

Kansans **CAN**



# Kansas School Mental Health Advisory Council

March 1, 2018

**WiFi: Washburn Guest**

# Approval Agenda and Minutes

- Agenda for March 1, 2018
- Minutes from January 17, 2017

# KSDE Training Update

## RESOURCES FOR IMPLEMENTATION AND DIFFERENTIATION

**Purpose:** To provide a comprehensive list of required and recommended trainings, with aligned resources, to assist district and building administrators in providing robust and meaningful professional development related to these essential topics.

**Why:** Needs for required training vary greatly, based on a staff member's role and level of experience. One-time annual trainings often become routine and employ a one-size-fits-all implementation model. It is important for districts and schools to possess differentiated resources that can be utilized to meet a range of training needs.

# KSDE Training Update Continued

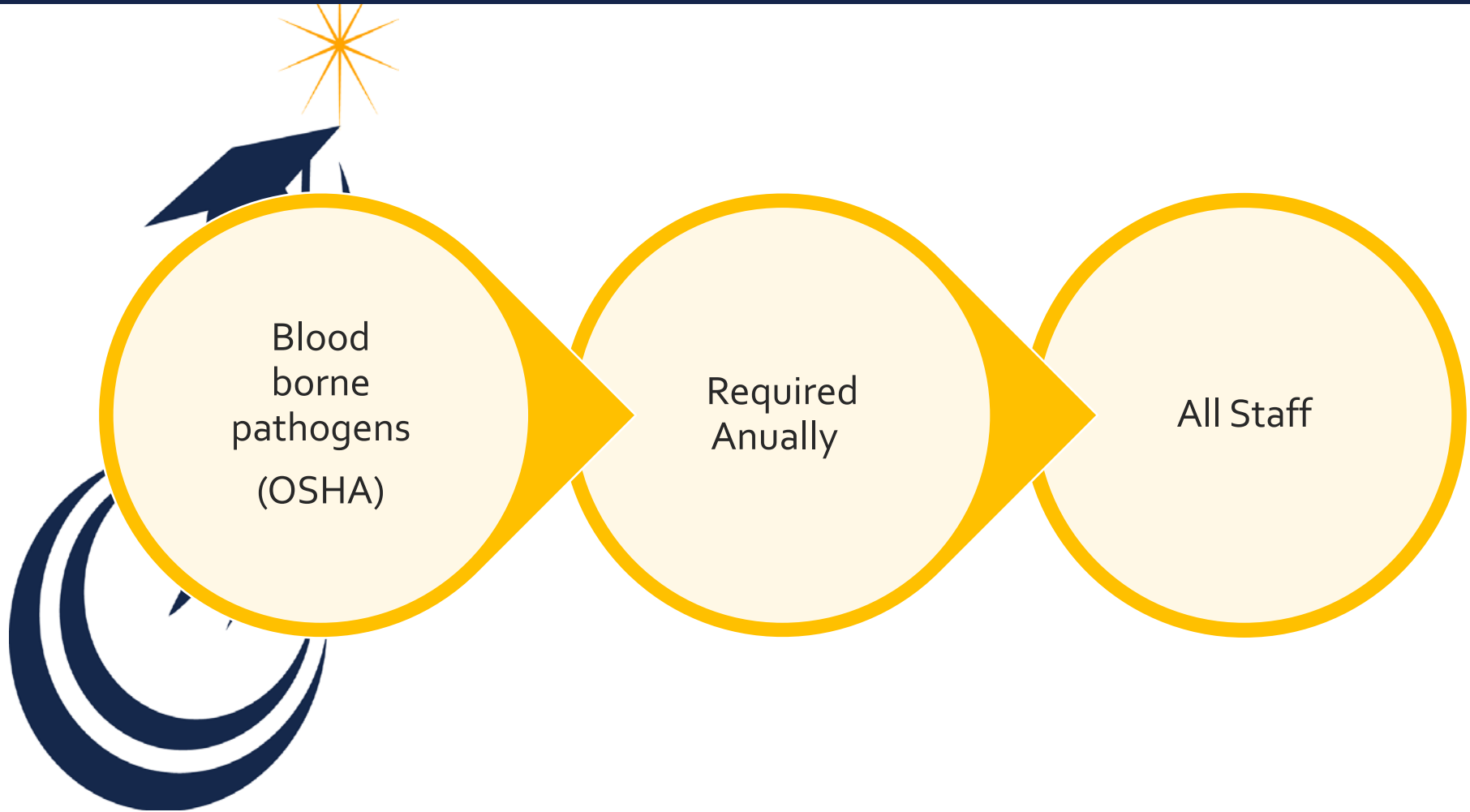
**How:** Effective professional development is timely, needs based, integrated, and appeals to a variety of learning styles. Utilizing a three-tier system of support framework; all staff and students need exposure to required content, some staff will need more advanced training, and few staff will require intensive training. This document provides resources that can be utilized to enhance and differentiate required trainings for each level of need.



# Prevention and Responsive Culture



# Additional Required Staff Training





# Student Safety and Wellness: Required Trainings for School Bus Drivers





# Aligning and Integrating Mental Health and Kansas MTSS to Build Priority for Wellness

**Karen Niemczyk**, *Beloit Special Education Cooperative*

**Erick Vaughn**, *Governor's Behavioral Health Services Planning Council, Children's Subcommittee*

**Kelly Perales**, *Midwest PBIS*

Facilitated by:

**Cherie Blanchat**, *TASN ATBS School Mental Health Initiative*



# Overview

Connecting the Pieces (*Cherie Blanchat*)

Regional-Level Example: Beloit Special Education Cooperative and Community Engagement (*Karen Niemczyk*)

Summary of Key Recommendations from the Children's Subcommittee, Continuum of Care, and Mental Health Task Force (*Erick Vaughn*)

Interconnected Systems Framework (*Kelly Perales*)

# Overview

Connecting the Pieces (*Cherie Blanchat*)

Regional-Level Example: Beloit Special Education Cooperative and Community Engagement (*Karen Niemczyk*)

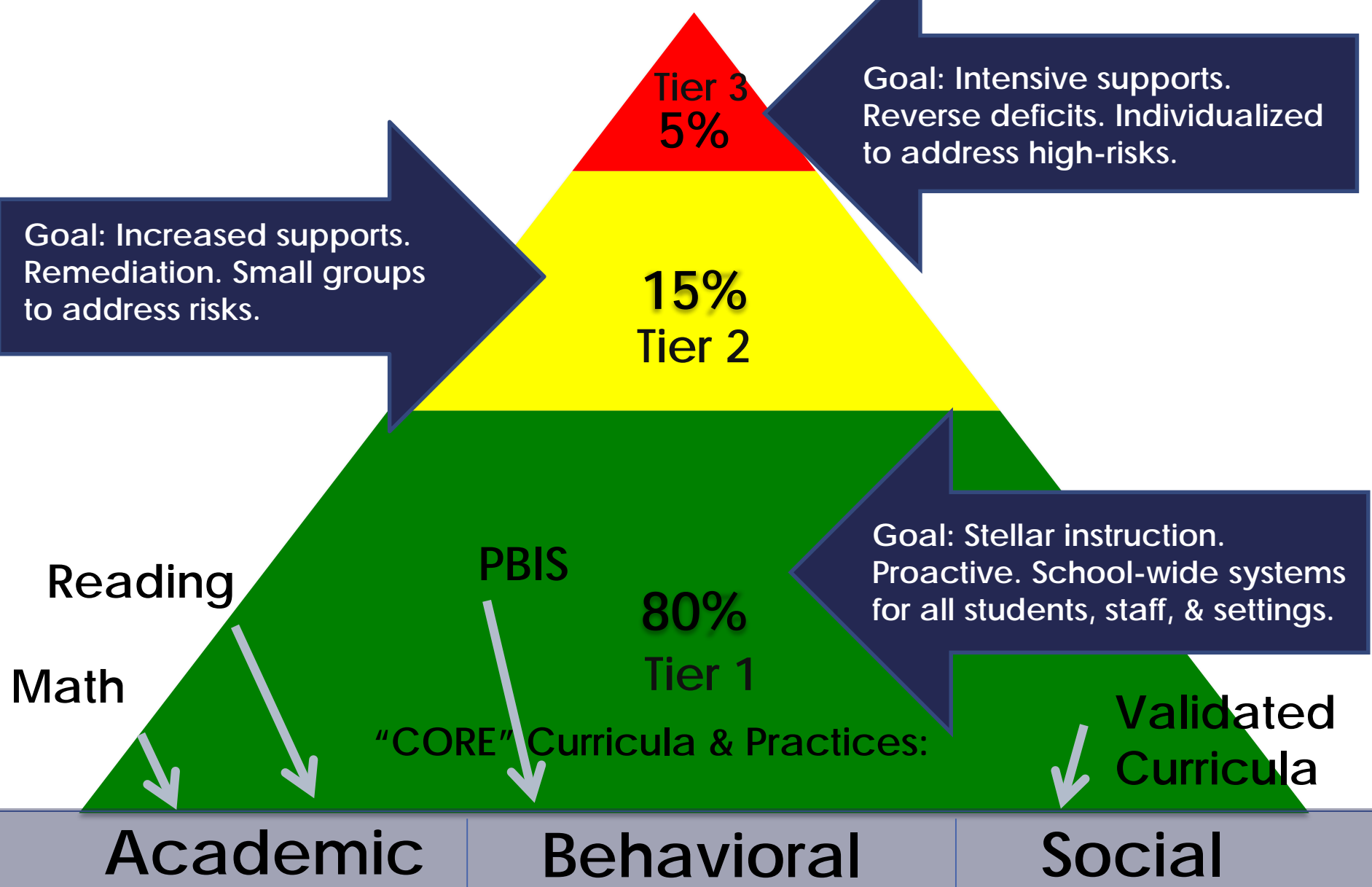
Summary of Key Recommendations from the Children's Subcommittee, Continuum of Care, and Mental Health Task Force (*Erick Vaughn*)

Interconnected Systems Framework (*Kelly Perales*)

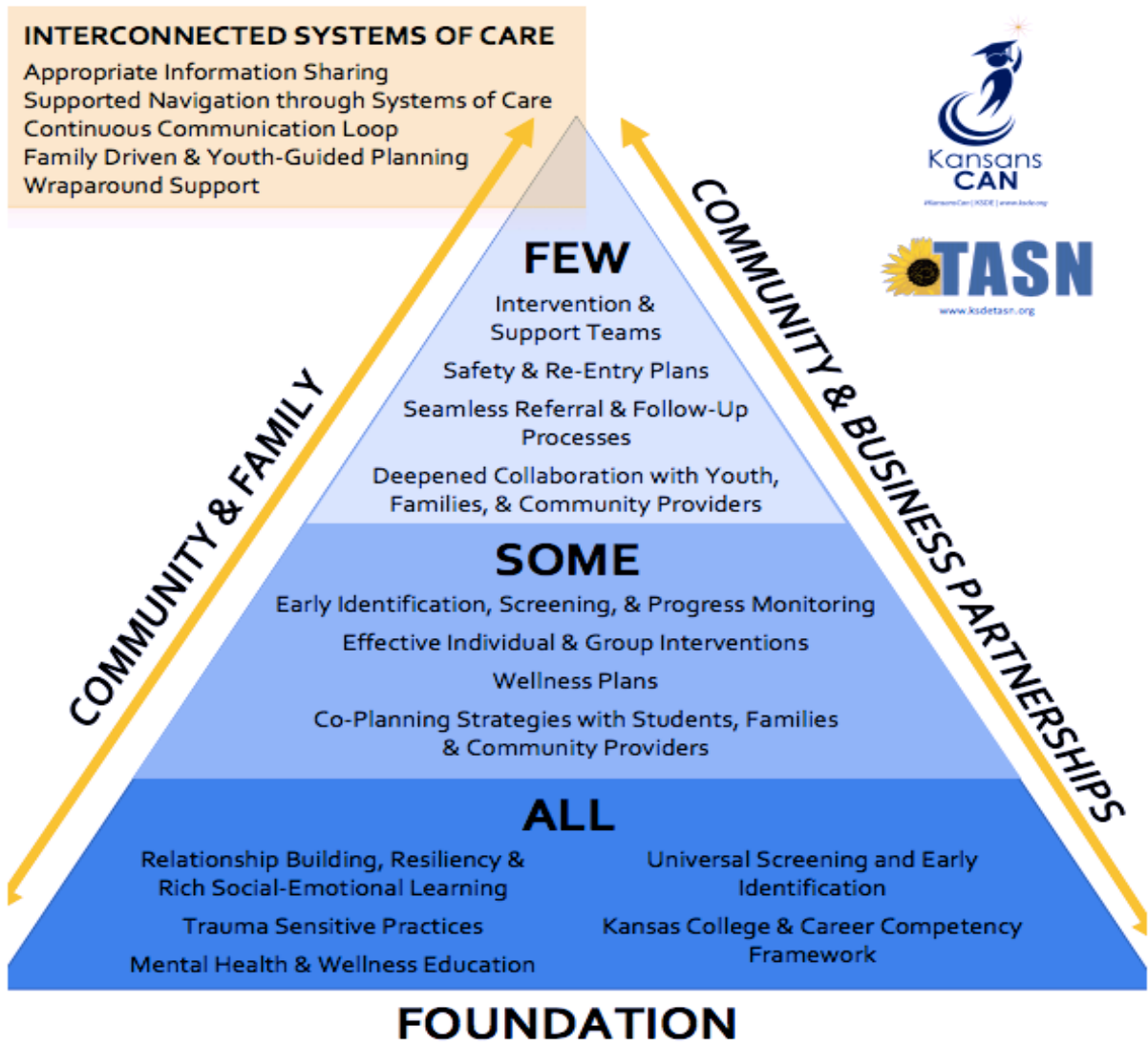


# Kansas Multi-Tier System of Supports

## Essential to School Mental Health



# Kansas School Mental Health Framework



Integrating School Mental Health within Multi-Tier System of Supports:

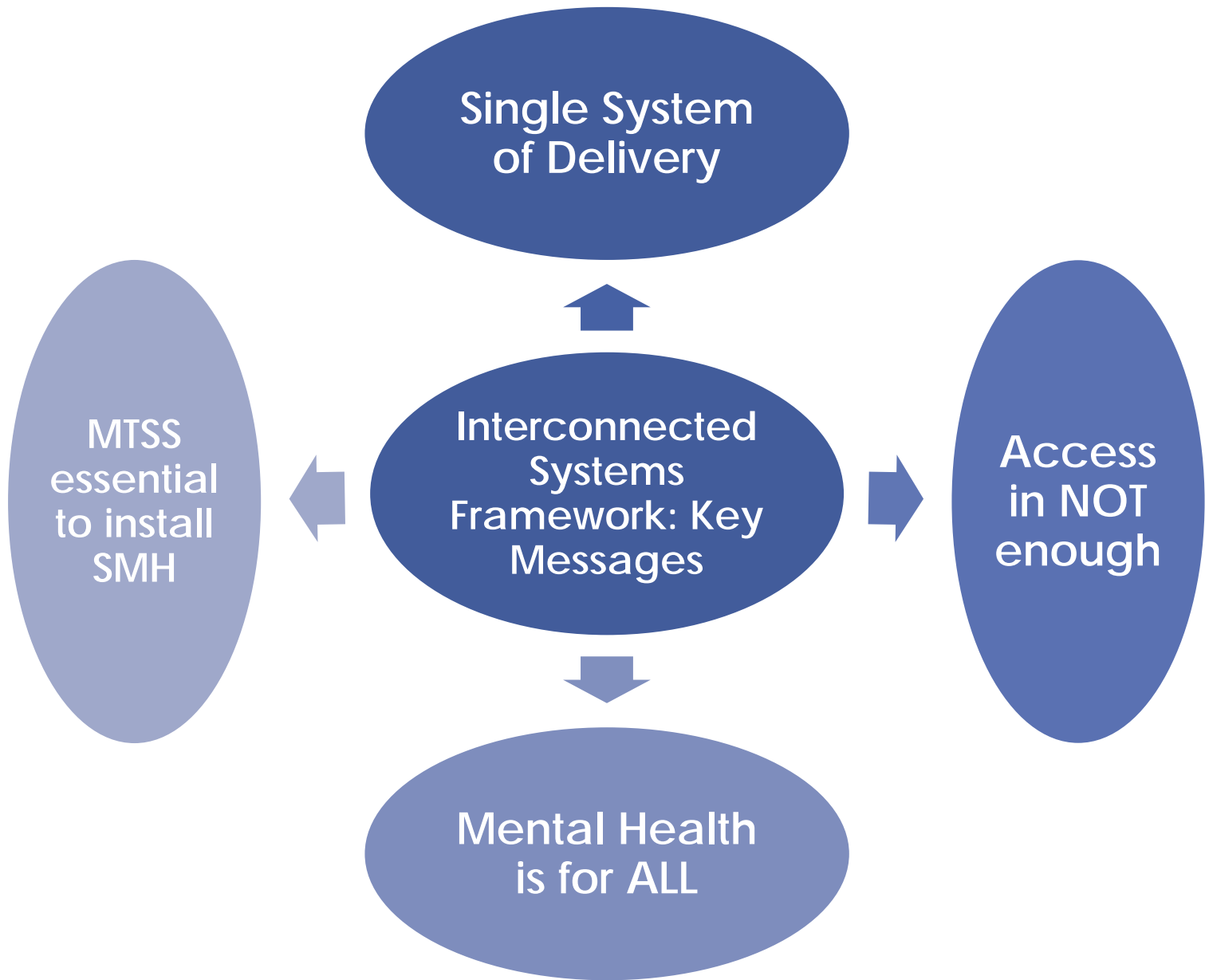
1. Strong Universal Implementation
2. Integrated Leadership Teams
3. Youth-Family-School-Community Collaboration at all Levels
4. Culturally Responsive Evidence Based Practices
5. Data-Based Continuous Improvement
6. Positive School Culture & Climate
7. Staff Mental Health Attitudes, Competencies & Wellness
8. Systemic Professional Development & Implementation
9. Confidentiality & Mental Health Promotion Policies
10. Continuum of Supports



# KSDE School Personnel Professional Development Grant (SPDG): *School Mental Health Professional Development and Coaching System*



- Objective 1: Build capacity for cross-system school/community teams to implement a structured process for recognizing, assessing, identifying, and responding to students at risk or experiencing mental health difficulties and mental health emergencies.
- Objective 2: Cross-system teams implement evidence-based, multi-tier, trauma-informed mental health interventions with fidelity.
- Objective 3: Cross-system teams utilize data-based decision making for continuous improvement.
- Objective 4: All Kansas districts and communities will have access to evidence-based resources, protocols, processes, and professional learning shown to be effective in meeting the mental health needs of Kansas students.



# Steps to Align Efforts

1. Coordinate the process with an executive level team.
2. Define the valued outcome(s) to be achieved.
3. Develop an inventory of the related initiative that are currently implemented across the district.
4. Identify core system features for initiatives targeted for alignment.
5. Analyze and make decisions for alignment of initiatives.
6. Design the plan for effective alignment including implementation, evaluation, and professional development.

# School Mental Health Advisory Council



Advise the Kansas State Board of Education of unmet needs within the state in the area of school mental health

Coordinate with legislators and stakeholders to address relevant issues effectively to best meet the needs of students

Coordinate statewide collaborative social emotional character development partnerships with stakeholders that will benefit students



**Consider whether the SMHAC could utilize the Interconnected Systems Framework to:**

- 1. Support Regional/District-Level Leadership Teams**
- 2. Structure their work, or otherwise serve as a model at the state-level**

# Overview

Connecting the Pieces (*Cherie Blanchat*)

Regional-Level Example: Beloit Special Education Cooperative and Community Engagement (*Karen Niemczyk*)

Summary of Key Recommendations from the Children's Subcommittee, Continuum of Care, and Mental Health Task Force (*Erick Vaughn*)

Interconnected Systems Framework: A State-Level Example (*Kelly Perales*)

# Regional-Level District/Community Leadership Team (Karen N.)

*Karen Niemczyk, Director of Special Education for the Beloit Special Education Cooperative, has engaged community partners in conversations around a shared goal: Effectively supporting the individualized academic, social, emotional, and behavioral needs of students that attend the Beloit Learning Academy, an alternative learning center. Karen will provide a brief overview of the programming which has made the Beloit Learning Academy successful, along with an overview of needs that require support derived community partnerships. A description of the community partners engaged in conversation, and the resulting short and long-term ideas stemming from these conversations, will be shared.*



# Juvenile Transitional Crisis Center

A Community Approach to  
Meeting the Needs of Students  
in Crisis!

Karen Niemczyk  
Director of Special Education  
Beloit Special Education Cooperative



# Our students are in a state of crisis in Kansas!

- All social service agencies are experiencing decreased funding and increased needs for the people they serve.
  - Schools
  - Police
  - Department of Children and Families
  - Justice System
  - Mental Health Systems

# The traditional approach to a one size fits all education is not working!

- We see this in a variety of ways:
  - Students dropping out of school
  - Students failing grades
  - Students graduating with no post high school goals
  - Student defiance
  - Student refusing to complete school work
  - Students exhibiting violence in the classroom

**Students ages 10 and younger are  
where we see the most severe  
behavior and violence!**



















**What is causing this epidemic of violence in our children? Are they just bad kids?**

**NO**

# **There are no bad kids!**

“There are no bad boys. There is only bad environment, bad training, bad examples, and bad thinking.”

--- Fr. Flanagan, the founder of Boys Town



# It is TRAUMA





# Alternative Learning Center

- Currently run by the Beloit Special Education Cooperative
- Designed to meet the needs of both special education and general education students
- Follows the BoysTown Specialized Education Model
- Incorporates Trauma Informed Care
- Provides an alternative to suspension and expulsion for all students
- Provides Parenting Classes
  - Boys Town Common Sense Parenting



# Alternative Learning Center

- Each student has an individually designed program to meet his/her needs
- The basic foundation of the program is to develop, foster, and maintain positive relationships with all students to assist them in the development of necessary social skills and self-regulation strategies to become successful across all environments.
- Schedules and programs are designed to meet the unique needs of each child not the traditional age/grade level model

# Needs

- The current Alternative Learning Center can serve approximately 15 students total
- We need to expand this service base to meet the needs of more students
- There are many students throughout the state that would benefit from placement in a similar program.

# PROPOSAL

- We think we can help other schools in meeting the needs of our youth using the concepts behind the program we have built at our ALC and practices within our cooperative.





# Residential Juvenile Transitional Crisis Center

- Would provide students with a 24 hour treatment center
- Follow the model of the Alternative Learning Center
- Collaborate with community partners to provide services to students
- Work with the justice system and DCF
- Provide respite care for families

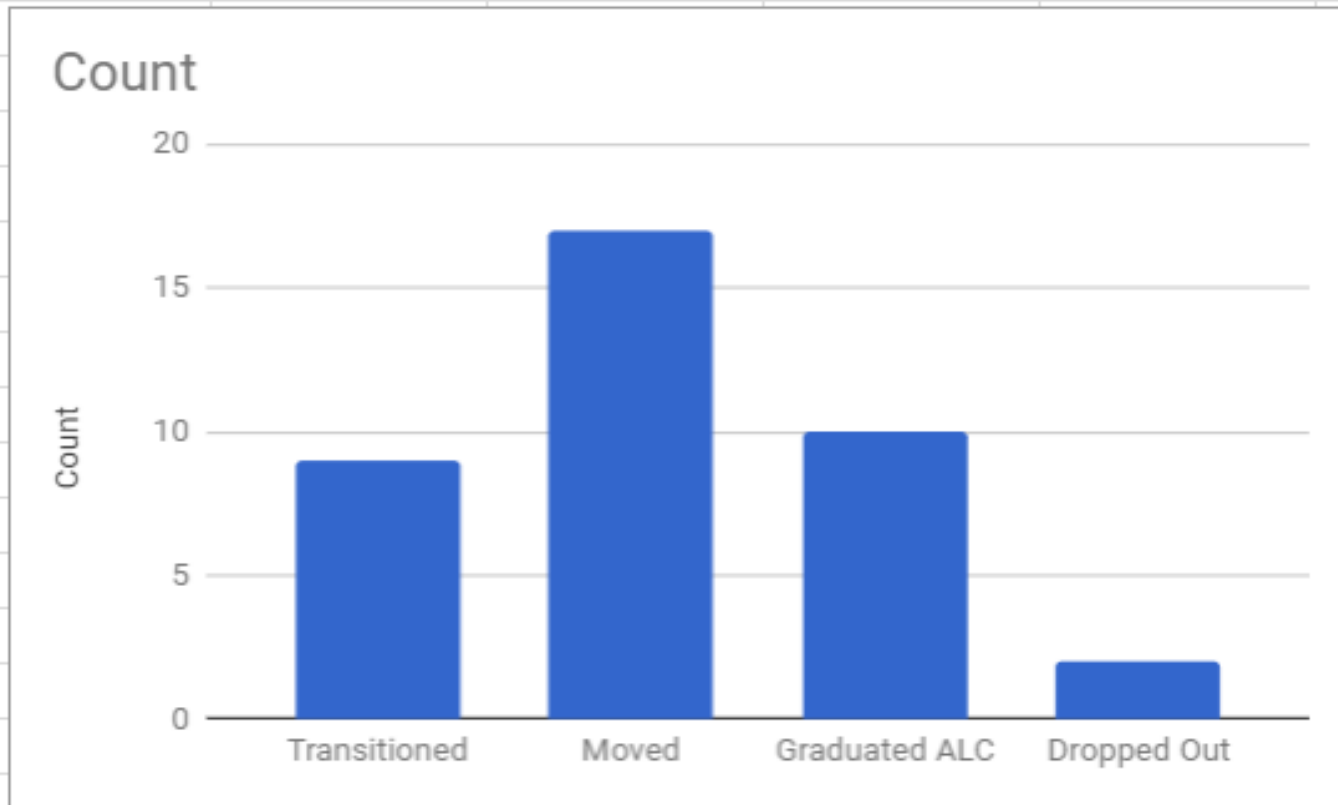


- Work with schools to meet the needs of students in crisis or at risk of dropping out
- Provide Common Sense Parenting Classes based on the Boys Town Model
- Work with Schools to implement the program in the home district once the child is ready for transition
- Work with parents to implement the programs in the home

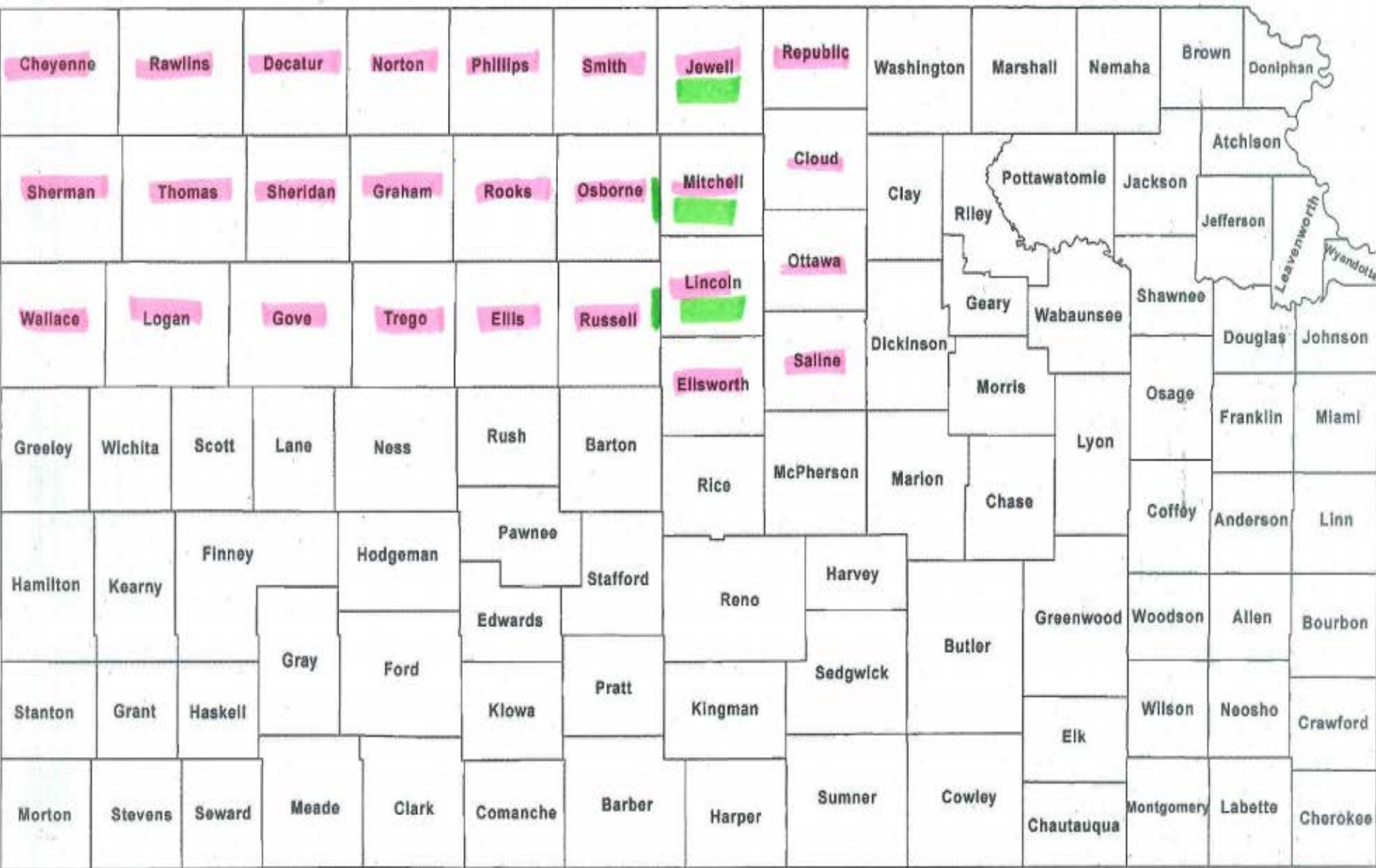
- Provide Mental Health Services
- Develop individualized graduation plans
- Work with local businesses to develop community based instruction and work skills
- Teach, model and train staff in the implementation of the program designed to meet the student's needs
- Provide ongoing consultation to districts
- Conduct checks for fidelity of implementation of the program in the home settings




# *Results for ALC*




Transitioned	24%
Moved	43%
Graduated ALC	27%
Dropped Out	5%



Get Printable Maps From:  
[WaterproofPaper.com](http://WaterproofPaper.com)

 Dane G Hansen Foundation

 Beloit Special Education Coop

# We Need Your Support!

- Funding for the school
- Funding for a residential facility
- Creating program sustainability
- Assistance in eliminating regulations and/or barriers to working collaboratively with our community partners





# Planning

- Develop the Juvenile Transitional Crisis Center as a pilot program for the State of Kansas
- Demonstrate Progress and Measure Effectiveness of the program within the Transitional Crisis Center as well as the home districts
- Replicate program across the state when implemented successfully
- Compile and submit data to state agencies to ensure accountability of program

# Review of Program Components

- Students age 10 and under with social emotional deficits and/or trauma
- Special Education Students
- At Risk Students
- Students under Suspension and Expulsion
- Students in Foster Care (Trauma Informed Care)
- Transition to the home district and home settings
- Parent Training in Common Sense Parenting



Thank  
You

For Caring Enough  
About **ALL** Kids  
To Be Here  
Today!

# For Questions Please Call:

**Karen Niemczyk**

**Director of Special Education**

**Beloit Special Education Cooperative**

**[kniemczyk@usd273.org](mailto:kniemczyk@usd273.org)**

**785-738-5275 Office**

**785-569-1349 Cell**

**Jeff Travis**

**Superintendent**

**Unified School District #273**

**[jtravis@usd273.org](mailto:jtravis@usd273.org)**

**785-738-3261 Office**

**785-534-9027 Cell**

# Overview

Connecting the Pieces (*Cherie Blanchat*)

Regional-Level Example: Beloit Special Education Cooperative and Community Engagement (*Karen Niemczyk*)

Summary of Key Recommendations from the Children's Subcommittee, Continuum of Care, and Mental Health Task Force (*Erick Vaughn*)

Interconnected Systems Framework (*Kelly Perales*)



A young girl with dark hair is shown in profile, looking out a window. The scene is bathed in warm, golden sunlight, creating a soft, hopeful atmosphere. The background is slightly blurred, showing the window frame and some greenery outside.

Key

# Recommendations

*Children's Subcommittee, Children's Continuum of Care Task Force,  
Mental Health Task Force*



# Erick Vaughn

- Director of Strategic Initiatives, DCCCA
- Co-Chair of Children's Subcommittee
- Member of the Children's Continuum of Care Task Force
- Former Executive Director of the Kansas Head Start Association
- Former Inpatient Program Manager at SRS

# Children's Subcommittee

*Governor's Behavioral Health  
Services Planning Council*





# AREAS FOCUSED FOR GOALS

**Early  
Childhood  
Mental  
Health  
(ECMH)**

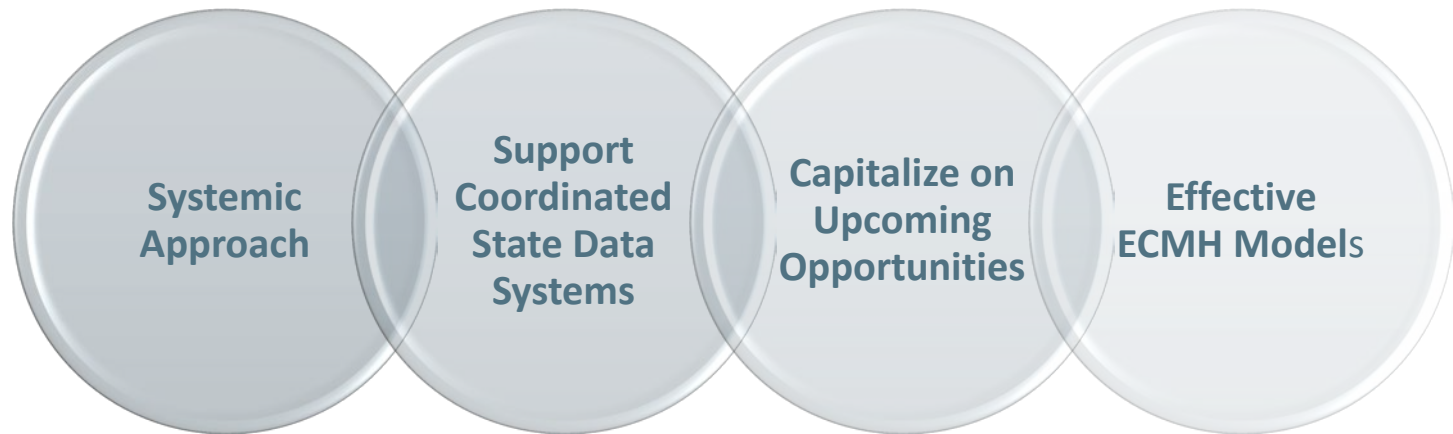
**School  
Mental  
Health  
(SMH)**

**Trauma-  
Informed  
Practices**

**Autism  
and Dual  
Diagnosis**



# ECMH STATE POLICY RECOMMENDATIONS





# ECMH STATE POLICY RECOMMENDATIONS

## Systemic Approach

- Preventative and Universal Supports and Interventions for everyone
- Targeted and Preventative Supports and Intervention for community, providers, staff, children and their families with identified needs and risks
- Intensive Supports and Intervention for children and their families who are in crisis or at risk



# ECMH STATE POLICY RECOMMENDATIONS



## Support Coordinated State Data Systems

- Support the provision of a unique statewide child identifier
- Link child-level early childhood data with K-12 and other data systems.



# ECMH STATE POLICY RECOMMENDATIONS

Capitalize on upcoming MCO RFP process to implement opportunities to maximize and provide flexible funding.

- Support statewide screening, referral and care coordination model.
- Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to cover early childhood mental health screening, assessment, and treatment.
- Support payment for two-generational services, parent support services, and dyadic therapies.
- Recognize Diagnostic Classification: Age 0–5 (DC:0-5) for reimbursing early childhood mental health services, including in-home services.





# ECMH BEST CARE PRACTICES

- Focus on prevention
- Address Adverse Childhood Experiences (ACEs) and sources of toxic stress
- Invest in family engagement strategies that value parents as experts in their children's development
- Promote comprehensive screening and early detection of developmental delays and link to referral, care coordination, and intervention.
- Expand access to voluntary, effective home visiting programs and services for new and expectant parents that model relationship building, engage parents in learning, and refer for additional supports as needed.
- Support flexible work schedules for parents.

# SCHOOL MENTAL HEALTH (SMH)

**Establish working definitions and identify research informed SMH models and practices to guide best practices in Kansas.**

**Examine the necessary qualifications of both community and school-employed mental health professionals and support personnel serving children in schools.**

**Enhance the capacity of behavioral and mental health staff serving children and their families along a continuum of care.**

**Implement best practices for transition-age children with behavioral and mental health needs.**



## FOUNDATION

Integrating School Mental Health within Multi-Tier Systems of Support:

1. Strong Universal Implementation
2. Integrated Leadership Teams
3. Youth-Family-School-Community Collaboration at all Levels
4. Culturally Responsive Evidence Based Practices
5. Data-Based Continuous Improvement
6. Positive School Culture & Climate
7. Staff Mental Health Attitudes, Competencies & Wellness
8. Systemic Professional Development & Implementation
9. Confidentiality & Mental Health Promotion Policies
10. Continuum of Supports

In Partnership with the Kansas State Department of Education and TASN ATBS School Mental Health Initiative

Adapted from Wisconsin Department of Public Instruction. *The Wisconsin School Mental Health Framework: Integrating School Mental Health with Positive Behavioral Interventions & Support*. December 2015.

## TRAUMA-INFORMED CARE

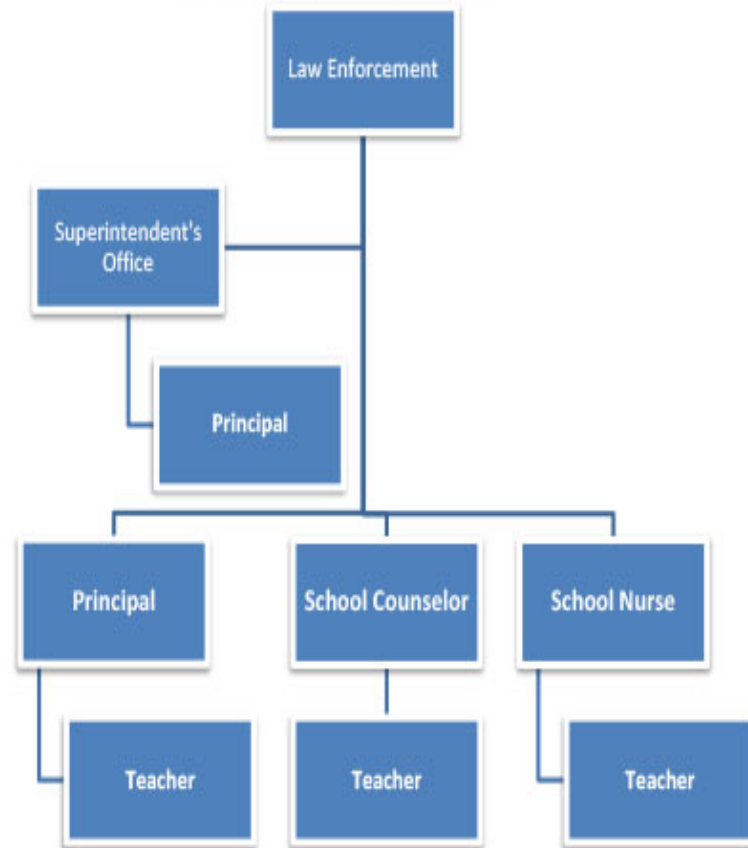
- Promote the *education* of trauma-informed practices to all child and family-serving sectors.
- Identify specific ways to support the implementation of trauma-informed practices across all child and family-serving sectors.
- Examine West Virginia’s “Handle With Care Initiative” which is aimed at ensuring that children who are exposed to violence in their home, school, or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured.

# “Handle With Care Initiative”

## The “Handle With Care” Model:

- If a law enforcement officer encounters a child during a call, that child’s name and three words, **HANDLE WITH CARE**, are forwarded to the school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are “Handled With Care”. If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

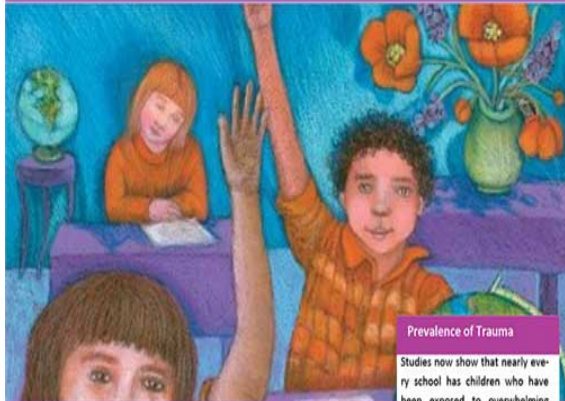
School based Trauma Flow Chart



# Why We Need Trauma-Sensitive Schools

- All children need safe and supportive environments in order to learn.
- Trauma-sensitive schools help ALL children to feel safe to learn.
- A Video Discussion Guide: *Why We Need Trauma-Sensitive Schools*

**Why We Need Trauma-Sensitive Schools**  
A Video Discussion Guide from the Trauma and Learning Policy Initiative



**Prevalence of Trauma**

Studies now show that nearly every school has children who have been exposed to overwhelming experiences, such as witnessing violence between their caretakers, being the direct targets of abuse, community violence and other kinds of adversity. The Adverse Childhood Experiences (ACE) study found higher levels of traumatic experiences in the general population than previously imagined. Among the approximately 17,000 adults surveyed, just over 50% reported having experienced at least one form of childhood adversity.

**Introduction**

This guide is an invitation to hold a conversation about our video *Why We Need Trauma-Sensitive Schools*. It is designed for educators and others who want to embark on or engage in the process of creating trauma-sensitive schools. A trauma-sensitive school is a place where an ongoing, inquiry-based process allows for teamwork, coordination, creativity and sharing of responsibility for all students, and where continuous learning is for students as well as educators. There are a growing number of schools throughout Massachusetts and the United States engaged in the work of creating trauma-sensitive schools. This video features one such school, the Baker School in Brockton, MA. The Baker is one of several schools in Brockton that are becoming trauma-sensitive through a concerted, well-supported district-wide effort.

Visit [www.traumasensitiveschools.org](http://www.traumasensitiveschools.org) to learn more, join our learning community and download our publications, *Helping Traumatized Children Learn, Volumes 1 and 2*.

**What is a Trauma Sensitive School?**

A trauma-sensitive school is one where all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission.

© 2017 Massachusetts Advocates for Children

# Children's Continuum of Care





# Selected Three Areas of Focus

- Psychiatric Residential Treatment Facilities (PRTF)
- Prevention
- Early Childhood



# PRTF

- Increase in PRTF bed capacity
- Re-establish the true purpose of PRTF (60-day prior authorization, treatment not stabilization)
- Use CMHC Clinicians and CBST as part of the Assessment, Utilization Review and Treatment and Discharge Planning process
- Promote and incentivize in-home family therapy and transition planning
- Restore university contract to collect data and analyze trends such as the KU ROM, Ohio Scales and CMHC outcomes.

# Prevention » Family

## Engagement

- Re-evaluate and increase parent support service.
- Elevate and expand wraparound planning the national NREP/SAMHSA evidence based process for children's services across the continuum of care for all KanCare eligible families whose children have severe emotional disabilities.

# Early Childhood

- Kansas should recognize the use of the Diagnostic Classification: Age 0-5 (DC:0-5) for diagnosis and treatment of children birth through 5 years of age.
- State should define, establish and identify a required credentialing and training program for early childhood mental health providers, and have such program in place before requiring its use.

# Mental Health Task Force

*January 2018 Report*



# Topic 2: Crisis Stabilization

Recommendation 2.2: Access to Effective Practices and Support. Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices) in the community.

- Required Actions: Funding
- Steps for implementation:
  - Provide opportunities for community partners to develop a plan for how to increase behavioral health services in schools.
  - Review reimbursement for in-home behavioral health services

# Topic 6: Continuum of Care for Children and Youth

Recommendation 6.3: Quality of Care. Managed care organization (MCO) contracts should incentivize reduced Psychiatric Residential Treatment Facility (PRTF) readmissions instead of reduced lengths of stay.

- Required Actions: State Agency Reg./Policy Change
- Steps for implementation: Amend contracts with MCOs

# Topic 6: Continuum of Care for Children and Youth

Recommendation 6.4: Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.

- Required Actions: State Reg./Policy change & Funding
- Steps for implementation:
  - Develop educational opportunities to communities on ACES and the need for early detection of adverse events experienced by children.

# Overview

Connecting the Pieces (*Cherie Blanchat*)

Regional-Level Example: Beloit Special Education Cooperative and Community Engagement (*Karen Niemczyk*)

Summary of Key Recommendations from the Children's Subcommittee, Continuum of Care, and Mental Health Task Force (*Erick Vaughn*)

Interconnected Systems Framework (*Kelly Perales*)

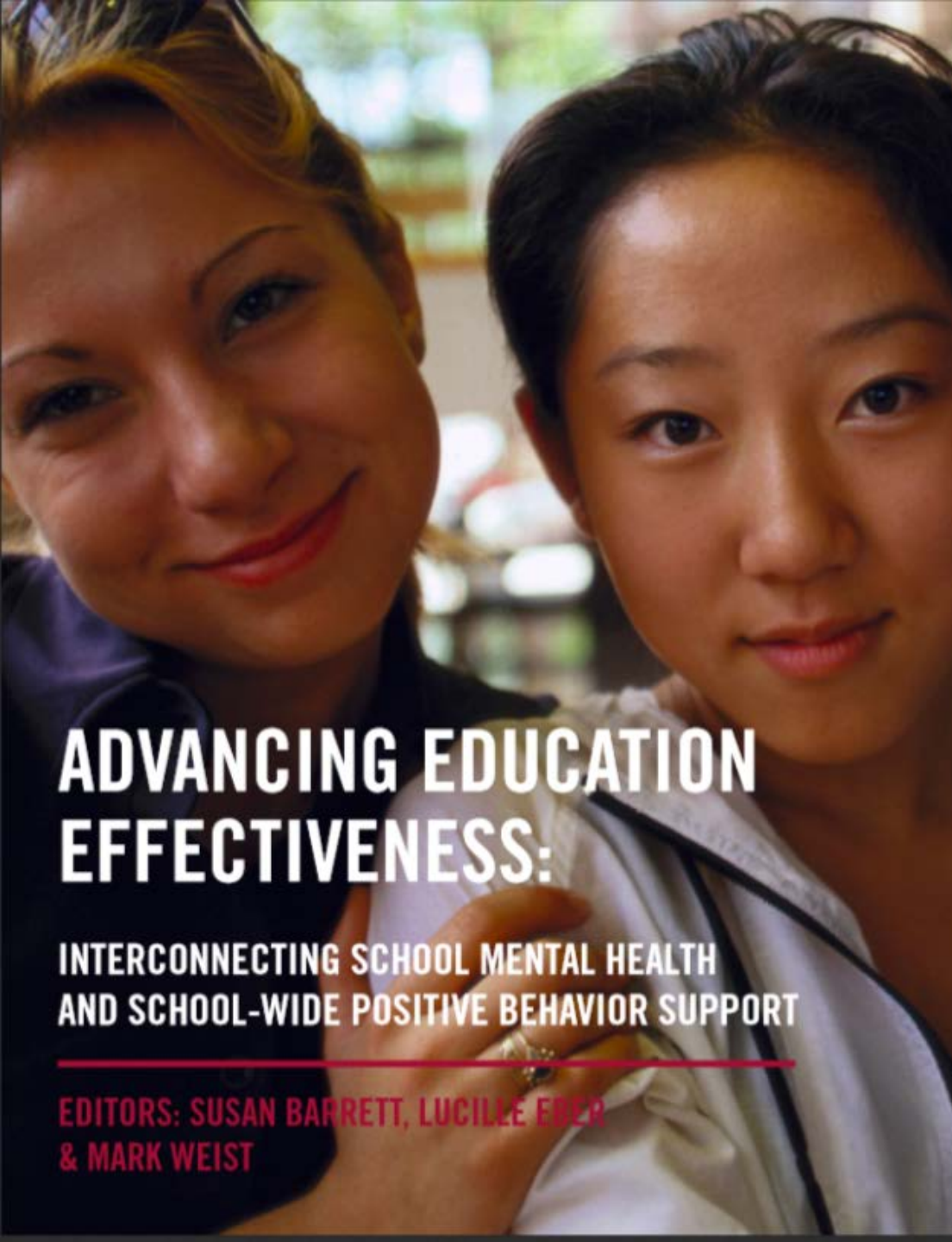


# Interconnected Systems Framework: Integrating Mental Health through the Kansas MTSS Integrated Framework

Kelly Perales, LCSW  
Midwest PBIS Network

# Where We've Been:

- 2002-2007: Site Development with PBIS Expansion (informal and independent)
- 2005: CoP focus on integration of PBIS and 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: RCT Grant awarded
- 2016: Targeted Work Group Webinars (8)
- 2017: Targeted Work Group Webinars continuing, knowledge development sites across country



# ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH  
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

---

EDITORS: SUSAN BARRETT, LUCILLE EBER  
& MARK WEIST

# Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

*Editors: Susan Barrett,  
Lucille Eber and Mark  
Weist*

[pbis.org](http://pbis.org)

[csmh.umaryland](http://csmh.umaryland)

IDEA Partnership NASDSE



# Partnerships are needed:

- One in 5 youth have a MH “condition”
- At least 50% 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

# What is your “WHY”

- Common mission or vision
- Data point to rally around
- Idea of moving your Advisory Council into a Community of Practice

# 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**

# Recent Publications

Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts (OSEP *Technical Assistance Center on PBIS, 2017*)

<http://www.pbis.org/blueprintbriefstools>

Roundtable Dialogue: *Aligning and Integrating Mental Health and PBIS to Build Priority for Wellness*

<http://www.pbis.org/presentations/chicago-forum-17>



# Steps for Alignment

1. Coordinate the process with an executive level team
2. Define the valued outcome(s) to be achieved
3. Develop an inventory of the related initiatives that are currently implemented across the district
4. Identify core system features for initiatives targeted for alignment
5. Analyze and make decisions for alignment of initiatives
6. Design the plan for effective alignment including implementation, evaluation, and professional development

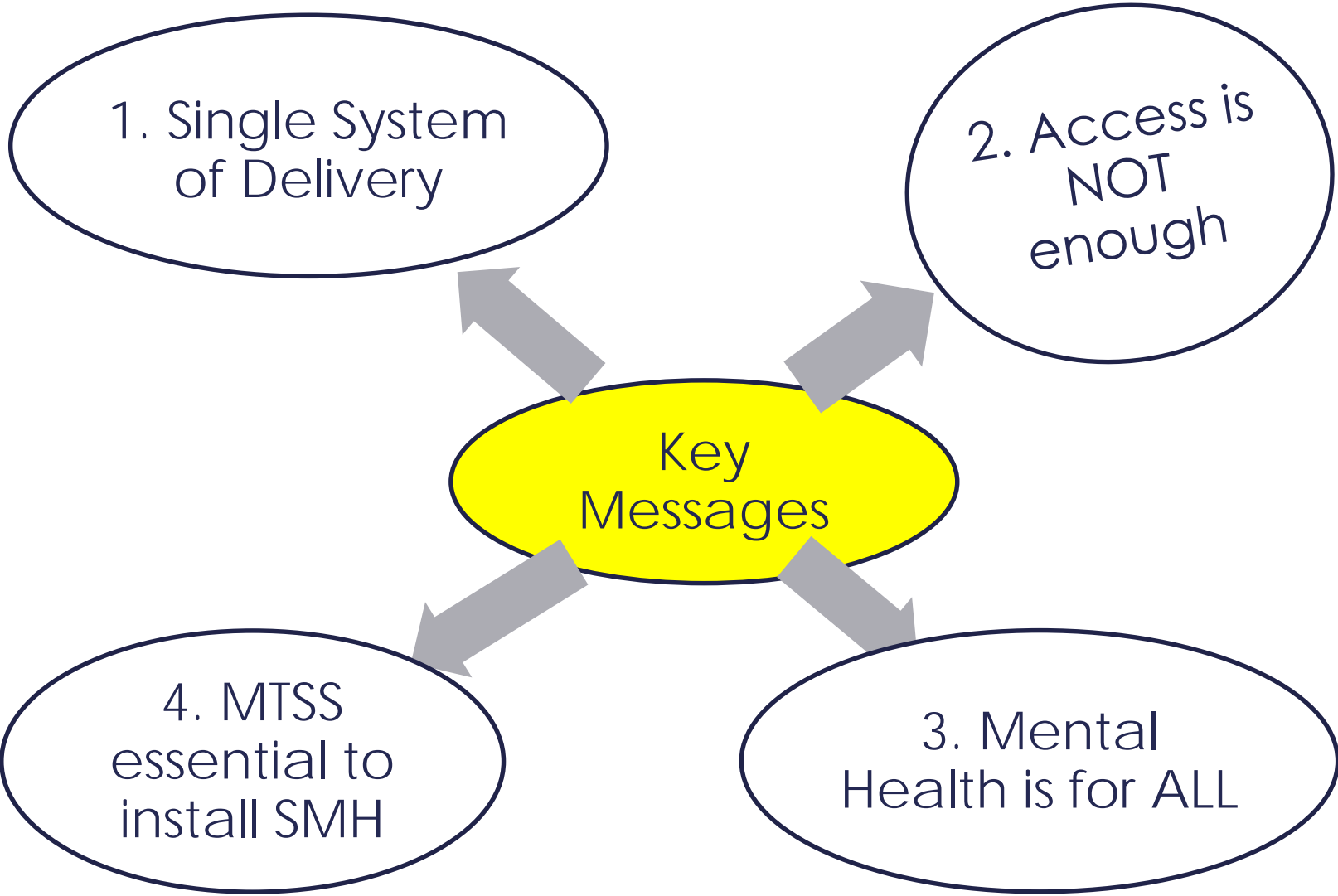
1. Single System of Delivery

2. Access is NOT enough

Key Messages

3. Mental Health is for ALL

4. MTSS essential to install SMH



# 1. Single System of Delivery

- One committed and functional team with authority guides the work, using data at three tiers of intervention
- MH/community partners participate across ALL Tiers
- Evidence Based Practices/ Programs integrated at each tier
- Symmetry (of process) at District and Building level
  - District has a plan to integrate MH at all buildings
  - Plan is based on community and school data
- Plan to build “social emotional” capacity across staff
  - Training and Coaching in place for ALL staff (community and school employed)
  - Staff are competent and confident in identifying, intervening and/or referring

# 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?)

# Who should be on the team?

Academic MTSS Director

School Improvement

Special Education Director,

Professional Development/Teacher  
Mentoring

Local MH provider/Core Service Age

Family Youth Community Leaders

Board Member

## District Community Leadership Team

Implementation Team

Law Enforcement

Juvenile Services Coordinator

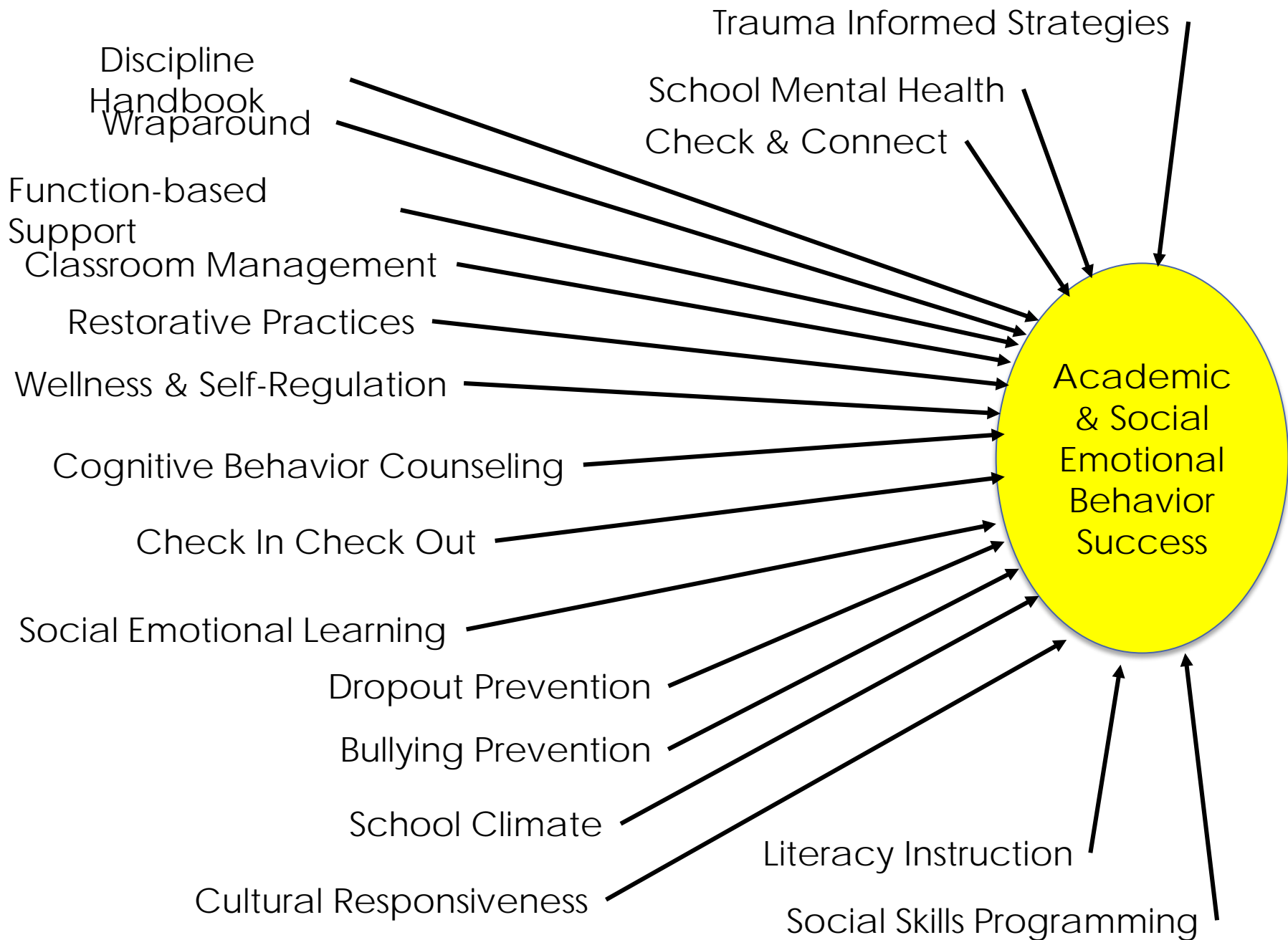
Youth Move

Social Services  
Afterschool  
Dept of Recreation Services

Administrative and Teacher  
Representative  
(Union)

Student Supports Director





# Example of Work Flow Checklist

1. Form or Expand District Team (Workgroup of existing team?)
  - Membership
2. Establish Operating Procedures
3. Select Sites (knowledge Development/Demonstration)
4. Conduct Resource Mapping of current programs/initiatives/teams
  - Identify gaps/needs
  - Assess staff utilization
  - Examine organizational barriers
  - Establish priority- measurable outcomes
5. Develop Evaluation Plan
  - District and School Level
  - Tools Identified
  - Economic Benefits
6. Develop Integrated Action plan
  - Identification of Formal Process for Selecting EBP's
  - System for Screening
  - Communication and Dissemination Plan
7. Write MOU- Determine who will implement the plan

# State Level Example - PA

- Pennsylvania Community of Practice established in 2007
- State Departments of Education, Health, and Human Services
- Behavioral health provider and managed care organizations
- Family Advocacy groups
- Higher Education



# Communities of Practice

- Expressed concern for a common issue
- Voluntarily work together to improve practice related to that issue

Cashman, J., et al, 2014 – Leading by Convening

# Three Strategies (over time)

- PA PBS Network
  - SW-PBIS
  - PW-PBIS
- Safe Schools Healthy Students
  - Systems of Care
  - PBIS – ISF
- Mental Health Awareness
  - Youth Mental Health First Aid
  - Suicide Prevention

## 2. Access is NOT enough

*All work is focused on ensuring positive outcomes for ALL children and youth and their families.*

- Interventions matched to presenting problem using data, monitored for fidelity and outcome
- Teams and staff are explicit about types of interventions students and youth receive (e.g. from “student receives counseling” to “student receives 4 coping skills group sessions)
- Skills acquired during sessions are supported by ALL staff (e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day)

# Messages on Data-Based Decision Making

- Expanded view of data within schools
  - Visits to nurse, counselor, time out of class
- Expanded view of data from community
  - Student and family perception
  - Connected to other child serving systems – JJ, CYS
  - Risk and protective factors
  - Demographics
  - High rate of: unemployment, military, immigrant

# Where Do Specific “MH” Interventions Fit?

- That depends on the data of the school and community

Examples of Expanded View of data:

- Child welfare contacts,
- Violence rates
- Incarceration rates
- Deployed families,
- Homeless families,
- Unemployment spikes
- New comers



# School Data → Community Data

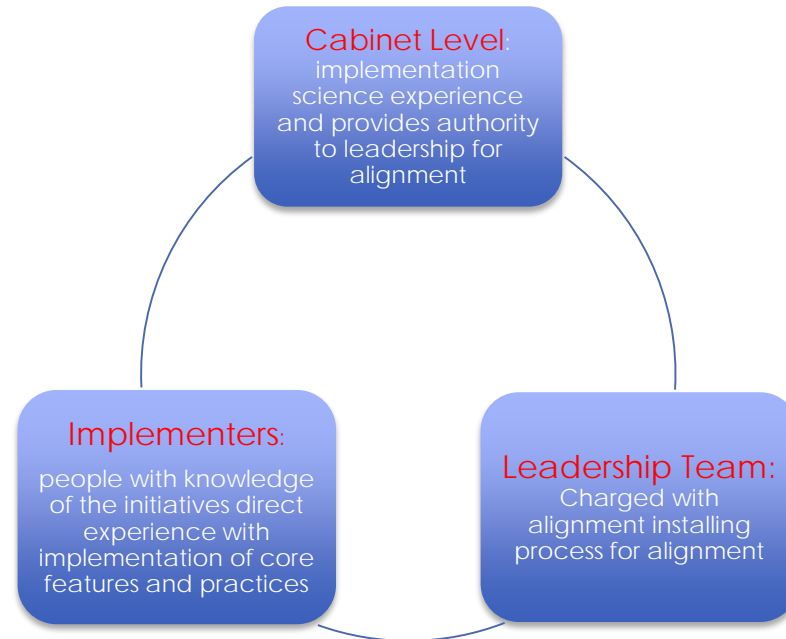
## Student and System level

- **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**
- **Protective and Risk Factors**
- **Calls to crisis centers, hospital visits**
- **Screening at multiple views**

# Pennsylvania's "original" WHY

- Resource rich and outcome poor
- Feedback from educators, family members, behavioral health providers
- Use of restrictive educational and mental health placements (partial hospitalization)

# Step 1: Coordinate and lead alignment process with an executive level team



## Tasks:

- a) Identify/modify team with authority to change budget, policy, procedures and re-assign staff.
- b) Include individuals with detailed knowledge of current initiatives/programs/grants.
- c) Organize the communication/feedback loops across teams if it is necessary to work across leadership and implementation teams.
- d) Schedule meetings at least monthly with functional meeting process.



# PA PBS Network

- Build an affiliated network of independent facilitators to provide training and technical assistance for the scale up of PBIS across the commonwealth
- Align and integrate with other state level initiatives with similar priority
  - SAP
  - Bully Prevention
- State Co-Directors and Co-Coordiators
  - Think Implementation Blueprint



### 3. Mental Health is for ALL

- Positive school climate and culture serves as protective factor. Social/emotional/behavioral health addressed with same level of attention and concern as is our children's academic and cognitive achievement.
- Social behavior skills taught and reinforced by ALL staff across ALL settings, and embedded in ALL curriculum
- Behavior and social emotional examples used to explicitly teach what behaviors look like and sound like across school settings.

## **Step 2:**

**Define the valued outcome(s) to be achieved**

- a.) Are the highly valued outcome(s) for children and families defined for initiatives to be aligned? (i.e. social emotional behavior initiatives alignment)

# Why Integrate: PA Example

- Mental Health CSBBH Teams collect functional and behavioral outcomes to guide treatment
- Outcomes are collected from a variety of stakeholders including youth, family, and school partners
- Gathering and reporting outcomes can improve care and the activities are integrated into care



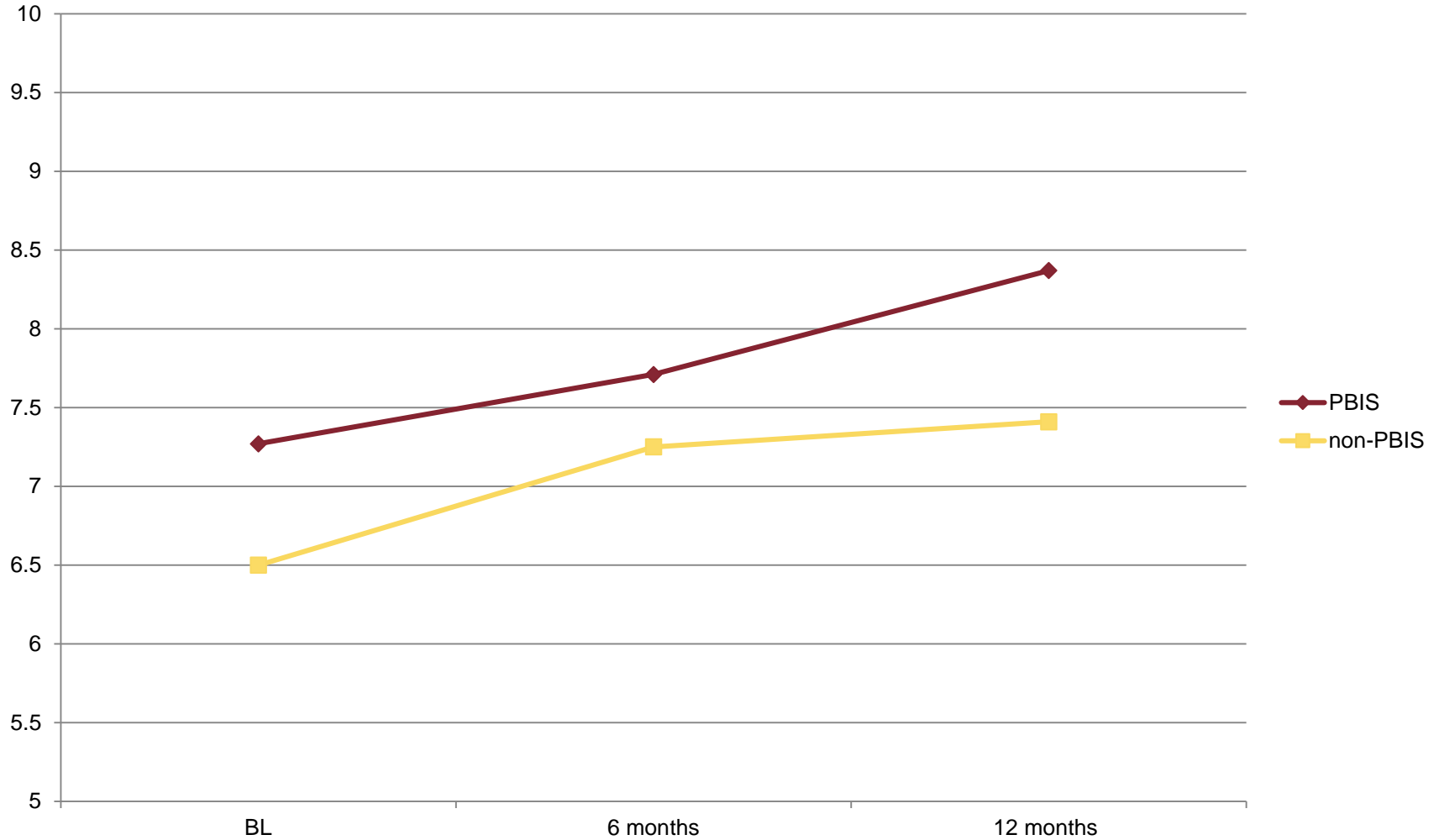


# Comparison of Schools with MH/PBIS (ISF) and Schools with Only MH Teams in Schools

- Significant improvement over time for child and family functioning at all schools
- For PBIS schools, higher report of family functioning than non PBIS schools
- Therapeutic Alliance ratings were higher in the PBIS schools.

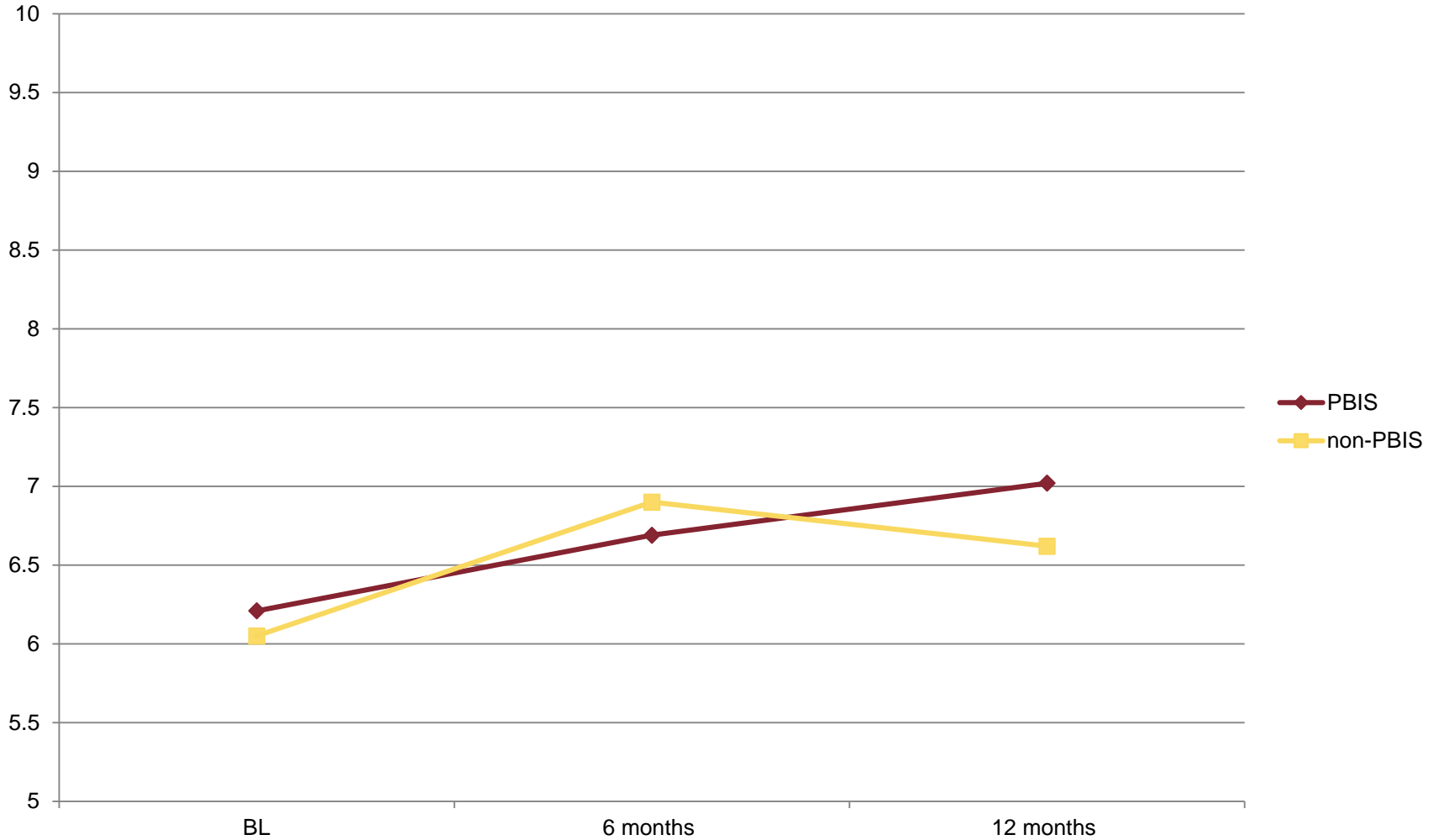
# Family Functioning

(n= 285 youth 11 schools)



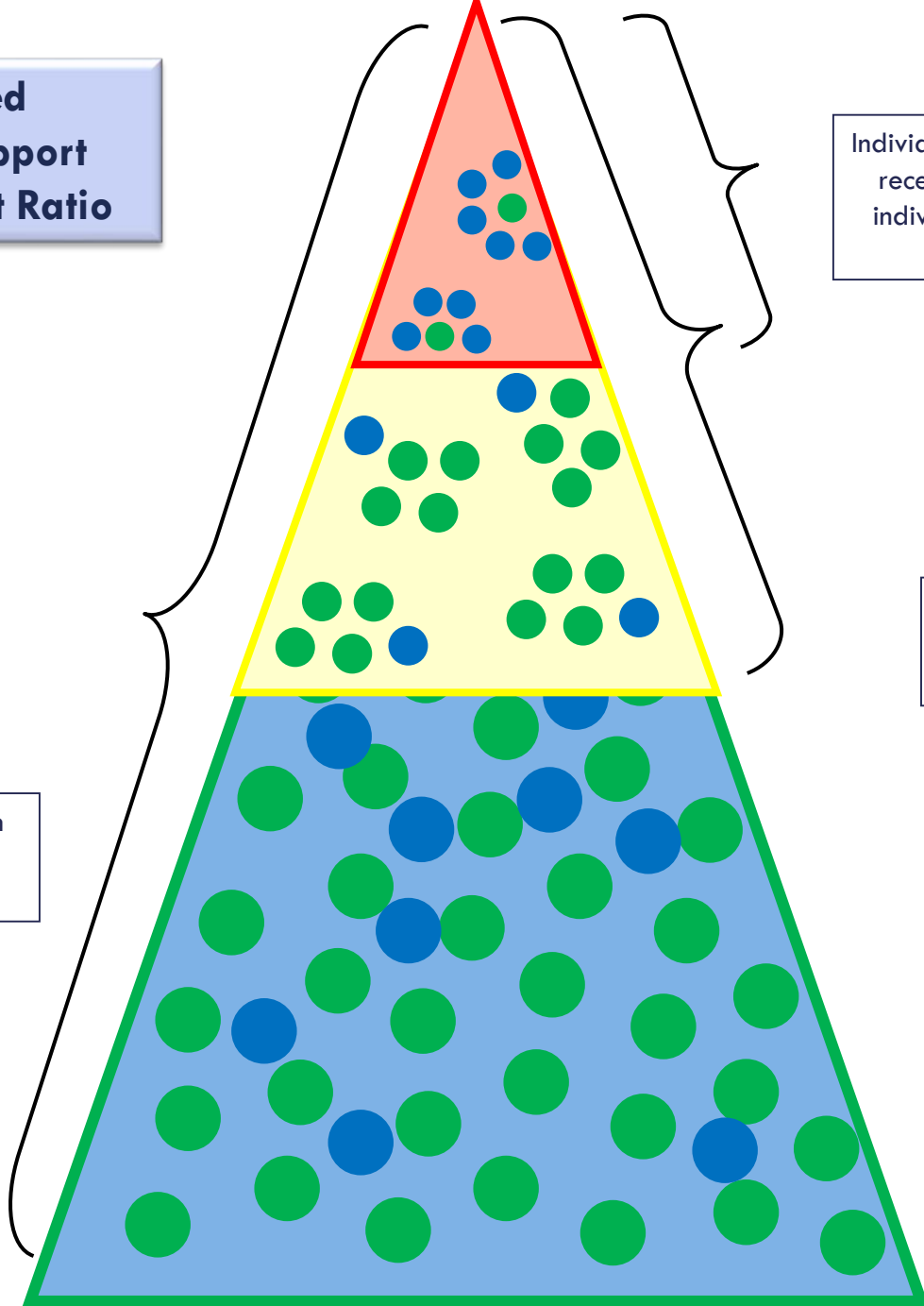
# Child Functioning

(n= 285 youth 11 schools)





**Multi-Tiered  
System of Support  
Staff to Student Ratio**



**Tier 3**  
Individual students that are receiving support from individualized teams of adults

**Tier 2**  
Groupings of youth that are being supported by 1-2 adults at a time

**Tier 1**  
All youth interspersed with all adults. All staff are supporting all youth.

- Staff
- Students



## **Step 3:**

**Develop an inventory of the related initiatives currently being implemented across the state.**

- a) Has a list of all related grants, initiatives, and practices including population served across schools and community agencies been developed?
- b) Has the department or division that oversees the initiative (i.e. budget authority) as well as individuals leading the implementation been identified?
- c) Has the research to determine the evidence for each initiative been reviewed/identified?
- d) Has the expected outcome(s) and documented results to date for each initiative been identified?

# PA: Safe Schools Healthy Students

- PBIS + System of Care = ISF as the goal
- Five priorities:
  - Early Childhood
  - Behavioral Health
  - Family Engagement
  - Prevention
  - School Climate and Safety

# Symmetry of Process

- State Management Team
  - Capacity building
  - Alignment of initiatives
- County Management Teams
  - System of Care
  - PBIS within districts
- District/Community Leadership Teams

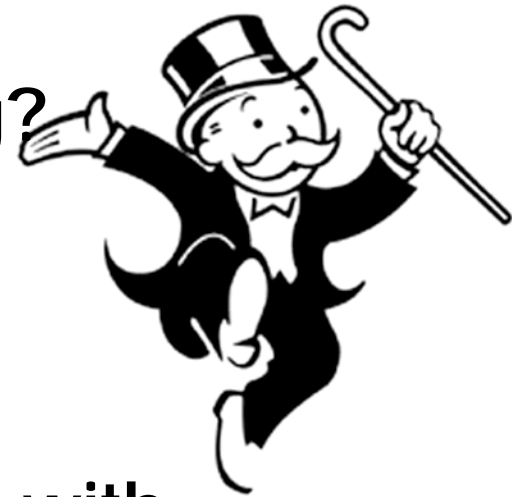


## 4. Installed and aligned with core features of MTSS framework.

- Integrated teams representative of all stakeholders including families and students;
- Apply data-based decision making;
- Have a formal process for selecting and implementing evidence-based practices;
- Ensure early access through comprehensive screening;
- Progress monitor for both fidelity and effectiveness;
- Ensure coaching.

# Before you Start Developing NEW, Assess What's Currently in Place

- What groups are currently running?
- Who are they led by?
- What data is gathered to assess:
  - If students are responding?
  - If the intervention is being done with fidelity?
- Is the intervention being done with fidelity?
- Are students responding?
- IF YES- KEEP IT!
- IF NO - Consider modifying or adding NEW





# District Initiative Inventory



This tool can be used to guide your team’s review of past and current programs to get a clear picture of successful strategies, and challenges, along with existing mandates and resource commitments.

Previous District Initiatives							
Initiative	Expected Outcome	Target Population	Mandated/Regulatory Activity? Yes/No	Financial Commitment (1=low, 5=high)	Relation to District Priorities & Strategic Plan (1=low, 5=high)	Level of Success (1=low, 5=high)	Evidence of Outcomes
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

## **Step 4**

**Has the team identified the core system features for initiatives targeted for alignment?**

- a) Have the specifics of team based leadership and coordination for each related initiative been identified?**
- b) Have the fidelity measures for each initiative been identified?**
- c) Have the specific core practices across each tier been identified?**
- d) Have the outcome measure(s) been identified for each initiative (e.g., discipline problems decreasing, risk ratios decreasing, increasing attendance, increasing on time graduation)?**
- e) Have the comprehensive screening measure(s) for each initiative been identified?**
- f) Have the current professional development plans, including coaching with local content expertise) for each initiative been identified?**

# Mental Health Awareness

- Pennsylvania Youth Survey (PAYS)
  - Available annual student survey for grades 6, 8, 10, and 12
  - Looks at risk and protective factors
  - Also behavior, attitudes, and knowledge of alcohol, tobacco, drugs, and violence
- Youth Mental Health First Aid
- Suicide Prevention – recent mandate



# Demographic Data

- Percent of low income enrollment has increased by 20% over past ten years.
- Loss of business in community has increased unemployment by 3% over past ten years.
- Hospitalizations for adults mental health have increased by 10% and youth by 15% in last year.
- Drug use in the county has increased by 5% over past 5 years.
- Moves to more restrictive placements has increased by 20% in the district.

# Noticeable Impact of Data

- Families are being separated due to  
Treatment  
Hospitalizations  
Incarceration
- These factors may impact schools within community in different ways



# Identify Level of Supports

## School A

School-Community data indicates:

- 85% attendance rate
- 22% of students receive more than 1 ODR last school year
- 20% of students were referred or requested to see counselor more than 1 time last school year
- 30% of students were in an elevated range on universal screener
- Crisis calls were made for 5% of students last year

## School B

School-Community data indicates:

- 97% attendance rate
- 8% of students received more than 1 ODR last school year
- 5% of students were referred or requested to see counselor more than 1 time last school year
- 12% of students were in an elevated range on universal screener
- Crisis calls were made for 2% of students last year

# Step 5: Analyze and make decisions for alignment of initiatives

- a) Have commonalities and differences in system features of the related initiatives been examined for consistency and potential overlap?
- b) Has the team resolved conflicts and/or duplicity of system features (e.g. ensure all practices are monitored through a team) ?
- c) Has the team defined what is acceptable and determined which practices within each initiative can be aligned ?
- d) Has the team identified initiatives/practices without fidelity and outcomes and determined if measurement is possible
- e) Has the team determined which initiatives/practices should be eliminated (e.g. practices overlapping or contraindicated or modified? (e.g. outcome redefined to address student benefit, fidelity measure added)
- f) Has the team determined the value added and/or risks in decisions regarding what to align or eliminate?

# The Hexagon Tool

The National Implementation Research Network (NIRN)

- <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-Education-TheHexagonDiscussionandAnalysisTool.pdf>
- <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-Education-TheHexagonDiscussionCaptureTool.pdf>

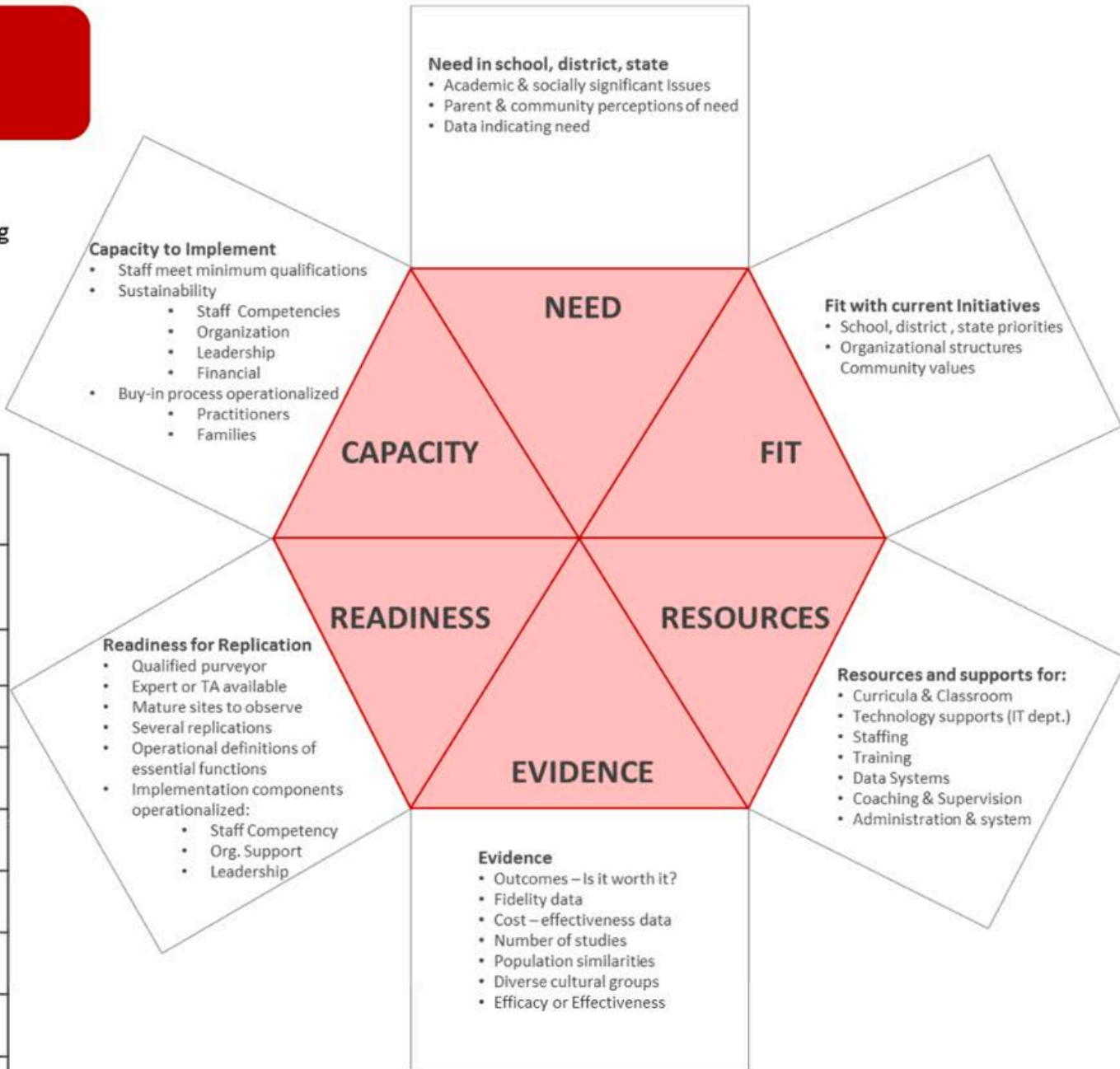
The Hexagon Tool can help states, districts, and schools appropriately select evidence-based instructional, behavioral, and social- emotional interventions and prevention approaches by reviewing six broad factors in relation to the program or practice under consideration.

# The Hexagon Tool

## Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library <http://implementation.fpg.unc.edu>



EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
<b>Total Score</b>			

## **Step 6: Design the plan for effective alignment including implementation, evaluation and professional development**

- a) Has the team determined how the system features will be aligned to support efficiency and clarity at the building level (e.g. teaming structure, integrated data system, dosage of training and coaching)?
- b) Has the team determined how the practice features will be aligned at the school level? (e.g. integration of social skills taught across tiers based on building level data)
- c) Has the team determined common fidelity tool(s) to assess system features and core practices?
- d) Has the team determined outcome measure(s) to support effective alignment?
- e) Has the team determined when and how leadership teams and staff are trained and supported? (e.g. team training, coaching and capacity building)?

# Hexagon Tool Results

Prioritization of practices / interventions:

1. Mental Health and Alcohol / Substance Abuse screener
2. Implement advanced tiered interventions that were evidenced based (e.g., locally-developed mentoring program not necessarily evidenced based)
3. Align students with intervention groups based on need not convenience (e.g., scheduling)





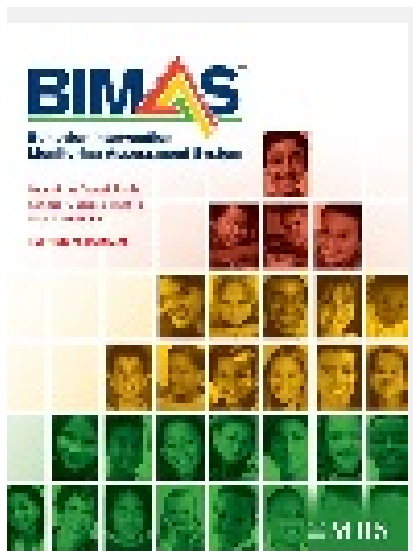
# BIMAS™

## Behavior Intervention Monitoring Assessment System

James L. McDougal, Psy.D.

Achilles N. Bardos, Ph.D.

Scott T. Meier, Ph.D.



The Behavior Intervention Monitoring Assessment System (BIMAS™) is a measure of social, emotional and behavioral functioning in children and adolescents ages 5 to 18 years.

### Objectives:

- Universal Screening**
- Student Monitoring**
- Program Evaluation**



The Positive Action program features scripted lessons that are easy to prepare and teach.

Grades K-12

Pre and Post Assessment

Approximately 15+ minutes instruction 3 days

Classroom Kits- 140 lessons per Kit

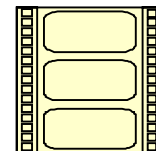
<https://www.positiveaction.net>

# Youth Mental Health First Aid



Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. Mental Health First Aid is an 8-hour course that teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders.

<https://www.youtube.com/watch?v=7R2j-gxPePE>

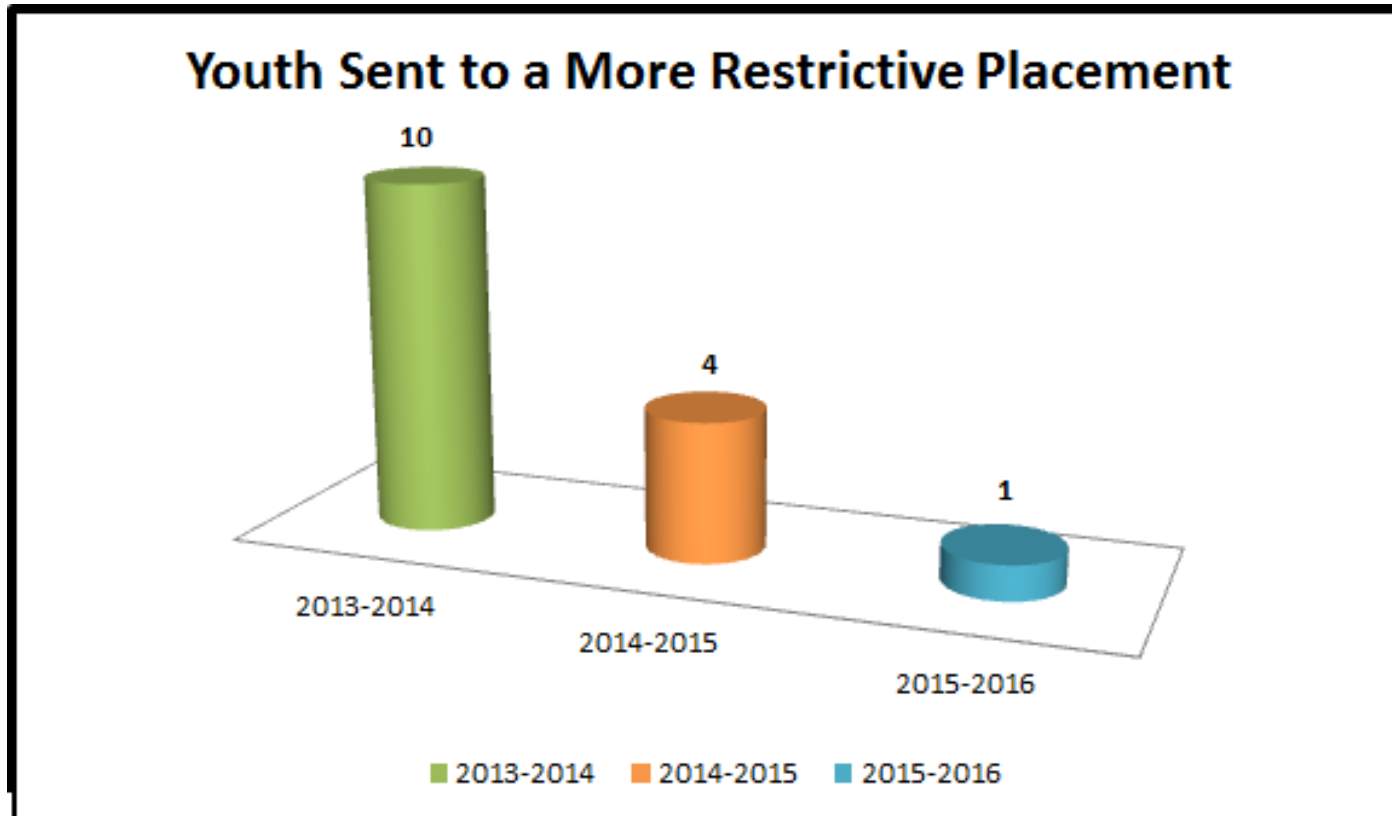


# Installation of SWPBIS Tiers

Academic Year	Tier 1 SWPBIS	Tiers 2 & 3 SWPBIS
2012-2013	Full (SET = 100 / 93)	Informal mentoring system
2013-2014	Full (BoQ = 89)	SPO, SAP, Project RENEW
2014-2015	Full (BoQ = 97)	SPO, SAP (MH / D&A Assessments), Choices, Project RENEW
2015-2016	Full (BoQ = 96)	SPO, SAP, ART, Choices, RENEW, Positive Action

*Note.* SET = Schoolwide Evaluation Tool; BoQ = Benchmarks of Quality; SPO = School Police Office; SAP = Student Assistance Program; ART = Aggression Replacement Therapy; RENEW = Rehabilitation, Empowerment, Natural Supports, Education, and Work.

# Placement Data



**More Restrictive Placements:**

1. Juvenile Detention Center
2. Residential Treatment Facility
3. Psychiatric Hospital
4. Drug & Alcohol Rehabilitation

## Where We Are Headed:

- 2017-18 TWG webinars and knowledge development sites continue
- Training/TA curriculum and workbook available online
- Other resources, tools, examples also available
- In process of developing “Monograph Volume 2: An Implementation Guide”

[www.midwestpbis.org](http://www.midwestpbis.org)



# MIDWEST PB

---

[Home](#)

[Coaches](#)

[Family](#)

[Mental Health Integration \(ISF\)](#)

---

# Several Pages are Available

---

Mental Health Integration (ISF)

Mental Health Integration (ISF)

Webinars

Training Descriptions

Tools

Examples

Publications

Presentations



# Sharing Examples from Sites

---

Example
<b>Memorandum of Understanding (MoU)</b>
<ul style="list-style-type: none"><li>▪ <a href="#">Sample 1</a></li><li>▪ <a href="#">Sample 2</a></li></ul>
<b>Building-Level Integrated Action Plan</b>
<ul style="list-style-type: none"><li>▪ <a href="#">Sample 1</a></li></ul>

# New Workbook with Hyperlinks

<p>School, District, and Partnering MH Agency</p>	<p>As part of training, technical assistance, and coaching by an ISF Facilitator, this workbook is intended to support district and school leadership teams who are aligning and integrating School Mental Health (SMH) and Positive Behavioral Interventions and Supports (PBIS). Teams will be able to identify action steps towards implementation of an Interconnected Systems Framework (ISF).</p>	<p>Perales, K., Pohlman, K., VanEcker, E., Barrett, S., and Eber, L., 2017</p>	<p><b>Who:</b> District ; and Building L</p> <p><b>When:</b> As part guided by an I! and technical ;</p> <p><b>Access for Use</b></p> <p><a href="#">View W</a></p> <p><a href="#">View W</a></p>
---	---	--	---

# Join the Targeted Workgroup Webinars

,

ted Workgroup is to provide opportunities for sites from around the country to learn and interact with one another through technical assistance. The goals of the workgroup are to: 1) increase ISF capacity at both state and regional levels as national demonstration, and 3) test and refine ISF tools.

[Series Recordings](#)

[Series Recordings](#)

[Series Recordings](#)



[Sign up here](#) for the ISF Targeted Workgroup Email List!

## Reflection and Discussion:

- Could the SMHAC see their work as supporting the 5 regional (about 15 district level teams) via the SPDG?
- Could the SMHAC be a model at the State level for the ISF (think symmetry of process)
- Questions/comments?

# Contact info:

Kelly Perales

[Kelly.perales@midwestpbis.org](mailto:Kelly.perales@midwestpbis.org)

717-770-9365

# Next Steps for Council

## Discussion Item



# Public Comment



# Training for Students

Discussion on topics and depth





# Wrap-Up

## **Next meeting:**

May 3, 2018

Washburn Technical School

Basement Level Conference room

5724 SW Huntoon

Topeka, KS