School-Based Clinician at All Three Tiers

Shift from using "therapist" or "counselor" to clinician

Coaching/Facilitation

Coaching/Coordination

Coaching/Consultation
## School Level Intervention Mapping Tool - Example

<table>
<thead>
<tr>
<th>Tier</th>
<th>Intervention</th>
<th>Indicated Need</th>
<th>Facilitator</th>
<th>Entrance Criteria</th>
<th>% of student enrollment receiving intervention</th>
<th>% of students responding</th>
<th>Evidence Based</th>
<th>Fidelity Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>Social Emotional Behavioral Skills Curriculum</td>
<td>Increased social emotional behavioral instructional time</td>
<td>Counselor</td>
<td>None - all students</td>
<td>All</td>
<td>Time out of class reduced by 10%</td>
<td>Yes</td>
<td>Measured by weekly walkthroughs</td>
</tr>
<tr>
<td></td>
<td>Classroom Community Circles</td>
<td>Increased sense of belonging and student voice in decision making</td>
<td>Social Worker</td>
<td>None - all students</td>
<td>All</td>
<td>Student Climate Survey increased by 13%</td>
<td>No</td>
<td>Measured by weekly walkthroughs</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>Check-in, Check-out</td>
<td>Low level behavioral needs Decision rules:  • 2 major ODRs  • 1 suspension  • 5 nurse visits in 2 weeks</td>
<td>Resource Officer</td>
<td>1 suspension 2 ODRs Low elevation on screener</td>
<td>12% of student enrollment</td>
<td>74% of students responding</td>
<td>Yes</td>
<td>CICO - Fidelity Implementation Measure</td>
</tr>
<tr>
<td></td>
<td>Problem Solving Skills Group</td>
<td>Anger Management, problem solving skills</td>
<td>Social Worker</td>
<td>No response to CICO Suspension for physical aggression Teacher or family referral</td>
<td>5% of student enrollment</td>
<td>70% of students responding</td>
<td>Yes – reteaching skills from Tier 1</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Divorce Group</td>
<td>Support for students of parental divorce</td>
<td>Social Worker</td>
<td>Teacher or family referral</td>
<td>1% of student enrollment</td>
<td>Unknown</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Trauma Informed Evidence Based Group</td>
<td>Prevent fight, flight, freeze response per risk indications in screening data</td>
<td>Community Clinician</td>
<td>No response to CICO Highly elevated on universal screener</td>
<td>2% of student enrollment</td>
<td>75% of students responding</td>
<td>Yes</td>
<td>Evidence Based Group Fidelity Tool</td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td>Wraparound</td>
<td>Students with needs across home-school-community</td>
<td>School Social Worker &amp; Community Clinician</td>
<td>No response to two Tier 2 interventions At-risk for change in placement Highly elevated on universal screener</td>
<td>2% of student enrollment</td>
<td>72% of students responding</td>
<td>Yes</td>
<td>Wraparound Integrity Tool</td>
</tr>
<tr>
<td>Discussion Item</td>
<td>Decision</td>
<td>Action Steps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Utilizing school based clinicians to facilitate Tier 1 practices (e.g.: teaching SEB skills curriculum, Classroom Community Circles) | Need to build the capacity of teachers to teach SEB skills and facilitate Circles | ➢ Provide professional development to staff on clinician skills being utilized at higher tiers to provide “why”  
➢ Survey staff for current skill and needs  
➢ Create gradual release process for teachers implementing Tier 1 practices |
| Lack of fidelity for Classroom Community Circles                                 | Keep practice due to promising practice and research in juvenile justice field. Continue to track data on impact.              |                                                                                                                                              |
| No fidelity measure for Problem Solving Skills Group                           | The group is producing outcomes and uses evidence-based features. Keep practice and create fidelity measure.                   | ➢ Facilitator with support from District PBIS Coach create a fidelity checklist to be completed every 6 weeks                                    |
| Divorce Group                                                                  | Due to multiple factors (e.g.: lack of data, evidence base) not in place with group, the group will be removed from continuum of supports. | ➢ Consider adding a coping skills group utilizing SEB lessons taught at Tier 1                                                               |
Reflection and Discussion

1. Do leaders understand the need for District/agency-level commitment (i.e. not move immediately to building-level training).

2. Are leaders understanding what would be different if adoption were to occur? (e.g. not just focus on referral and interventions but focus on teaming structures for shared decision-making)
BREAK!
Summarizing the Structure for Supporting ISF

Getting Started at the State/Regional/District Level
LEADERSHIP TEAMING
Implementation Functions

Executive Functions

Stakeholder Engagement
Funding and Alignment
Policy
Workforce Capacity

Training
Coaching
Evaluation

Local Implementation Demonstrations
Installing ISF at State/Regional/District Leadership Level

1. Establish (or enhance) Leadership Team
2. Assess Current Status of PBIS and SMH
   a. System structures
   b. Current initiatives
   c. Staff Utilization
   d. Existing school/community data
3. Establish Mission
4. Establish Team Routines and Procedures for MTSS
   a. Comprehensive Universal screening process
   b. Single Request for Assistance process
   c. Routines for selecting EBPs
   d. Process for Fidelity
   e. Process for measuring outcomes
5. Implementation Plan (ongoing)
   a. Evaluation Plan
   b. PD/Coaching
   c. Select Demo Sites
   d. Establish MOUs as Needed
ISF Installation Process and Outcomes

Process

1. Establish District Community Leadership Team (DCLT)
2. Assess Current Status of MH and PBIS Systems
3. Reach Team Consensus on a Mission Statement
4. Establish Team Procedures and Routines

Outcomes

- Action Plan
- Memoranda of Understanding (MOUs)
WHY focus on District/Community Leadership Teams for Installation:

• Adopting a truly integrated way of working involves organizational change and therefore requires active leadership from those who have authority to change policy, blend funding streams and re-position personnel and procedures at the school level.

• If we focus on building level installation without DCLT, there will be barriers that stall implementation,
  o roles of clinicians within MTSS (teams, data, fidelity, etc)
  o issues with confidentiality
  o Agency productivity/funding policies
ISF DCLT Installation Guide

**Purpose:** This guide is intended to be used by facilitators and coaches to support District/Community Leadership Teams to install structures/systems needed to support an Interconnected System Framework (ISF). The goal is for teams to examine current system using installation activities and generate actions to move toward a more efficient and effective service delivery model.

### Step 1: Establish a District/Community Executive Leadership Team

<table>
<thead>
<tr>
<th>Features</th>
<th>Installation Activities</th>
<th>Action Needed:</th>
<th>By Who?</th>
<th>By When?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representative DCLT team identified.</strong></td>
<td>• Assess current teaming structures. Identify need for new team or expansion of existing team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect education, behavioral and mental health supports.</td>
<td>• Review current partnerships and service agreements with community partners and/or in area. Executive level leadership from each organization are part of the team.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Present concerning data and needs to those with authority and propose a way of working.</td>
<td>• Establish team operating procedures (e.g.: time for team to meet at least quarterly, roles for team, process for forming agenda, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guiding Questions:**

- Which voices with social-emotional-behavioral health expertise within school system could benefit this team?
- Which voices of mental health, juvenile justice, core service agency partners could benefit this team?
- In what ways are we ensuring that multiple stakeholders’ voices (i.e.: staff, MH agencies, parents/families, students, etc.) will stay at the table through the development of systems and overall implementation?
Step 1: Establish a Leadership Team

a) Representative Stakeholders Identified
   - Executive leadership from both school and agency systems
   - Family/Youth as active team members

b) Establish Team Operating Procedures
   - Meeting protocol
   - Time to meet (at least quarterly)
   - Confidentiality agreements
Who Should Be on the Team?

- Academic MTSS Director
- Special Education Director
- Local MH provider/Core Service Agency
- Board Member
- Law Enforcement
- Youth Move
- Student Supports Director
- Social Services Afterschool Dept of Recreation Services
- Juvenile Services Coordinator
- Family Youth Community Leaders
- Professional Development/Teacher Mentoring
- Administrative and Teacher Representative (Union)

District Community Leadership Team
Implementation Team
Status in Your Community?

1. No established District leadership Team for PBIS/SMH/SEL?
2. An established District leadership team for PBIS? SEL? SMH?
3. An established Interagency Leadership Team that wants to move forward with implementation?
Step 2: Assess Current Status of Mental Health & PBIS Systems

a) Conduct assessment of current system structures
   - Stakeholder Support, Funding, Policy & Systems Alignment, & Workforce Capacity (PBIS Blueprint Self-assessment Tool or DSFI)

b) Conduct review of current initiatives & practices
   - Initiative Inventory

c) Conduct staff utilization review

d) Review current school & community data
2a. **Use District Systems Fidelity Inventory** Emphasize SEB (think cross system, rather than only district)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Possible Data Sources</th>
<th>Scoring Criteria</th>
</tr>
</thead>
</table>
| **3.1 Budget Plan:** A district budget plan with prioritized funding is developed to support operating structures and capacity building activities to implement PBIS framework. | District Budget | 0 = No budget plan exists to fund operating procedures and/or capacity building activities.  
1 = Operating procedures and capacity building activities are funded with short term funding.  
2 = Initiative has transitioned from short-term funding to regular allocated budget line items. |
| **3.2 Community Agency Alignment:** Procedures exist to ensure that all external community agency work is aligned to PBIS framework, evidence-based-practices, and organizational goals of the district. | District Handbook, District Policy, Alignment/Leveraging Procedures | 0 = A written/documentated process for aligning external agency work within the PBIS framework does not exist.  
1 = An informal process for aligning external agency work within the PBIS framework can be described but is not documented and/or the process is inconsistently applied.  
2 = Written procedures are available, known, and consistently used to embed/align external agency work within the PBIS framework and to goals of the district. |
| **3.3. Alignment to District Outcomes:** Academic and social-emotional-behavioral frameworks are aligned with key district outcomes/improvement goals. | Strategic Plan | 0 = There are no clearly identified district outcomes/goals aligned to academic and social-emotional-behavioral frameworks.  
1 = District outcomes/goals exist but alignment with the academic or social-emotional-behavioral frameworks are not evident.  
2 = Academic and social-emotional-behavioral frameworks are directly aligned with one or more identified district outcomes/goals. |
| **3.4 Alignment to Initiatives:** Clear description of initiative alignment (e.g., graphic organizer, organizational chart, conceptual map) displays integrated and/or collaborative implementation of PBIS with existing initiatives having | District Organizational Chart, Audit Spreadsheet, Graphic Organizer Displaying Initiative Alignment | 0 = No description/document that shows alignment of existing initiatives is available/evident.  
1 = Descriptions of individual initiatives (with similar goals, outcomes, systems and practices) are available, but some not all are fully aligned. |
2b. Conduct a Review of Current Initiatives

- More is not necessarily better
- Examine for outcomes achieved, overlap, connection to Mission
- Evidence of fidelity
- Opportunities to align and eliminate
- Focus on efficiency and effectiveness
- Establish routine of initiative review (quarterly) and always before adding any new initiative
Guiding Questions

• What is currently in place that is working (facilitating positive outcomes for youth and families)?
• What is currently in place that is either a) not being monitored for effectiveness using data, or b) being monitored and deemed ineffective in terms of response?
• Use discussion to develop 2-3 actions.
**ISF Initiative Inventory**

ISF V2 Ch4: State/District Level Installation Guide (in press) - Step 2b: Conduct a Review of Current Initiatives

**District Example**

<table>
<thead>
<tr>
<th>Name of Initiative</th>
<th>What is connection to DCLT mission?</th>
<th>What personnel are involved in the implementation?</th>
<th>What is expected outcome?</th>
<th>What evidence of outcomes are there thus far?</th>
<th>What is financial commitment and source of funding?</th>
<th>What fidelity measures exist?</th>
<th>What professional development exists including coaching and performance feedback?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBIS</td>
<td>School climate and culture</td>
<td>All Staff</td>
<td>Reduction in suspensions, ODRs, restrictive placements</td>
<td>Improved suspension, ODR and restrictive placements</td>
<td>District Coach FTE, Stipends for building coaches, &amp; professional development</td>
<td>Tiered Fidelity Inventory</td>
<td>Quarterly coaching for building coaches; PD for new staff; On-going PD and coaching for all staff</td>
</tr>
<tr>
<td>Social Emotional Behavioral Skills Curriculum</td>
<td>School climate and culture through social and emotional learning</td>
<td>School counselors and social workers</td>
<td>Improved skills for students in grades K-5</td>
<td>Reduction in ODRs from last school year</td>
<td>Purchasing curriculum plans for each grade level and professional development for integrating into academic content</td>
<td>Self-report of counselor or social worker</td>
<td>None</td>
</tr>
<tr>
<td>Wellness</td>
<td>Increasing awareness of whole child</td>
<td>All Staff</td>
<td>Increased awareness of mental health issues</td>
<td>Unknown</td>
<td>Paying for materials for each teacher</td>
<td>None</td>
<td>1 hour PD for staff</td>
</tr>
</tbody>
</table>

*Items indicated in red are “flagged” for conversation and action to be taken by DCLT.*
<table>
<thead>
<tr>
<th>Discussion Item</th>
<th>Decision</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DCLT recognized that PBIS and social emotional learning (SEL) has similar outcomes. AND School counselors and social workers delivering Tier I practice</td>
<td>Integrate the two initiatives</td>
<td>➢ Redesign training and coaching to build capacity of teachers to deliver Second Step ➢ Embed skills onto their PBIS matrix across settings</td>
</tr>
<tr>
<td>Lack of evidence for 1 hour professional development on whole child</td>
<td>Design measure to evaluate teacher application</td>
<td>➢ Pre/Post training survey of teacher practice</td>
</tr>
<tr>
<td>Negative trending data for suicide ideation and attempts</td>
<td>Implement an evidence based curriculum for professional development</td>
<td>➢ Sub-committee of DCLT research suicide prevention curriculum for staff PD ➢ DCLT use Hexagon Tool for selecting practice</td>
</tr>
</tbody>
</table>
2c. Staff Utilization Review

Assess current workforce capacity

- Identify changes needed for integration and efficiency
- Review roles, responsibilities, time allocation of both school and community-employed clinicians working in schools
- Consider a time-study
## Purpose

This document is intended to support coaches in facilitating critical discussions around role changes within an integrated framework. The goal is to move from discussion to action planning around systems change to better support the social/emotional/behavioral needs of all youth. This document is broken into three topic areas to help with organization which each include guiding questions, prompts to consider other stakeholder voices, and potential activities to complete. It may be beneficial to review the [Changing Roles of Staff: School Level Discussion Guide](#) that is a partner to this document.

### District Level Leadership (Administrators, Coaches, etc.)

<table>
<thead>
<tr>
<th>Topic Focus</th>
<th>Guiding Questions</th>
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<tbody>
<tr>
<td>Readiness</td>
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<tr>
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<td>Has the leadership team confirmed that mental health is a priority for the district?</td>
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<td>- What data or evidence supports this conclusion (i.e. in the strategic plan, budget, etc.)?</td>
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<td>- Is the leadership team aware of mental health issues impacting academic achievement?</td>
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<td>How would leadership describe current the role of the clinicians in the district?</td>
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<td>- Does this align to how the clinicians would describe their own roles?</td>
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<td>- Is the team prepared to re-write new job descriptions if deemed necessary?</td>
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<td>- What systems would need to be in place (i.e. MOUs, fingerprinting, etc.) to ensure community based clinicians can sit on school MTSS systems teams, support youth and staff directly, etc.</td>
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<td>As academic leaders, have the leadership team members considered themselves to be Social Emotional Leaders until this point?</td>
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<td>- How might making that language shift help support the work?</td>
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</table>

**Activities to consider**

- Review places that mental health is documented as a priority for the district (i.e. district improvement plan)
- Discuss items on the Blueprint Self Assessment Survey
- Review current MOUs and make changes where needed to accommodate changing roles
2d. Review Existing School and Community Data

Whole population Needs

- Community Data
- School Data
- Youth/Family Perspective Data
- Local ‘events’ impacting families
School Data → Community Data Student and System level

- Academic (Benchmark, GPA, Credit accrual etc)
- Discipline
- Attendance
- Climate/Perception
- Visits to Nurse, Social Worker, Counselor, etc
- Screening from one view

- Community Demographics
- Food Pantry Visits
- Poverty Rate
- Drug Addiction Rates
- Calls to crisis centers, hospital visits
- Screening at multiple views
2d. Guiding Questions

- What do expanded data sources from both school and community tell us about needs and priorities?
- How do we adjust our programming beginning with prevention strategies (e.g. strengthening Tier 1, teaching social emotional competencies across all academic content) based on specific needs of our community?
- Use discussion to develop 2-3 actions.
Muskegon County (MI) Challenges

Adverse Childhood Experiences
MiPHY* 2018

38.3% (1041) of 9th and 11th graders AND
27.8% (431) of 7th graders

reported 2 or more of the following things happened to them during their life:

• death or a parent or caregiver
• mental abuse
• physical abuse
• sexual abuse
• saw violence in home or neighborhood
• lived with person who had mental illness or attempted suicide
• lived with a person who was an alcoholic or used drugs
• lived with a person who went to jail or prison

*MiPHY – MI Profile for Health Youth – youth survey for grades 7, 9, and 11
**Muskegon County (MI) Challenges**

Felt sad or hopeless for 2 weeks in past 12 months: 40.3% for 11th graders, 36.5% for 9th graders, 26.5% for 7th graders.

Attempted suicide one or more times during the past 12 months: 10.8% for 11th graders, 10.5% for 9th graders, 8.4% for 7th graders.

During the past 12 months, did you ever seriously consider attempting suicide?: 22.4% for 11th graders, 20.9% for 9th graders, 20.8% for 7th graders.

Students whose suicide attempts resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months: 4.4% for 11th graders, 2.9% for 9th graders, 4% for 7th graders.
Muskegon County (MI) Challenges

- 2017-18 over 200 newborns tested drug positive
- 80th in Child Wellness (out of 83 in Michigan)
- Muskegon County children experience twice the number of trauma events compared to the state average
- 1,323 confirmed victims of child abuse in 2016
Step 3: Reach Team Consensus on a Mission Statement

a) Establish a common mission
   - Valued by all stakeholder groups
   - Establishes priorities to share with stakeholder groups (e.g.: teachers, students, families)
MISSION

The mission of the U-46 School and Community Alliance is to create, integrate and leverage existing and new school/community partnerships that develop a full continuum of systematic interventions based on data. It encompasses three intervention tiers:

• Systems for promoting healthy development and preventing problems

• Systems for responding to problems as soon after onset as is feasible

• Systems for providing intensive care
Buncombe DCLT

• Large and diverse stakeholder group
  – Managed Care Organization - Leadership
  – Dept. of Health and Human Services
  – Mountain Area Health Education Center
  – Four Mental Health Provider Organizations
  – Dept. of Juvenile Justice
  – FIRST (parent Advocacy and Support)
  – Children First/Communities in Schools
  – United Way
  – Family Justice Center
  – Child Advocacy Center
  – Blue Ridge Treks
  – Tapestry (Eating Disorder treatment)
  – Caring for Children
  – Children’s Hope Alliance
  – Carolina Outreach

• Use of workgroup structure
Example: Buncombe County Schools, Asheville, NC

To provide safe and engaging learning environments that prepare students for their tomorrow.

WHAT WE AIM TO DO

DIRECTION

Our students will become successful, responsible citizens in an ever-changing global society.

BELIEFS

OUR CORE VALUES

Teaching the Whole Child
Personalizing Instruction
Empowering World-Class Educators
Installation Guide – Step 3

- What is the mission/vision of your Team?
- Do you have a strategic plan?
- What are your prioritized goals and objectives?
Step 4: Establish Procedures & Routines to ensure use of MTSS features

a) Selecting and installing a universal screener
b) Request for Assistance (RFA) process
c) Selection process for evidence-based practices
d) Process to monitor fidelity
e) Process to monitor outcomes of interventions
4a. Screening

The DCLT:

- Selects screener (internalizing/externalizing needs)
- Establishes routines/procedures for conducting screening
- Determines roles/responsibilities for collecting/managing analyzing data
- Ensures availability of skilled personnel
- Determines how additional clinical evals for some students will be conducted
- Determine District/Community Response Plan
- Consider pairing with Early Warning System
## Example: DCLT Develops Procedure for Schools

<table>
<thead>
<tr>
<th>Student Number</th>
<th>Grad</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Teacher</th>
<th>Behavior Emotional Risk</th>
<th>Externalizing Risk Index</th>
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<th>Adaptive Skills Risk Index</th>
<th>Risk Index Overall Score</th>
<th>Office Discipline Referrals</th>
<th>Attendance Count</th>
<th>Suspension Total</th>
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### Notes:
- For behavior, behavior specialists are developing new social skills.
- Attendance: Students attended 18/18 meetings.
- ESE Meetings: Students attended case management meetings.
- Behavioral case management: Students are improving social skills.

### Action Plan:
- Conduct regular case management meetings to monitor progress.
- Implement new social skills programs for students.
- Increase attendance and participation in meetings.
Parent Screener for ALL students transitioning to Middle school

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**School Readiness Check-In**

Welcome to the new school year! We’re checking in with you to learn about your student’s strengths and needs for support at school. By answering these questions, you can help us start the year off right!

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<table>
<thead>
<tr>
<th>Please rate your student in the following areas:</th>
<th>Doing Great</th>
<th>Some Concern</th>
<th>Serious Concern</th>
<th>Need Support?</th>
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<tbody>
<tr>
<td>Cooperating with adults</td>
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<tr>
<td>Behaving well at school</td>
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<tr>
<td>Getting grades that are appropriate for his/her skills</td>
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<tr>
<td>Having good relationships with other students</td>
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<tr>
<td>Following classroom rules</td>
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<tr>
<td>Focusing and staying on task in class</td>
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<tr>
<td>Completing homework and assignments on time</td>
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<td>Showing up on time to school or other activities</td>
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<td>Avoiding tasks that seem difficult or challenging</td>
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<td>Spending time with students who break school rules</td>
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<td>Getting depressed, anxious, or irritable</td>
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<td>Getting easily distracted by other kids</td>
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<tr>
<td>Needing structure and supervision to stay on task and behave well</td>
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<tr>
<td>Liking attending school</td>
<td></td>
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</tbody>
</table>
4a. Guiding Questions

- What is our current process for identifying students at risk?
- What do we need to expand to ensure students with both internalizing and externalizing behaviors are identified?
- What routines and procedures need to be modified to ensure consistency?
- Use discussion to develop 2-3 actions.
4b The Request for Assistance (RFA) Process

• Integrated teams use an internal *request for assistance* process that places decisions about all interventions (e.g. who will deliver what interventions and how impact will be monitored) within the single set of blended teams.

• The use of a *referral* is reserved for circumstances outside the scope of the integrated service team such as students with medical or family support needs.
4b. Establishing the RFA Process

Guiding Questions

• Is there one or multiple systems in the school for managing requests for assistance across tiers?
  o Is there one or multiple request for assistance form(s)?

• What are the decision rules for accessing interventions?
  o What are the data thresholds? (e.g. 3 minor infractions to access Check-in Check-out (CICO) intervention)

• Is the process for making/managing/responding to requests for assistance clearly defined and documented?

• Use discussion to develop 2-3 actions.
4c. Create a Routine for Selecting EBPs

Identify a process to guide selection:

• Consumer Guide to Selecting EBPs (ISF Monograph)
• Hexagon Tool from NIRN
IMPLEMENTING SITE INDICATORS

CAPACITY TO IMPLEMENT
- Staff meet minimum qualifications
- Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
  - Financial capacity
  - Structural capacity
  - Cultural responsibility capacity
- Buy-in process operationalized
  - Practitioners
  - Families

FIT WITH CURRENT INITIATIVES
- Alignment with community, regional, state priorities
- Fit with family and community values, culture and history
- Impact on other interventions & initiatives
- Alignment with organizational structure

NEED
- Target population identified
- Disaggregated data indicating population needs
- Parent & community perceptions of need
- Addresses service or system gaps

EVIDENCE
- Strength of evidence—for whom in what conditions:
  - Number of studies
  - Population similarities
  - Diverse cultural groups
  - Efficacy or Effectiveness
- Outcomes—Is it worth it?
  - Fidelity data
- Cost—effectiveness data

USABILITY
- Well-defined program
- Mature sites to observe
- Several replications
- Adaptations for context

SUPPORTS
- Expert Assistance
  - Staffing
  - Training
- Coaching & Supervision
- Racial equity impact assessment
- Data Systems Technology Supports (IT)
- Administration & System

NEW!
4c. Guiding Questions

- Do we have a need for a new intervention(s)?
- Is the intervention we are selecting a good fit for our system?
- Does the research indicate this intervention has evidence to address our need?
- Do we have the capacity to implement the intervention, including the resources and supports to implement with fidelity and build capacity for sustainability?
- Use discussion to develop 2-3 actions.
4d. Establish Process to Monitor – Fidelity
(focus on features of the intervention)

Guiding Questions:
1. When and how often will the teams assess implementation fidelity?
2. What tool will the teams use to assess implementation fidelity?
3. For this intervention, what is an acceptable level of implementation fidelity?
4. What will the DCLT do if implementation fidelity is below this acceptable level?
Measuring Fidelity

- Monitor the extent that a plan is implemented as intended (per the research on the intervention)
- Prompts implementers to regularly review and reflect on implementation efforts
- Initiate discussion related to efficiency and effectiveness
- Document implementation efforts for accountability

An Example: Monitor – Fidelity
Focus on features of the intervention

CBITS Adherence / Fidelity Measure

Session 1:

Did the group leader cover the following elements?
0 – not covered at all
1 – cursory reference to this topic and quick review
2 – group leader clearly covers the topic, with or without cooperation of group members
3 – group leader covers the topic thoroughly, integrating it into the larger context of therapy and in an interactive style)

Introduction of group members, confidentiality, and group procedures.
Explanation of treatment using stories
Discussion of reasons for participation (kinds of stress or trauma).
Homework assignment: Goal-setting

Session 2:

Did the group leader cover the following elements?
0 – not covered at all
1 – cursory reference to this topic and quick review
2 – group leader clearly covers the topic, with or without cooperation of group members
3 – group leader covers the topic thoroughly, integrating it into the larger context of therapy and in an interactive style)

Homework review: Goal-setting
Education about common reactions to stress or trauma.
Relaxation training to combat anxiety
4e. Establish Process to Monitor Outcomes of Interventions

Protocol for evaluating ALL interventions, regardless of who delivers them. Includes:

a) identifying entrance criteria into an intervention,

b) progress monitoring during intervention, and

c) criteria for exiting an intervention.
4e. Guiding Questions

- Do we have a system wide team training event to teach progress monitoring process?
- Are coaches following up with support for teams?
- Are students making progress as a result of the intervention?
- Use discussion to develop 2-3 actions.
## Tracking Tool

### Electronic Tracking Tool: Tier 2 / 3 Tracking Tool

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<th>Check-in Check-out (CICO) # and %</th>
<th>Social/Academic Instructional Groups # / %</th>
<th>Modified Check-In/Check-Out # / %</th>
<th>Brief FBA/BIP (Functional Behavior Assessment/Behavior Intervention Planning) # / %</th>
<th>Complex FBA/BIP # / %</th>
<th>Wraparound Support # / %</th>
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<td>July</td>
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<tr>
<td>August</td>
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</tr>
<tr>
<td>September</td>
<td>50 / 5%</td>
<td>40 / 80%</td>
<td>0 / 0</td>
<td>0 / 0</td>
<td>0 / 0</td>
<td>0 / 0</td>
</tr>
<tr>
<td>October</td>
<td>90 / 9%</td>
<td>70 / 78%</td>
<td>20 / 2%</td>
<td>20 / 100%</td>
<td>20 / 2%</td>
<td>20 /100%</td>
</tr>
<tr>
<td>November</td>
<td>130 / 13%</td>
<td>100 / 77%</td>
<td>40 / 4%</td>
<td>30 / 75%</td>
<td>30 / 3%</td>
<td>20 / 67%</td>
</tr>
<tr>
<td>December</td>
<td>140 / 14%</td>
<td>110 / 79%</td>
<td>50 / 5%</td>
<td>30 / 60%</td>
<td>30 / 3%</td>
<td>30 / 3%</td>
</tr>
<tr>
<td>January</td>
<td>/ /</td>
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<tr>
<td>February</td>
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<tr>
<td>March</td>
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</tr>
<tr>
<td>April</td>
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<tr>
<td>May</td>
<td>/ /</td>
<td>/ /</td>
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<tr>
<td>June</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td><strong>Averages for year</strong></td>
<td><strong>102 / 10%</strong></td>
<td><strong>80 / 78%</strong></td>
<td><strong>36 / 3%</strong></td>
<td><strong>26 / 72%</strong></td>
<td><strong>26 / 2.6%</strong></td>
<td><strong>20 / 77%</strong></td>
</tr>
</tbody>
</table>

Data supports:
- Monitoring fidelity of interventions
- Ensuring students are proportionate to total enrollment
Step 5: Establish Ongoing Action Planning Process

a. Develop Evaluation Plan
   – Outcomes & Fidelity
   – Performance Feedback

b. Professional Development & Coaching Plan
   – Ensure Level of Expertise at District and Building Levels

c. Selection of Demo Sites

d. Finalizing an MOU
   – Changes in staff allocation for teaming functions
   – Coaching Roles and Responsibilities
   – Intervention facilitators
Leadership Team (DCLT) is a group of school district and community executive level administration, who have policy, sustain, and scale the key elements and core features of the ISF. The DCLT meets at least three times a year.

Community partnerships will promote staff awareness and increase understanding of mental health and develop life-long resiliency.

We will establish baseline data measuring frequency of community clinician contacts with educators and professional development. (REALiving will track this data)

On time, Be open to possibilities, Follow-through on agreements, Actively participate, Be solutions driven. (Chris)

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>WHO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Members actively participate on existing school team meetings (ex.</td>
<td>Community Clinicians</td>
</tr>
<tr>
<td>PBIS Tier 1, PBIS Tier 2, PBIS Tier 3, School Counselor Meetings, etc.)</td>
<td></td>
</tr>
<tr>
<td>when relevant.</td>
<td></td>
</tr>
<tr>
<td>Community partner's roles are defined in a memorandum of understanding (MOU)</td>
<td>MOU between CFAUSD and Mental Health Agencies</td>
</tr>
</tbody>
</table>
5a. Develop an Evaluation Plan

1. Examine Current tools being used for outcomes and fidelity of PBIS and/or MH

2. Consider functions being met by current tools or need to replace or add

3. Consider Fidelity measure for integrated system (e.g. ISF II)

4. Screening Tools and Procedures

5. Evaluation Logistics/Schedule
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs: Activities</th>
<th>Outputs: Participants (recipients of our services)</th>
<th>Short-Term Outcomes (educator and practitioner)</th>
<th>Intermediate Outcomes (systems and adult behavior)</th>
<th>Long-Term Outcomes (youth and families)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources (personnel and qualifications, infrastructure, materials) needed for the Model Demonstration</td>
<td>Supports the ISF National Leadership Team will provide</td>
<td>Who participated/ was served</td>
<td>Increased knowledge, skills, and satisfaction with supports</td>
<td>Defining features of the ISF approach</td>
<td>Impact on youth and families</td>
</tr>
<tr>
<td>Content:</td>
<td>Technical Assistance</td>
<td>State Education/Agency Personnel</td>
<td>State and District Blended Team develops capacity building effort as measured by the SSFI/DSFI or equivalent (SCA/DCA)</td>
<td>Increase in fidelity with focus on advanced tiers as measured by the TFI</td>
<td>Increase in fidelity as measured by the ISF-II</td>
</tr>
<tr>
<td>ISF Team Facilitated Action Planning</td>
<td>Coaching Calls</td>
<td>District/Community personnel</td>
<td>Blended Team develops clear meeting routines and procedures as measured by review of team meeting agendas</td>
<td>Increase in fidelity as measured by the ISF-II</td>
<td>Decrease in use of exclusionary practices as measured by actions taken in response to office referrals.</td>
</tr>
<tr>
<td>District and School Level Installation Guides</td>
<td>Webinars</td>
<td>School / Agency personnel</td>
<td>Formal routine for selecting and matching to specific needs of population as measured by team meeting agenda and artifact review. (e.g. staff)</td>
<td>Increase in academic performance as measured by naturally occurring data sources (e.g., state standardized test) ...</td>
<td>Increase in student, family, teachers</td>
</tr>
<tr>
<td>Action Planning Companion Guide</td>
<td>Professional Learning Community</td>
<td>Students Families</td>
<td>Increase number of students receiving EBP with formal tracking system as measured by</td>
<td>Increase in student, family, teachers</td>
<td></td>
</tr>
<tr>
<td>Data System</td>
<td>Collaborative Teaming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District System Fidelity Inventory or equivalent</td>
<td>-District and Community Level MOU development with shared roles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiered Fidelity Inventory or equivalent</td>
<td>-School Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISF Implementation Inventory</td>
<td>Community and School Team Data Sharing and Problem Solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening with focus on internalizing concerns</td>
<td>Progress monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5b. Professional Development and Coaching

- Training and Technical Assistance
  Schedule and Plan
- Coaching embedded across district/school structures
- Linked to Evaluation
Sample: Data Informed PD and Coaching Monthly Calendar

**Sample: Data Informed Professional Development and Coaching Monthly Calendar**

**Purpose:** Use the sample plan below to develop a professional development and coaching plan to increase the number of staff with social-emotional-behavioral expertise (e.g.: training to educate team members on youth mental health and interventions).

<table>
<thead>
<tr>
<th>Month</th>
<th>EVALUATION</th>
<th>PROFESSIONAL DEVELOPMENT</th>
<th>COACHING</th>
</tr>
</thead>
</table>
| July  | - Review district academic, discipline, special education, mental-behavioral health data, other child serving system, and family perception data  
- Review ISF fidelity data (e.g.: Tiered Fidelity Inventory, ISF Implementation Inventory) for all buildings  
- Review current status of PBIS Implementation Blueprint  
- Revise goals of implementation and integrated action plan | - Identify needs for District/Community Training Plan  
- Organize district/community for trainings/conferences | - Schedule quarterly district-wide coaches meetings |
| August| - Outline evaluation timelines for each building  
- Finalize (after training) integrated action plan  
- Review universal screening procedures | - Finalize annual PD plan  
- Oversee in district and building school kick off trainings  
- Provide training/TA as identified in PD plan  
  - Topics to consider:  
    - ISF overview for all new staff  
    - New team member training  
    - Coaches training  
    - Specific intervention training for new facilitators  
- Participate in training/TA as needed | - Provide TA to support school teams:  
  - School-wide and community data  
  - Yearly team meeting schedule  
  - Communicating with staff  
  - Orienting new team members  
  - Kick-off events & follow-up evaluations  
  - Annual teaching & acknowledgement plans  
  - Schedule of celebrations based on action plan  
- Participate in building level team meetings  
- Participate in quarterly DCLT meeting  
- Prompt teams to become familiar with forms, tools, database, etc.  
- Update school list and contact info (principal, building and district coach, superintendent, special ed director) community partners |
Coaching Plan Example: (From RCT)

<table>
<thead>
<tr>
<th>Function</th>
<th>School District Coach</th>
<th>Community Mental Health Coach</th>
<th>Potential Tools And Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance for start-up; Training and Technical Assistance</td>
<td>• Baseline data collection</td>
<td>• Baseline data collection</td>
<td>• ISF Implementation Inventory</td>
</tr>
<tr>
<td></td>
<td>• Assess any PBIS training needs</td>
<td>• Assess any MH training needs</td>
<td>• PBIS tools as needed</td>
</tr>
<tr>
<td></td>
<td>• Develop integrated action plan</td>
<td>• Develop integrated action plan</td>
<td>• Mental Health Agency Implementation Checklist</td>
</tr>
<tr>
<td></td>
<td>• Actively participate in team meetings</td>
<td>• Actively participate in team meetings</td>
<td></td>
</tr>
<tr>
<td>Communications; prompting and reminding; positive</td>
<td>• Provide frequent communication to all</td>
<td>• Provide frequent communication to all</td>
<td>• ISF Implementation Inventory</td>
</tr>
<tr>
<td>reinforcement</td>
<td>stakeholders – district administration, building</td>
<td>stakeholders – agency administration and staff,</td>
<td>• District and Community Implementation Guide</td>
</tr>
<tr>
<td></td>
<td>level staff and administration, families, school</td>
<td>regional and state level policy makers, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>board, etc.</td>
<td>• Assist in the coordination of meetings,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Coordinate meetings, facilitate action plan,</td>
<td>facilitation of action plan, attend to deadlines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>attend to deadlines for data collection, etc.</td>
<td>for data collection</td>
<td></td>
</tr>
<tr>
<td>Resource Access and Problem Solving</td>
<td>• Outreach to regional and state level systems</td>
<td>• Outreach to local child serving systems</td>
<td>• TIPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• TIPS-FC</td>
</tr>
<tr>
<td>Data-based decision making; selection of EBPs; evaluation</td>
<td>• Provide screening, outcome, and fidelity data for</td>
<td>• Provide screening, assessment, outcome, and</td>
<td>• Selected screener</td>
</tr>
<tr>
<td></td>
<td>team meetings</td>
<td>fidelity data for team meetings</td>
<td>• Consumer guide for selecting EBPs</td>
</tr>
<tr>
<td></td>
<td>• Provide guidance on selection of EBPS according to</td>
<td>• Provide guidance on selection of EBPs according to</td>
<td>• TFI</td>
</tr>
<tr>
<td></td>
<td>need</td>
<td>need</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assist in evaluation</td>
<td>• Assist in evaluation</td>
<td></td>
</tr>
</tbody>
</table>
5c. Selection of Demo Sites
Possible Indicators to Consider

• Schools with implementation success
• Schools with specific demographics/need
  - Building administration traits (i.e. highly motivated and/or experienced)
• Grade Level cohorts
• Schools with established relationships with community partners
• Other?
5c. Guiding Questions

- What current data points might prioritize a school based upon need?
- What current implementation measures might suggest a higher level of readiness?
- What commitments do we want from schools?
- Use discussion to develop 2-3 actions.
5d. Finalize Memorandum of Understanding/Agreement (MOU/A)

- Clarifies roles and responsibilities of each organization and their staff
- Consideration given to:
  - Staff working together on teams
  - Funding of staff time
  - Sharing information (confidentiality)
  - Interconnected PD and Coaching

Samples from site of MOU

**Before Integrating** and **After Integrating**
Components Typical in MOUs

A. State Intent (what)
B. The Parties and the Period (who and when)
C. Assignments and Responsibilities (how)
D. Financial Agreements
E. Disclaimers (what it is NOT intended to do)
F. Risk Sharing (outlines what happens if something goes wrong; who takes responsibility)
In Summary: How DCLTs set-up for Installation at School Level

- Review MOU and redefine expectations of clinician functioning
  - for team-based MTSS features
  - Address funding issues to allow the new functioning
- Review existing programs and interventions and target some for change (possibly elimination?)
- Staff utilization review
- Develop co-coaching system and feedback loop from pilot schools to DCLT
Discussion

- What is one thing you can take back to your leadership to have a conversation about?

- What questions do you have?
Back to the Building Level
Use Tools and Resources to Support Schools

- School Installation Guide
- Action Planning Companion Guide to the Tiered Fidelity Inventory
- ISF-Implementation Inventory
# ISF School Installation Guide

**Purpose:** This guide is intended to be used by facilitators and coaches to support District/Community Leadership Teams to install structures/systems needed to support an Interconnected System Framework (ISF). The goal is for teams to examine current system using installation activities and generate actions to move toward a more efficient and effective service delivery model at the building level.

## Step 1: Establish a single set of teams

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Installation Activities</th>
<th>Action Needed</th>
<th>By who?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Review status of current teaming structures</td>
<td>Use <a href="#">Aligning Teaming Structures; Working Smarter Not Harder</a> to identify all teams and details</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guiding Questions**

- What teams exist at your school?
- What are their roles and responsibilities?
- Who are the staff who serve on the teams?
- How often does the team meet?
- Does the team use data?
- Does the team respond to student needs in a timely fashion?

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Installation Activities</th>
<th>Action Needed</th>
<th>By who?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b. Identify need for merging teams with similar goals</td>
<td>Review data on <a href="#">Working Smarter matrix</a> and use guiding questions below to develop an action plan for eliminating or modifying teams as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guiding Questions**

- Do we have teams with similar goals? Are there teams with goals that do not align to current mission?
- Do we use same or different set of rules and processes?
- Is the team effective? What data is used for decision making and monitoring outcomes?
- How would our teams work more effectively if we had one set of teams to address social-emotional-behavioral and academic needs of our students?
- Is there any duplication or overlap?
- What communication loops and /or progress monitoring exists among all of these support personnel?
Steps for Installation within Schools

All steps guided by Coaches and DCLT

1. Establish Single Set of Integrated Team(s)
   a. Identify need for merging teams with similar goals.
   b. Expand team membership
   c. Establish roles and functions of teams across tiers of support
   d. Roles and Functions
   e. Consider role changes for staff
   f. Establish team operating procedures and problem solving approaches (for each team)

2. Assess Current Status
   a. PBIS/SMH (Action Planning Companion Guide to TFI)
   b. Assess structures for identifying students who need more supports
   c. Conduct Intervention Inventory
   d. Assess data being used to identify social-emotional-behavioral needs
3. Enhance School level Procedures and Routines
   a. Develop process for implementing universal screening
   b. Develop request for assistance process
   c. Develop routines for data-based decision making
   d. Develop process for selecting EBPs
   e. Establish a process for tracking fidelity of all interventions
   f. Establish a process for monitoring the outcomes of all interventions

4. Develop an Integrated Action Plan
   a. Monitor the effectiveness of the system
   b. Monitor student impact
   c. Conduct professional development
### 1.1 Team Composition

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teams</td>
<td><strong>1.1 Team Composition:</strong> Tier I team includes a Tier I systems coordinator, a school administrator, a family member, and individuals able to provide (a) applied behavioral expertise, (b) coaching expertise, (c) knowledge of student academic and behavior patterns, (d) knowledge about the operations of the school across grade levels and programs, and for high schools, (e) student representation.</td>
</tr>
<tr>
<td>ISF Enhancement</td>
<td><strong>PBIS Big Idea:</strong> Effective PBIS teams are knowledgeable, representative of stakeholders, and have administrative authority.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> Community Partners, including family representatives, can provide an expanded view/context of how the students’ lives outside of school are to be considered and can enhance the Tier 1 Team’s ability to promote healthy social emotional functioning for ALL students.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF leadership teams include community employed and school employed staff with mental health expertise. Teams also include families and students as active leaders.</strong></td>
</tr>
<tr>
<td></td>
<td>Community partners’ roles at Tier 1 are clearly defined through a memorandum of understanding (MOU).</td>
</tr>
</tbody>
</table>
2.2 Team Operating Procedures

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier II Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teams</td>
<td><strong>2.2 Team Operating Procedures:</strong> Tier II team meets at least monthly and has (a) regular meeting format/agenda, (b) minutes, (c) defined meeting roles, and (d) a current action plan.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> Teams with defined roles, consistent procedures, and an ongoing action plan make effective and efficient decisions.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> The inclusion of community data can ensure that action planning is culturally relevant and considers home/school/community context of students.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td><strong>Teams review community and school data to informs decisions regarding which evidence-based interventions are selected along the continuum of Tier II supports.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Teams review role and utilization of school and community employed clinician and Community partners’ roles at Tier 2 are clearly defined through a memorandum of understanding (MOU).</strong></td>
</tr>
</tbody>
</table>
Confidentiality Across Tiers

• **BIG IDEAS:**
  o Involve and include families all along the way
  o Use policies and procedures established by DCLT
  o Follow law (i.e. HIPAA, FERPA) and ethics
  o Eliminate perceived barriers (students need support)

• **Tier 1:**
  o Review all data in aggregate (students are not discussed by name)
  o Decide what is shared with stakeholders and what remains within team
Confidentiality Across Tiers (Cont.)

• Tier 2:
  o System conversation does not involve students by name
  o Problem solving conversation involves students family

• Tier 3:
  o Same logic as Tier 2
  o Typically when individual intervention is provided by staff employed outside of school system, a release of information is signed
## Step 2: Assess Current Systems, Data, and Practices

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Installation Activities</th>
<th>Action Needed</th>
<th>By who?</th>
<th>By when?</th>
</tr>
</thead>
</table>
| 2a: Assess current status of PBIS and mental health in the school(s) | • Teams self-assess PBIS core features using Tiered Fidelity Inventory (TFI) Self-Assessment OR review latest assessment  
  o Include school walkthrough component in this process  
  • Use ISF Action Planning Companion Guide to TFI to plan specific mental health enhancements | | | |
The purpose is to guide action planning for integration of Mental Health into PBIS.

Not for use in scoring the TFI.

- (at this point, the ISF enhancements do not impact PBIS fidelity measures; to measure ISF fidelity, consider piloting the ISF II)
## 1.3 Behavioral Expectations

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier I Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td>1.3 Behavioral Expectations: School has five or fewer positively stated behavioral expectations and examples by setting/location for student and staff behaviors (e.g., school teaching matrix) defined and in place.</td>
</tr>
<tr>
<td></td>
<td><strong>PBIS Big Idea:</strong> School-wide expectations are a brief, memorable set of positively-stated expectations that create a school culture that is clear, positive, and consistent.</td>
</tr>
<tr>
<td></td>
<td><strong>ISF Big Idea:</strong> School-wide expectations foster skill building, positive relationships, and focus on teaching social and emotional competencies.</td>
</tr>
<tr>
<td><strong>ISF Enhancements</strong></td>
<td><em>Families, students and community participate in development of the expectations</em></td>
</tr>
<tr>
<td></td>
<td><em>All elements of the social emotional curriculum including community enhancements are linked the behavioral expectations</em></td>
</tr>
</tbody>
</table>
# Behavioral Expectations

## Incorporate Social Emotional Learning Competencies

### The Three Bees (Elementary School Example)

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Arrival at school</th>
<th>Individual work</th>
<th>Lunch</th>
<th>Group activities</th>
<th>Changing activities</th>
</tr>
</thead>
</table>
| **Be ready** | • Go immediately to your classroom after arriving at school.  
• Bring your homework with you to class.  
• Be in your seat when the morning bell rings.  
• Have your materials open and on top of your desk.  
• Follow directions the first time.  
• Get to work right away.  
• Have a lunch plan.  
• Choose quiet or social lunch area.  
• Invite friends to join if you elect social lunch.  
• Be focused on the group work to be completed.  
• Have your materials with you and opened to assigned page.  
• Organize your group and get to work quickly (within 1 minute).  
• Be aware of the daily schedule.  
• Listen for directions from Mrs. Lee.  
• Be flexible in case the schedule changes. | | | | |
| **Be responsible** | • Be on time to school and class.  
• Listen when Mrs. Lee speaks; one person speaks at a time.  
• Complete your homework.  
• Use indoor voices when speaking.  
• Follow directions on tests and assignments.  
• Organize and get to work promptly.  
• Make a good effort on all work.  
• Speak only at appropriate times.  
• Use my breathing technique to feel calm.  
• Tune in to and listen to my personal signals.  
• Use indoor voices when speaking.  
• Focus on your work.  
• One person speaks at a time using indoor voice.  
• Ask for help as needed.  
• Finish on time.  
• Share with others while keeping your hands and feet to yourself.  
• Stop and put things away when Mrs. Lee says to do so.  
• Know what materials you need for next class/activity.  
• Keep your hands and feet to yourself.  
• Use indoor voices when speaking. | | | | |
| **Be respectful** | • Say “hi” to friends before homeroom starts.  
• Keep hands and feet to yourself.  
• Listen when Mrs. Lee speaks; one person speaks at a time.  
• Follow directions the first time.  
• Get to work and work quietly.  
• Use only your materials.  
• Ask for help by raising your hand.  
• Make a good effort.  
• Invite those sitting alone to join.  
• Offer to share as appropriate.  
• Act in a manner that acknowledges others feelings and preferences.  
• Encourage others to work cooperatively.  
• Keep hands and feet to yourself.  
• It is okay to disagree, but do it without being disagreeable.  
• Be thoughtful of others.  
• Keep hands and feet to yourself.  
• Use indoor voices.  
• When moving in room and hallway, always walk on the right side. | | | | |
Monitoring the Effectiveness of the System at the School Level

Interconnected Systems Framework Implementation Inventory

Version 3
Splett, Perales & Weist, 2019

The Interconnected Systems Framework (ISF) is a structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth. There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavior needs of students. Family and community partner involvement is critical to this framework.

The purpose of the ISF Implementation Inventory (ISF-II) is to provide a valid and reliable measure of the extent to which education and school mental health partners are applying the core features of the ISF. The ISF-II is completed by members of the ISF team(s). It is strongly recommended that the Inventory be completed with a trained ISF Facilitator. The results of completing the Inventory will guide action planning and assist with implementation.

Individuals completing the tool should have a basic understanding of the core features of ISF, which include:

1. **Implementation of SWPBIS** – The extent to which a building is implementing the core features of SWPBIS with fidelity. In order to implement the ISF with fidelity, implementation of SWPBIS is a critical element.

2. **Teaming** – The extent to which the members of the ISF team(s) collaborate and include representatives from both the education and mental health systems. Family and student voice should also be represented, as appropriate on the ISF team(s). For PBIS and SMH to be aligned and integrated, there should be a single set of multidisciplinary team(s) that blends all relevant initiatives and is arranged across the multi-tiered continuum in a way that uses staff time most efficiently.

3. **Collaborative Planning and Training** – The extent to which all parties involved receive appropriate professional development and training. This includes each system learning how the other system operates; ensuring all students, families, and staff understand the core features across tiers and how to access all aspects of ISF; and training and professional development for all involved in the use of all interventions.

4. **Family and Youth Engagement** – The extent to which students and family members are included in teaming, decision making, interventions, and systems. All decisions about students and families should be made with them as part of the process.

5. **Intervention Selection, Implementation and Progress** – The extent to which evidence-based interventions are selected based on need; are implemented with fidelity; and there are positive outcomes for the student.
Purpose of ISF Implementation Inventory

• To assist school and community partners in their installation and implementation of ISF

• To assess baseline and/or ongoing implementation progress of critical ISF features

• To inform action planning that advances and enhances ISF implementation

• To measure ISF implementation fidelity
<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 items</td>
<td>16 items</td>
<td>19 items</td>
</tr>
</tbody>
</table>

**Implementation of SWPBIS:** Are core features of SWPBIS implemented with fidelity?

**Teaming:** Do team members collaborate? Do team members include education and mental health system representatives, families, and students as indicated with active opportunities for participation and collaboration?

**Collaborative Planning and Training:** Do all team members have PD and training across systems and core features of ISF, as well as intervention practices as appropriate?

**Family and Youth Engagement:** Are students and families included in teaming, decision making, intervention selection and implementation, intervention monitoring, and system processes?

**Intervention Selection, Implementation and Progress:** Are evidence-based interventions selected based on need, implemented with fidelity, progress monitored, and concluded after attainment of positive outcomes?

**Data-Based Decision Making:** Are data representative of school, home and community behavior collected, analyzed and used for decision making, including outcome/impact, process, and fidelity data?
ISF Implementation Inventory Report Card

- Percent of implementation fidelity is graphed
- Graphed by tier and assessment time point
Salinas High School
ISF-II Report Card Data

ISF Implementation Inventory Results

% Implementation

Tier 1  Tier 2  Tier 3

Spring2017  Spring2018  Fall2018
Discussion/Questions
Examples from the Field
Regional ISF Implementation Example
Bendle Public Schools, Genesee County (MI)

Traditional

• PBIS team identifies problem in discipline data, refers to clinician for small “girls” group
• Clinician facilitates group and keeps discussions with students confidential
• PBIS team monitors data and knows group “worked”, moves on to next problem behavior to address (because info about group unknown, will not be able to prompt or reinforce use of skills across settings)

Integrated

• Integrated team reviews school-community data together
• Team selects EBP to address data point, clinician facilitates small group teaching skills, teachers and parents know what skills are being taught
• Team can monitor data, all adults across settings can prompt, practice, and reinforce skills being taught in group
District and Community Leadership Team
Created in 2017-2018

Who was invited to the table for the first meeting?

- Director of Student Services CFAUSD
- RTI/PBIS Coordinator CFAUSD
- Mental Health Agency Director
- Mental Health Agency Director
- Building Principal, Southview Elementary
- Family Member
- Director of Human Services Chippewa County
- Regional PBIS Technical Assistance Coordinator
- CFMS Social Emotional Interventionist
Initiation of a District/Community Level Team

- Purpose of this Team: Develop an Interconnected Systems Framework for Mental Health and Wellness
  - DCLT will meet at least 3 times per year
  - Authority to reallocate resources, change policy, sustain and scale the key elements and core features of the ISF.
  - Share Key Messages of ISF (video)
  - Develop Capacity, Competence and Confidence
  - Additional members?
- Create a shared Mission and Vision and Goals connected to need
- Action Plan
Action Planning for 2018-2019

• TFI/ISF Action Planning Companion Guide
• Areas of Focus used to create DCLT Action Plan
  o Team Composition
  o Faculty/Community Involvement
  o Communication
  o Operating Procedures
  o Professional Development
  o MOU Changes

1) **Team Composition:** Community members actively participate on existing school team meetings (ex. PBIS Tier 1, 2, or 3) when relevant. Community partner’s roles are defined in a memorandum of understanding (MOU).

2) **Faculty/Community Involvement:** Stakeholders (school employed staff, students, families, and community members) provide input on universal foundations, as well as selected and intensive levels of interventions. Family and community member perspectives about the ISF implementation are solicited at least annually. The District/Community Leadership Team will review relevant community and school data to establish measurable goals that include mental health outcomes.

3) **Communication:** Family and community stakeholders actively participate in the evaluation, review of data, and action planning. Family and community stakeholder members provide annual community data summary of related community data to staff. School and community employed staff will use consistent data gathering tools and processes where possible so that communication, systems, and processes can be streamlined.

4) **Operating procedures:** This team will review policies and procedures, review school and community data, addresses potential barriers (ex. funding, policy, roles), and engage in problem solving such as review role and utilization of school and community employed clinicians. All elements of the social emotional curriculum including community enhancements (ex. Therapist co-facilitating a small group) are linked to the behavioral expectations of the school district, are evidence based, and done to fidelity.

5) **Professional Development:** School employees as well as community members and family members will have the opportunity to receive professional development on PBIS practices, effective mental health integration, as well as mental health awareness and the basics of behavioral health and wellness. School employed and community employed staff receive professional development to understand and interpret data from one another’s systems.

6) **MOU Changes:** The DCLT will amend any existing Memorandum of Understanding (MOU) that exists between the school district and mental health agency to now also include the following
Our District and Community Leadership Team Now

Our Team Has Grown!

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine McMasters</td>
<td>Director of Student Services CFAUSD</td>
</tr>
<tr>
<td>Jamie Ganske</td>
<td>RTVPBIS Coordinator CFAUSD</td>
</tr>
<tr>
<td>Jane Faacks</td>
<td>Mental Health Agency Director</td>
</tr>
<tr>
<td>Holly Hakes</td>
<td>Mental Health Agency Director</td>
</tr>
<tr>
<td>Sara Denure</td>
<td>Building Principal, Southview Elem</td>
</tr>
<tr>
<td>Sarah Cravey</td>
<td>Parent Rep</td>
</tr>
<tr>
<td>Milaney Levenson</td>
<td>Regional PBIS Technical Assistance Coord.</td>
</tr>
<tr>
<td>Carly Rubenzer</td>
<td>CFMS Social Emotional Interventionist</td>
</tr>
<tr>
<td>Shannon Larson</td>
<td>Family Resource/CFAUSD</td>
</tr>
<tr>
<td>Angie Weideman</td>
<td>Director Public Health</td>
</tr>
<tr>
<td>Britny Gabert</td>
<td>School Psychologist CFAUSD</td>
</tr>
<tr>
<td>Rebeccca Schalinske</td>
<td>Community Clinician</td>
</tr>
<tr>
<td>Jerim DesJarlais</td>
<td>Building Principal, Hamlstad Elementary</td>
</tr>
<tr>
<td>Tom Diehl</td>
<td><em>NEW</em> Lead Worker at Chippewa County Department of Human Services</td>
</tr>
<tr>
<td>Tonya Meyers</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Vanessa Boetcher</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Mary Parker</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Hannah Harter</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Laura Ignacio</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Shawn Curtis</td>
<td><em>NEW</em> Parent Rep</td>
</tr>
<tr>
<td>Teresa Wahl</td>
<td><em>NEW</em> High School Social Worker</td>
</tr>
<tr>
<td>Dave Schaller</td>
<td><em>NEW</em> Building Principal, CVHS</td>
</tr>
<tr>
<td>Jennifer Sarauer</td>
<td><em>NEW</em> Building Principal, Jim Falls Elementary</td>
</tr>
<tr>
<td>Jeni Gronemus</td>
<td><em>NEW</em> Behavioral Care Therapist &amp; Clinical Coordinator</td>
</tr>
<tr>
<td>Nicole Califf</td>
<td><em>NEW</em> Clinic Manager</td>
</tr>
<tr>
<td>Sherry Jasper</td>
<td><em>NEW</em> School Counselor</td>
</tr>
</tbody>
</table>
## Teaching Social-Emotional Competencies within a PBIS Framework

<table>
<thead>
<tr>
<th>School-wide Expectations</th>
<th>Incorporate Social-emotional Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect</strong></td>
<td><strong>All Settings</strong></td>
</tr>
<tr>
<td></td>
<td>Be on time.</td>
</tr>
<tr>
<td></td>
<td>Assume positive intent.</td>
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<tr>
<td></td>
<td>Use level 2 voice volume.</td>
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<tr>
<td></td>
<td>Walk to the right.</td>
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<tr>
<td></td>
<td><em>Invite those sitting alone to join.</em></td>
</tr>
<tr>
<td></td>
<td>Stay in my seat.</td>
</tr>
<tr>
<td></td>
<td><em>Consider feelings of others before I post.</em></td>
</tr>
<tr>
<td></td>
<td><em>Be an upstander—speak up when I see unsafe behavior.</em></td>
</tr>
<tr>
<td><strong>Achieving and Organized</strong></td>
<td><strong>Hallways</strong></td>
</tr>
<tr>
<td></td>
<td>Hands and feet to self.</td>
</tr>
<tr>
<td></td>
<td>Help/share with others.</td>
</tr>
<tr>
<td></td>
<td>Walk directly to my designated area.</td>
</tr>
<tr>
<td></td>
<td><em>Have a lunch plan.</em></td>
</tr>
<tr>
<td></td>
<td><em>Choose quiet or social lunch area.</em></td>
</tr>
<tr>
<td></td>
<td><em>Invite friends to join.</em></td>
</tr>
<tr>
<td></td>
<td>Have a plan.</td>
</tr>
<tr>
<td></td>
<td>Use headphones to listen to music.</td>
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<tr>
<td></td>
<td><em>Check my feelings before I post.</em></td>
</tr>
<tr>
<td></td>
<td><em>Re-read message before I post.</em></td>
</tr>
<tr>
<td><strong>Responsible</strong></td>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td></td>
<td>Recycle.</td>
</tr>
<tr>
<td></td>
<td>Be prepared.</td>
</tr>
<tr>
<td></td>
<td>Pick up litter.</td>
</tr>
<tr>
<td></td>
<td>Maintain physical space.</td>
</tr>
<tr>
<td></td>
<td><em>Use my breathing technique.</em></td>
</tr>
<tr>
<td></td>
<td><em>Listen to my signals.</em></td>
</tr>
<tr>
<td></td>
<td>Watch for my stop.</td>
</tr>
<tr>
<td></td>
<td>Use level 1 voice.</td>
</tr>
<tr>
<td></td>
<td><em>Double check sources before I post.</em></td>
</tr>
<tr>
<td></td>
<td><em>Think before I forward.</em></td>
</tr>
</tbody>
</table>
Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

Advanced launch. Final version coming to PBIS.org soon!

Title Page, Acknowledgements, and Contents

Preface: Mark Weist, Professor at University of South Carolina, Department of Psychology

Chapter 1: Introduction: Setting the Stage for an Interconnected System of Education and Mental Health


Chapter 3: Exploration and Adoption

Chapter 4: Installing an Interconnected System at the District/Community Level
   · District/Community Leadership Installation Guide
   · Click here to access supporting resources

Chapter 5: Installation and Initial Implementation of an Interconnected System at the School Level
   · School Level Installation Guide
   · Click here to access supporting resources

Chapter 6: Implementation and Sustainability

Commentary: Sharon Hoover, Associate Professor at the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry & Co-Director, Center for School Mental Health

References

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Midwest PBIS Network
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- Facebook: @MidwestPBIS
- Twitter: @midwestpbis
- Instagram: @midwestpbis
National PBIS Leadership Forum

More info in mid-March 2020 at www.pbisforum.org

This two-day forum for school, state, district, and regional Leadership Teams and other professionals has been designed to increase the effectiveness of PBIS implementation.

Sessions are organized by strands that support initial through advanced implementation in a full range of education settings, and assist state level planning to improve school quality and student success. Featuring sessions specific to Juvenile Justice, Alternative Educational Settings, Mental Health, and Family partnerships.

The National PBIS Leadership Forum is a technical assistance activity of the Center on PBIS and provides an opportunity for the Center to share information on the latest applications of PBIS.

SAVE THESE DATES

October 22-23, 2020
Hilton Chicago
720 S Michigan, Chicago, IL

Mark your calendar now for 2021!
October 21-22, 2021
2020 National PBIS Leadership Forum
Mental Health Strand

- Getting Started with ISF
- State Implementation (panel)
- District Implementation
- School Implementation
- High School Implementation
- Family Engagement
- Installing Trauma Informed Approaches
- Suicide Prevention and Intervention
THANK YOU!