Building Blocks of Collaboration Between Schools and Community MH Providers: Successes and Challenges

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Who is joining us today?

- Youth
- Family
- Admin
- School based practitioners
- Community based practitioners
- Researchers
- TA providers
- State Leadership Team members
- District Leadership Team members

4 Questions

Where are we in our implementation?

 What do I hope to learn?

What did I learn?

What will I do with what I learned?

BIG Ideas…

- How Multi-tiered Systems of Support (MTSS) can enhance mental health in schools
- Installing SMH through MTSS in Schools
- The Interconnected Systems Framework (ISF)

SMH +MTSS=ISF

Wellbeing

Should central role of education be building and improving wellbeing ?

What are the life skills to be college/career ready?

How would academic achievement improve if we had students, youth, educators in environments that fostered emotional health and wellbeing?

How would that impact healthcare?

Justice system, Poverty, Homelessness, Drug Use? Unemployment?

Don't mistake academic label as an indication of "health"

Starts with Equal Priority

Academic Rigor	✖	Social Emotional Health/ Mental Wellness/Physical Health	✖	Organizational Health: Workforce

= Socially Significant Outcomes

Vermont Joint House/Senate Resolution
(J.R.H 6) 2013

Whereas, following the mass shootings at the Sandy Hook Elementary School in Newtown, Connecticut, we, as a nation, have had time to reflect collectively on who we are and how best to respond to the slaughter of the innocents, and

Whereas, the General Assembly rejects the singular response of meeting force with force, and

Whereas, alternatively, the General Assembly embraces a Vermont

commitment that the mental, physical, and nutritional health of our students and their caregivers is addressed with the same level of attention and concern as is our students' academic and cognitive achievement, and
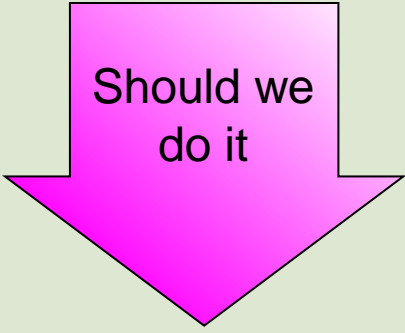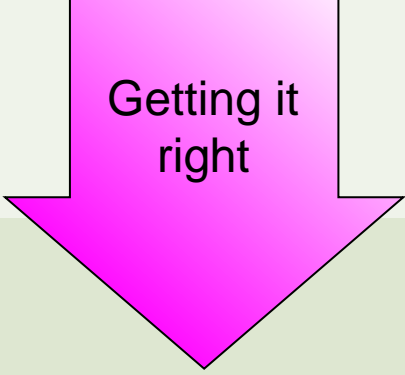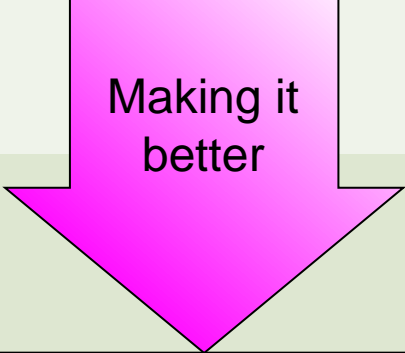
Whereas, Vermont schools must offer a learning environment that
encourages all students to attain mastery of academic content, to practice generosity, to experience belonging, and to realize independence in their daily lives, now therefore be it

Resolved by the Senate and House of Representatives:

That the tears of Sandy Hook and our nation will not fall on fallow ground but will give rise to a rededication to our goal of maintaining safe and healthy schools, and be it further

Resolved: That the General Assembly declares Vermont to be a state in which equity, caring, and safety, both emotional and physical, are evident in all of our schools' practices.

Stages of Implementation

Focus	Stage	Description
Should we do it	Exploration/ Adoption	Decision regarding commitment to adopting the program/practices and supporting successful implementation.
Getting it right	Installation	Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.
	Initial Implementation	Try out the practices, work out details, learn and improve before expanding to other contexts.
Making it better	Elaboration	Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.
	Continuous Improvement/Re generation	Make it easier, more efficient. Embed within current practices.

Fixen & Blaise, 2011

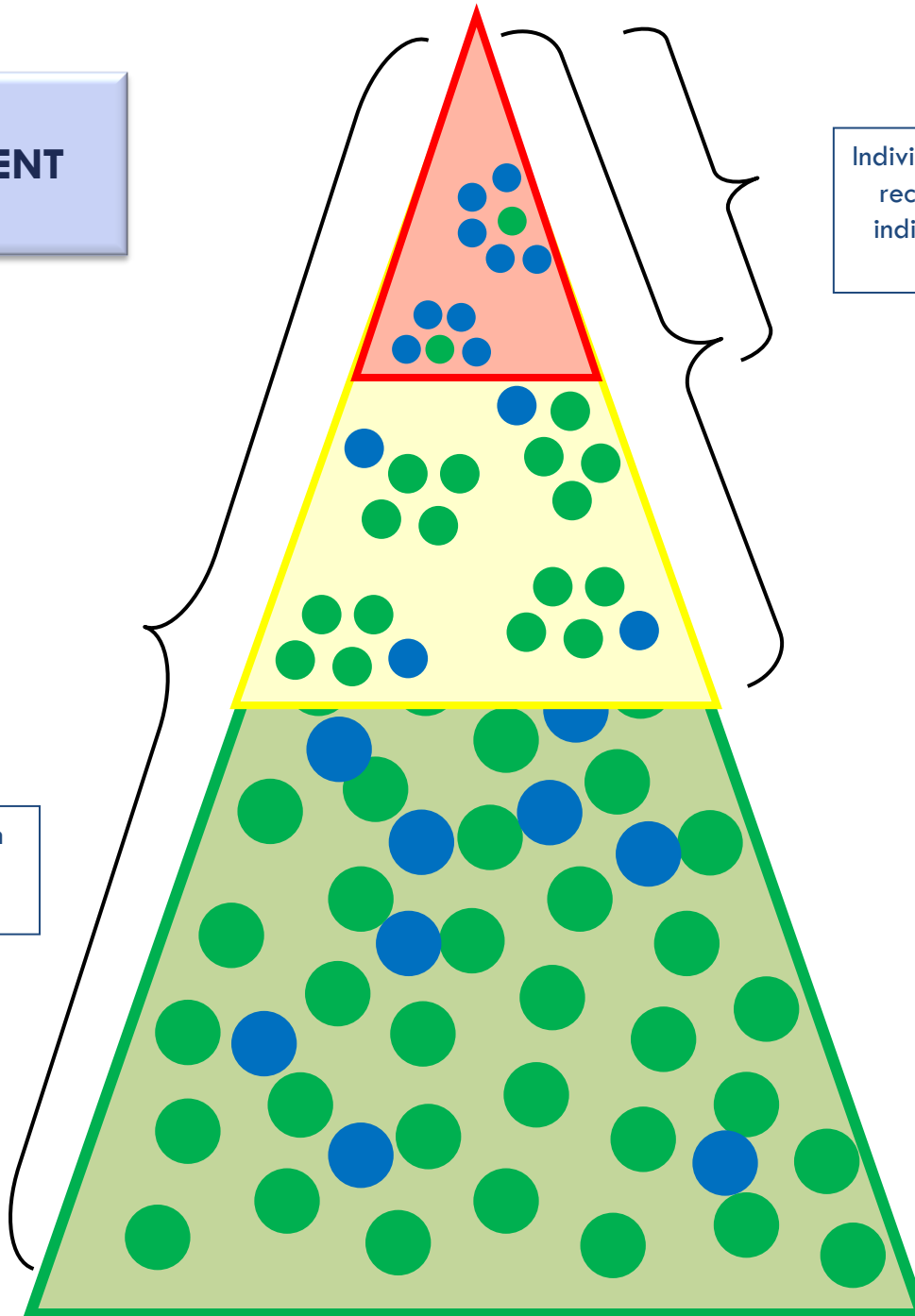**PBIS/MTSS STAFF TO STUDENT RATIO**

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
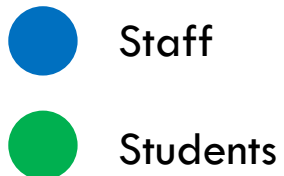
"Common Way of Work"

Enhancement of Current Work

Coaching

School Team

Data based problem solving

You can change the tires- but don't throw out the bike!!!

Effective interventions

School Leadership

Implementation

Kincaid

ISF Key Questions

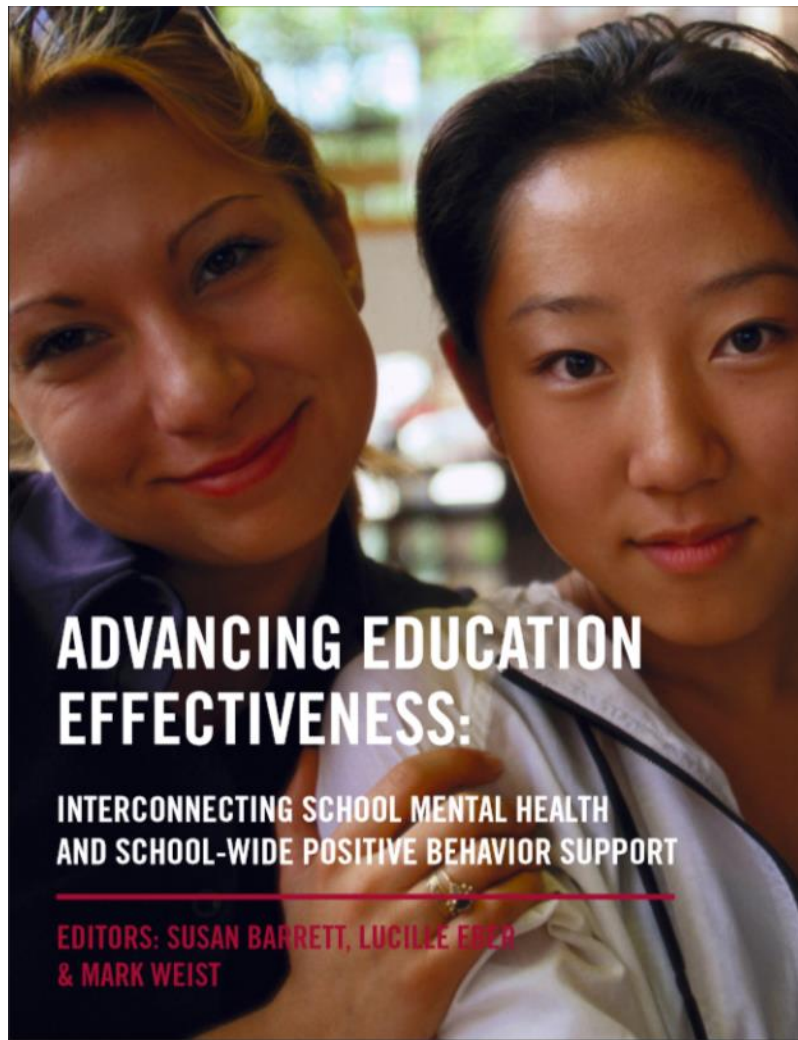Can we expand the effectiveness of the school-based continuum if we include a broader group of SMH and community providers?

Can we enhance the continuum with a greater array of EBP's to meet the needs of more students with greater effectiveness ?

ISF Resources

ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

EDITORS: SUSAN BARRETT, LUCILLE EBER
& MARK WEIST

- *ISF Monograph*
- *PPT*
- *District Community Guide*
- *Recorded Webinars*

- *pbis.org*
- *http://www.midwestpbis.org/events/webinar-recordings*

ISF Core Features

- **Effective teams** that include community mental health providers
- **Data**-based decision making
- Formal processes for the selection & implementation of **evidence-based practices** (EBP)
- **Early access through use of comprehensive screening**
- Rigorous **progress-monitoring** for both fidelity & effectiveness
- Ongoing **coaching** at both the systems & practices level

ISF Defined

- Structure & process for education & mental health systems to interact in most effective & efficient way …

- … guided by key stakeholders in education & community mental health systems …

- … who have the authority to reallocate resources, change role and function of staff, & change policy

ISF Defined

- Tiered prevention logic
- Cross system problem-solving teams
- Use of data to decide which evidence-based practices to implement
- Progress monitoring for both fidelity & impact
- Active involvement by youth, families, & other school & community stakeholders

District Community Leadership Team Unit of Implementation

Funding	Visibility & Dissemination	Political Support	Policy & Systems Alignment	Personnel Readiness & Selection

LEADERSHIP TEAM
Planning, Implementation, & Coordination

Training & Professional Development	Coaching & Technical Assistance	Evaluation & Performance Feedback	Local Content Expertise

Local Implementation Demonstrations
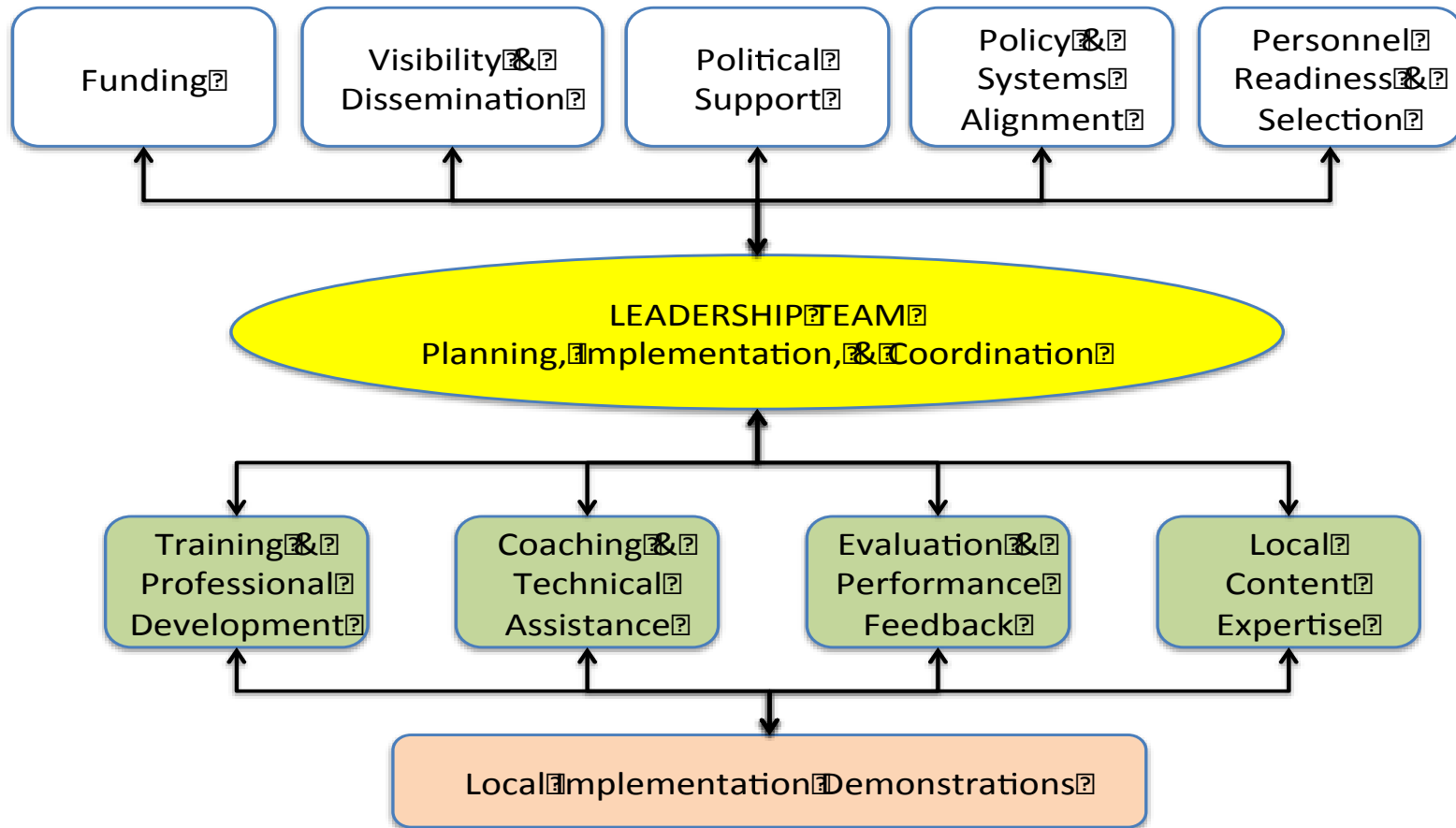
Work Flow the sequence of industrial, administrative, or other processes through which a piece of work passes from initiation to completion.

1. Select District and Schools
2. Form or Expand District Team (Workgroup of existing team?)
   – Membership
3. Establish Operating Procedures
4. Conduct Resource Mapping of current programs/initiatives/teams
   – Identify gaps/needs
   – Conduct staff utilization
   – Examine organizational barriers
   – Establish priority- measureable 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

Role of the ISF State and/or Regional "Facilitators" Provide the Technical Assistance to the District

- Coordinates and leads state teams through the process of establishing and maintaining the implementation of ISF
- Coordinates and communicates across levels of implementation with direct connection to state/region and building
- Provides coordination and leadership for team and action plan implementation.
- Facilitates the collection, aggregation and utilization of data for decision making.
- Select local district/community(s) to work though the ISF
- Provides training and technical assistance to district community teams.
- Assesses training needs, arranges training experiences and develops capacity.

ISF District Community Implementation Guide

Item	Features	Implementation Activities	Possible Data Sources/ Tools/ Examples
District and Community Leadership Team	DCLT team identified (membership should include representatives from the following areas to ensure local stakeholders is fully represented). a.) School System Student Services and Special Education Directors b.) Local Mental Health Provider c.) Core Service Agency's Child and Adolescent Coordinator d.) Juvenile Services Coordinator/Law Enforcement e.) Coalition of Families offices f.) Family, Youth and Community members g.) Local Management Board representative h.) Social Services representative other to include (where present) Youth MOVE Rep, System of Care Case Management entity or Family Navigator, community health provider, non-public special education school rep, recreation services, local health dept, board of education representative or other stakeholders identified by leadership	Big Idea #1: Provide the authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect educational, behavioral and mental health supports. This typically requires the difficult process of abandoning long held patterns of "doing business" and creating new models based on the strengths of the schools/district/community, and the changing needs of students and families. **Actions:** 1. Get the right people on the team (cabinet level people with authority to change policy, positions and funding) <u>Guiding Questions:</u> • Which voices of with mental health expertise within school system could benefit this team? • Which voices of mental health agency partners could benefit this team? • Consider individuals who are positioned to be social/emotional leaders for the district • In what ways are we ensuring that multiple stakeholder's voices (i.e. staff, MH agencies, parents/families, students, etc.) will stay at the table through the development of systems and overall implementation 2. Establish meeting procedures and common way of work (role and function clearly established) 3. Define how evidence-based practices will be selected so the process is transparent. 4.Provide the funding, visibility, and political support needed to allow school teams to travel through the full sequence of adoption stages. Adopting an integrated framework is process that will challenge the assumptions and traditional practices of	**IDEA Dialogue Guide** **OSEP Center on PBIS Implementation Blueprint** **ISF Monograph** **District Capacity Assessment** **Consumer Guide** **Hexagon Tool**

DCLT: Big Idea

- Big Idea #1: Provide the authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect educational, behavioral and mental health supports. This typically requires the difficult process of abandoning long held patterns of "doing business" and creating new models based on the strengths of the schools/district/community, and the changing needs of students and families.

Feature: District and Community Leadership Team:
Form/Expand Team Membership

Local Integration team identified (membership should include representatives from the following areas to ensure local stakeholders is fully represented).

a.) School System Student Services and Special Education Directors

b.) Local Mental Health Provider

c.) Core Service Agency's Child and Adolescent Coordinator

d.) Juvenile Services Coordinator/Law Enforcement

e.) Coalition of Families offices

f.) Family, Youth and Community members

g.) Local Management Board representative

h.) Social Services representative other to include (where present)   Youth MOVE Rep, System of Care Case Management entity or Family Navigator, community health provider, non-public special education school rep, recreation services, local health dept, board of education representative or other stakeholders identified by leadership

Who else do we need to include? Who are you recruiting?

Can this team change job descriptions, re-allocate/flex funding, shape policy and address other organizational barriers that come up?

Actions

1. Get the right people on the team (cabinet level people with authority to change policy, positions and funding)

Guiding Questions:
Which voices of with mental health expertise within school system could benefit this team?
Which voices of mental health agency partners could benefit this team?
Consider individuals who are positioned to be social/emotional leaders for the district
In what ways are we ensuring that multiple stakeholder's voices (i.e. staff, MH agencies, parents/families, students, etc.) will stay at the table through the development of systems and overall implementation

What's in it for me?

- Prudent- Link to Federal Policy, State and
    Local Regulations
- NCLB, IDEA
- State Improvement Plan
- State Performance Plan
- American School Counselor Standards for Student Alignment
- National Staff Development Council of
    Standards for Staff Development
- RTI, Academic Achievement, Teacher
    Satisfaction and Retention,
    High School Transition to post sec.

Role and Function of District Team Clear and Consistent Leadership

- Define how evidence-based practices will be selected so the process is transparent.- Consumer Guide
- Provide the authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect educational, behavioral and mental health supports. This typically requires the difficult process of abandoning long held patterns of "doing business" and creating new models based on the strengths of the schools/district/community, and the changing needs of students and families.

Clear and Consistent Leadership

- Provide the funding, visibility, and political support needed to allow school teams to travel through the full sequence of adoption stages. Adopting an integrated framework is process that will challenge the assumptions and traditional practices of most school faculty, and mental health systems.

- Provide the training, coaching and feedback systems needed to establish personnel with both the specific technical skills needed to deliver integration and the organizational vision to deliver those skills within a unified framework.

Actions

2. Establish meeting procedures and common way of work (role and function clearly established)

3. Define how evidence-based practices will be selected so the process is transparent.

4. Provide the funding, visibility, and political support needed to allow school teams to travel through the full sequence of adoption stages. Adopting an integrated framework is process that will challenge the assumptions and traditional practices of most school faculty, and mental health systems.

Item	Features	Implementation Activities	Possible Data Sources/ Tools/ Examples

Collaborative Assessment, Goal Setting	Determine common purpose and identify key problem areas for improvement
	Establish Common Goal
		Big Idea #2: Provide opportunity to take have school employed staff and community employed staff, families and other stakeholder take inventory of current initiatives and assess the extent to which they are implemented programs for children and youth with fidelity and assess extent to which programs have had impact/outcomes for children and youth. Talk about alignment and politics around investing in small number of initiatives that match with local level needs and culture.
		
		Actions
		1. DCLT Conducts Resource Mapping
		Process: Gather Information through Self-Assessment
		2. DCLT Hosts Stakeholder Focus Groups/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?
		• Is there consensus about the identified goals? How will this be communicated to key stakeholders?
		3. Conduct Staff Utilization (i.e. changing role of school based clinician)
		4. Review Multiple Data Sources
		• Academic, Social Behavior, Behavioral Health, Community Data (Census, GIS, service use)
		• Data Review Process
		    o Here's what
		    o So What
		    o Now What
		
		6. Examine Organizational Barriers (i.e. new leadership, competing initiatives)
		7. Identify common Goal (Specific, measurable, outcome oriented)
			Resource Mapping Guide
			Guiding Questions for School Based Clinicians
			Data Review Guide

Collaborative Assessment, Goal Setting

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    Here's what
    So What
    Now What

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Possible Tools

Resource Mapping Guide

Guiding Questions for School Based Clinicians

Resource Mapping Definition

- Also referred to as asset mapping or environmental scanning

- *A method used to link community resources with an agreed upon vision, organizational goals, strategies, or expected outcomes*

A Broader Definition

- *Mapping focuses on what communities have to offer by identifying assets and resources that can be used for building a system*

  - *It is not a "one-shot" drive to create a published list or directory*

  - *It is a catalyst for joint planning and professional development, resource and cost sharing, and performance-based management of programs and services*

(National Center on Secondary Education and Transition, 2003)

Activity: What's in Place?

Community-Based Services/Resources
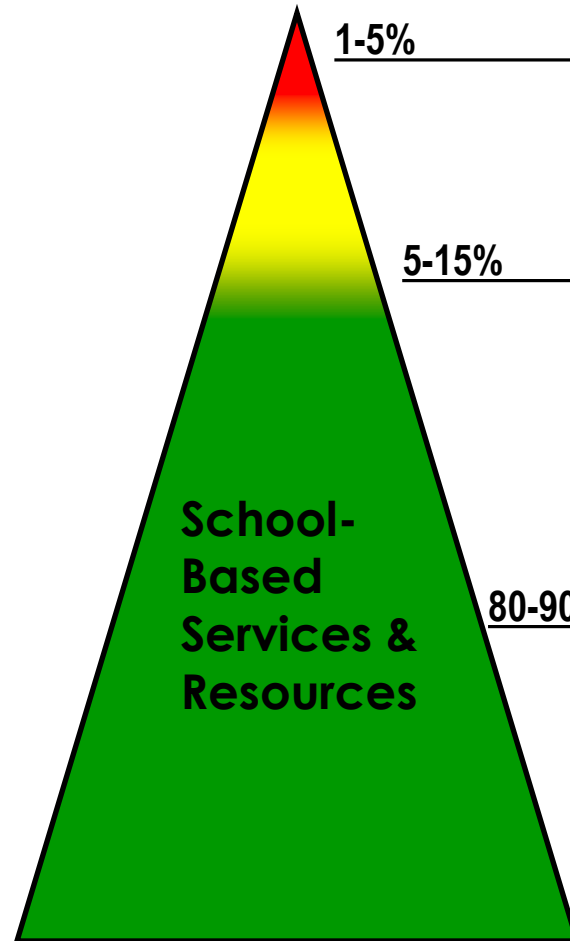
1-5%   Tier 3-Resources/Supports for a Few

5-15%   Tier 2- Resources/Supports for Some

School-Based Services & Resources

80-90%   Tier 1 –Resources/Supports for All

U46 (Elgin IL)
20 Community Partners
57 providers trained in PBIS/SAIG

Boys and Girls Club of Elgin*Centro de Informacion*Community Crisis Center*Crossroads Kids Club* Easter Seals*Elgin Police Department* Family Service Association of Greater Elgin Area*Fox Valley Pregnancy Center*Fox Valley Volunteer Hospice*Girl Scouts of Northern Illinois*Hanover Township Youth and Family Services*Kenneth Young*Renz Center*Streamwood Behavioral Healthcare System*Taylor Family YMCA*The Y*WAYS*West Ridge Community Church*Youth Leadership Academy

How do organize?

- Teams/People/Providers

- Evidence Based Practices- What do students, families experience? What will students, teachers and families do differently as a result? What should we see?

- Fidelity and Impact
- Eliminate, align

Fostering Community Partnerships to Improve Youth Mental Health in Worcester County Maryland

One example…
Worcester County, MD

- Population: 6,654 students (16% of total population)
- Demographics:
  - White 66.08%
  - African American 20.15%
  - Hispanic 6.22%
  - Other: Asian & American Indian <2%
- FARMS: 44%
- ELL: 239
- Students with Special Needs: 12%
- Schools: (14)
  - 5 elementary
  - 1 intermediate
  - 3 middle
  - 1 special
  - 3 high
  - 1 /career technical program

Current Practices and Concerns

- Data – consistently making progress both academically; decreasing ORs and OSS

- Families – communication of strategies is shared regularly

- Mental Health Wellness services in schools

- Agencies – although working together, we are using different strategies

- Community partners are unaware of our efforts and successes

- Will community partners collaborate with us to have similar expectations and evidence based practices?

Exploration

- Met with Worcester County Behavioral Health Department (current partners)
- Determined common purpose
- Identified evidence-based practices
- Planned a Community Partner Luncheon
  - _inform_ community of collaboration between School and Behavioral Health Department
  - _determine interest_ in expanding partnerships to include trainings in evidence-based practices. (Youth Mental Health First Aid, PBIS, Olweus Bullying Prevention, RENEW, CBITS)

Opening Comments Community Luncheon

Maryland State Dept. of Ed

Supervisor Student Services

Community Luncheon

- 51 Community Participants - Churches, Parks and Rec, DJS, Social Services, Worcester Mental Health Dept., private counseling companies, Social Services, Head Start, Libraries, Day Care Centers, etc

Feedback Following Luncheon

- "When is the next luncheon?"
- Positive Comments
- Generated Interest in training opportunities
  - Reciprocal offers by community agencies to school personnel
- Community awareness of positive school efforts
- Offers to attend and provide trainings

Parent Exploration

- Conducted a Parent Survey to determine needs
- Held 3 Informational Parent nights with stations (school and agencies)

Installation

- Mental Health First Aid Training Scheduled – hosted by Health Department
- PBIS training requested by Worcester Parks & Recreation Dept. and Worcester Health Dept. – hosted by Worcester County Public Schools
- "PBIS at Home"
    - FBA/BIP at Home
    - Introduction to RENEW"
    - Parent trainings scheduled – hosted by Worcester County Public Schools
- RENEW Training scheduled – hosted by MDS3 grant project
- C-BITS (Trauma) scheduled - hosted by MDS3 grant project

Initial Implementation

- Worcester County Public School Staff – 25 trained in Mental Health First Aid
- RENEW & CBITS
  - Generated cross community collaboration &
    - WCPS counselors and special educators
    - Maryland Choices
    - Maryland Coalition for Families
    - Worcester County Health Dept therapists
- PBIS implemented in Worcester Recreation Dept
  - Collaborate support from WCPS and Behavioral Health Worcester
- Youth & Family and Seaside Counseling presented at regional PBIS conference

Collaborative Training Exchanges

To Partners

- RENEW (HS completion)
- PBIS
- CBITS - Cognitive Behavior Intervention for Trauma in Schools
- Check and Connect

By Partners

- Youth Mental Health First Aid
- Poverty Simulation
- Self Injurious Behaviors
- Anger Management
- Eating Disorders

Sharing Progress

- Held a 2014 Community luncheon
- 40 participants from Mental Health Department, Maryland Choices, Parks & Recreation, Maryland Coalition for Families, DJS, Social Services, Head Start, Private Counseling, Churches, Libraries etc.
- Shared updated data and inform community of current initiatives
- Presentations by MSDE, Sheppard Pratt Health, System, Mental Health Dept., Parks and Recreation PBIS, and Schools
- Offered trainings YMHFA, PBIS, RENEW, SEFEL

Results

- RENEW Trained: Mental Health Department Therapists, Maryland Choices, Maryland Coalition for Families

- PBIS Trained: Parks & Recreation Staff, Worcester Behavioral Health Dept Summer Program, YMCA

- Youth Mental Health First Aid: Mental Health Department trained over 100 WCPS staff

- Agencies volunteered breakouts and vendor tables at PBIS Conference

Results

- PBIS Trained: Mental Health Dept. Summer Camp staff

- Youth Mental Health First Aid: Mental Health Dept. trained an additional 75 WCPS staff; 3 trainings scheduled for spring/summer

- SEFEL: Trained 2 elementary schools - included Head Start and Judy Center staff

- YMCA: PBIS staff training and Olweus Bullying information

Additional Exploration

- Held a 2014 RENEW Informational Meeting
- 45 participants from Mental Health Department, Maryland Choices, Maryland Coalition for Families, Private Counseling, School Administrators and staff etc.
- Shared updated RENEW data
- Case Study Presentations by Mental Health Dept. Wellness Therapist and Schools
- Offered additional trainings: RENEW

Results

- RENEW Implementation Team
- Offered 2 RENEW Facilitator trainings including various agencies and school districts
- Mental Health Department and Worcester Public Schools are communicating more often, combining meetings and using similar language.

Rehabilitation, Empowerment, Natural Supports, Education and Work {RENEW}™

- Developed in 1996 by the IOD at UNH as the model for a 3-year RSA-funded employment model demonstration project for youth with "SED"

- Focus is on community-based, self-determined services and supports

- Promising results for youth who typically have very poor post-school outcomes (Bullis & Cheney; Eber, Nelson & Miles, 1997; Cheney, Malloy & Hagner, 1998; Malloy, Sundar, Hagner, Pierias, Viet, 2010)

- A manualized practice promoted by the Institute on Disability at the University of NH

TIER 1(Universal Interventions)
School Wide Intervention Team and Classroom Systems
PBIS Cash Student/Character Kids of the Month Academic   Recognition Band
PBIS Manual ROTC Positive Referrals Golden Trashcan Bus/Walker Bucks
Naviance NoH8 WEXL Sports PBIS Videos Grade Team Awards Pathways
Compliments CSEFEL   National Honor Society/Tea 9th Grade Academy
Math Honor Society School Counselors Lessons PBIS Posters/Bulletin Boards Positive Phone Calls PBIS Lessons   Perfect
Attendance Teacher/EA Recognition Acts of Kindness Skills USA   Walking Club   Stomp Out Bullying PBIS Booklet/Flyer
Monthly Incentives Summer School Homeroom Second Step   Blow Whistle on Bully
After School Academy Extracurricular Activities Advanced Placement Classes
Olweus Bullying Prevention Character Pep Rallies Compliments All About Attitude

TIER 2 (Targeted Interventions)
Check-In/Check-Out EA Support S.T.A.R. Group Counseling
SADD PRTI Peer Mediation   504 Plans Lunch Club   Mentoring
WC Gold   Summer School   Admin Behavior Checklist
We Are Able   Freshman Focus Freshman Orientation   FARMS
Homework Hurdle Bridge to College Summit   Young Men United
Attendance Contract   Pupil Services Team Picture Schedules Sensory Room
Read 180   HSA/ English Intervention Coaches
Class Behavior Plans After School Academy Academic Assistance
Peer Mediation Wellness Group Social Skills Training Group
Alternate Cool Down Area   Scheduled Breaks   Service Star Award Lunch Club
Friend   Parent Conferences Just For Girls   ELL
Positive Gentlemen Sisters with a Goal   Guidance Referral

TIER 3 (Intensive Interventions)
MSAP   IEP FBA/BIP   ELL 504 DORS
DSS   DJS School Psychologist Bully Class
Check and Connect   Truancy Court
High Roads Community Wellness Program
Mentoring Alternate School Placement
Work Study/Transition Employment
RENEW   Cool down area/plan
Individual Behavior Checklist/Reward
Social Skills Training
One-to-One Educational Assistant
Crisis Response Team
Attendance Phone Calls

RENEW TIER 3

WCPS PBIS Tiered Interventions and Supports

WORCESTER COUNTY
RENEW PROCESS

Collaboration

School District & Community Health Agency Develop a Plan with Support from Sheppard Pratt Health System & IOD at U. of NH

Exploration

Generate Interest

1. Informational Meeting
2. Identify Potential Facilitators
3. Administration Permission for Staff to Participate

Preparation

Plan

1. PBIS Team with RENEW Representation
2. Data System Development & Installation
3. System in Place for Accessing RENEW
4. RENEW Facilitator Training – 2 Days

Implementation

Begin RENEW

1. Identify Youth
2. Identify Room for RENEW
3. Sign Contract
4. Begin Data Collection
5. Complete Mapping
6. RENEW Facilitator Training – Third Day
7. Begin Meetings & Goal Planning

Sustainability

Sustain RENEW

1. Complete RENEW Implementation Checklist (RIC) quarterly
2. Conduct Monthly Youth-led Meetings
3. On-going Data Collection
4. Build & Maintain Collaboration with Community Resources to Meet Youth's Need
5. Update Goals & Progress
6. Transition to Less Intensive Supports

RENEW Implementation

Worcester County	Total Number of Youth in RENEW	Total Number of Youth in RENEW with IEPs	Total Number of Youth in RENEW with 504	Total Number or RENEW Facilitators yet to Respond to Demographic Data
Board of Education	11	3	1	1
Health Department	7	2	0	1
TOTAL	18	5	1	2

- 20 Facilitators at school and health dept are currently working with youth. Some are paired up 2 facilitators to 1 youth

-

- 19 (3 from Worcester and others from various counties) so far are returning for Day #3 with the promise of bringing maps.

-

- That makes 39!!!!!

Outcomes

Youth Mental Health First Aid – has given school staff information to recognized signs of mental health needs and appropriate strategies to respond

RENEW – has identified youth at risk for drop out and has identified school staff and health department staff that work together to

C-BITS – has given schools and agencies additional tools to identify and respond to youth with trauma

PBIS – School wide PBIS language has expanded to Mental Health Department, YMCA, Parks and Rec and homes

Worcester Youth & Family, Jesse Klump Foundation for Suicide Prevention and Seaside Counseling has increased communication and continues to offer trainings to our staff.

Letter from a mom…

- In a short time I've seen first hand how this practical system **appeals to Eliza's creative and independent spirit.** With its slow pragmatic steps, her mind has opened to possibilities she might otherwise have rejected. I am excited by the way your program maps out options in a way that clicks with her. One example is in encouraging Eliza to **reach out into the community of friends, family and beyond, for support.** This is not something she would be comfortable with if suggested out of the blue, but comes more naturally due to the sequence of activities leading up to the idea.

- Because of her participation with RENEW, Eliza **is looking forward to sitting down with Mrs. Winks and her Math teacher next week to discuss some ideas in how to succeed in her studies.** On the drive to school this morning she was bringing up **long term goals and aspirations** for the first time. She is looking ahead with excitement, instead of sideways in fear. This is brand new, and a big deal for this mom!

- I see the RENEW program as a potentially <u>strong source of hope and</u> **positive reinforcement** for Eliza that has been missing until now. It is something USEFUL that Eliza can benefit from. It shows her POSSIBILITIES that are in reach.

What will I do with what I learned?

- District Community Implementation Guide
- ISF Tools At A Glance
- ISF Webinars
- ISF Monograph

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ISF Tools At A Glance

- Name of Tool

- Implementation Level

- Description/Purpose

- Authors/Citation

- Considerations for Use

Name of Tool	Implementation Level	Description/Purpose	Authors/Citation	Considerations for Use
District Community Implementation Guide	District/Community	The ISF Implementation Guide provides a structure for ISF facilitators to use to install core features of ISF at the District/Community level. Guiding questions, tools and activities are organized around the Phases of Implementation.	Barrett, Eber, Hearn and Luecking, 2015	**Who:** ISF facilitators supporting District Community Teams **When:** Across Phases of Implementation
Survey on School Readiness for Interconnecting Positive Behavior Interventions and Supports and School Mental Health	School	The purpose of the survey is to evaluate readiness to interconnect PBIS and SMH; that is, delivering SMH services through the PBIS framework. Readiness includes perceptions of all those involved (teachers, students, administrators, family members, etc.), feasibility of implementing changes, and types of available resources.	Vittoria Anello and Mark Weist	**Who:** Teachers, Students, administrators, family members **When:** Exploration Phase: Prior to initial implementation
Selecting Mental Health Interventions within a PBIS Approach	School	When a data indicates a need for a new initiative, this guide, checklist and case examples should be used to determine the best fit and will also guide teams to install systems features like data decision systems as well as training and coaching features that increase intervention fidelity and positive outcomes for children, youth and families.	Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis, and George Sugai	**Who:** School Community Team who include stakeholders who are responsible for selecting and installing new initiative **When:** Data determines need for new initiative
Implementation Guide: Funding	District/Community	This guide can is used when funding is a barrier to an integrated approach. The questions promote dialogue around current funding status and help teams determine specific action steps to promote flexible funding model. (i.e. clinicians can be paid to participate in school teams)	ISF Development Team (Barrett, Eber and Weist 2011)	**Who:** DCLT **When:** Exploration Phase Funding structure prevents integrated approach
Implementation Guide: Evaluation Tools	District/Community	This guide can be used for teams who are in the process of developing an integrated evaluation plan. The desired outcome of the guide is to create an evaluation system (context, input, fidelity, impact, replication, sustainability, and improvement) used to improve effort, justify integration and access necessary resources required for sustained integrated effort.	ISF Development Team (Barrett, Eber and Weist, 2011)	**Who:** DCLT **When:** Exploration Phase: Prior to developing an ISF Evaluation Plan
Implementation Guide: District Community	District/Community	This guide can be used to assess current district/community team or stakeholders who	ISF Development Team (Perales, Barrett, Eber and Weist 2011)	**Who:** Stakeholders interested in forming DCLT for existing

Implementation Guide: Evaluation Tools	District/Community	This guide can be used for teams who are in the process of developing an integrated evaluation plan. The desired outcome of the guide is to create an evaluation system (context, input, fidelity, impact, replication, sustainability, and improvement) used to improve effort, justify integration and access necessary resources required for sustained integrated effort.	ISF Development Team (Barrett, Eber and Weist, 2011)	**Who:** DCLT **When:** Exploration Phase: Prior to developing an ISF Evaluation Plan
Implementation Guide: District Community Leadership Teams	District/Community	This guide can be used to assess current district/community team or stakeholders who are in the process of developing an integrated approach. Teams are encouraged to develop a multi-agency leadership team and link their effort to measureable outcomes and develop a multi- year action plan organized around stages of implementation. The questions promote dialogue around current status and help teams determine specific action steps to promote integrated model.	ISF Development Team (Perales, Barrett, Eber and Weist 2011)	**Who:** Stakeholders interested in forming DCLT for existing team interested in integrated approach **When:** Exploration Phase when developing an Integrated ED/MH team
Resource Mapping in Schools and School Districts: A Resource Guide	District/Community and School	Resource mapping offers a method to link regional, community, and school resources with an agreed upon vision, organizational goals, specific strategies for addressing problems, and expected outcomes so that youth and families have access to the full array of services that they need. Graphically mapping resources helps to better organize the heterogeneous resources and assets that are available within a larger system into a standardized, understandable, and centralized format. As a result of resource mapping, community partners, school staff, families, and youth have more flexibility, autonomy, choice, and a better understanding of the resources and services that are available within a school and the larger community.	Lever, N., Castle, M., Cammack, N., Bohnenkamp, J., Stephan, S., Bernstein, L., Chang, P., Lee, P, & Sharma, R. (2014). *Resource Mapping in Schools and School Districts: A Resource Guide.* Baltimore, Maryland: Center for School Mental Health.	**Who: DCLT, SLT** **When:** Exploration Phase to identify and organize resources and services available within community and schools.

TOOLS that may be useful…

Monograph: Appendices

District Community Level:

❖ Team Implementation Planning Guide

School Level

❖ Survey on School Readiness for Interconnecting Positive Behavior Interventions & Supports & School Mental Health (Anello & Weist, 2013)

❖ ISF companion for TFI Action Planning

❖ Consumer Guide to Selecting Evidenced Based Mental Health Services within a SWPBS model

Want more on ISF?

- Session 3.5 ISF: Tools to Help with Implementation (2:50-3:50, Thursday 11/5) Lucille Eber, Sheri Luecking, Susan Barrett, Kelly Perales

- Session 7.4 Advancing the ISF: A Mixed Methods Study of Readiness, Implementation, and Fidelity (1:55-2:55, Friday 11/6) Joni Splett, Mark Weist, Ashley Quell

- Session 8.3 Enhancing ISF: Using Evaluation Tools to Guide (3:05-4:05, Friday 11/6) Bob Putnam and JoAnne Malloy

Questions?

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