



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



National School Mental Health Learning Collaborative Virtual Learning Session Transcript

This transcript corresponds to one of five recorded Virtual Learning Sessions, part of the MHTTC National School Mental Health Learning Collaborative. The recorded Virtual Learning Sessions took place between April and August 2019. Each Virtual Learning Session is about 75 minutes long and includes a deeper dive into some of the content from the MHTTC National School Mental Health Curriculum, which focuses on core components of comprehensive school mental health.



Welcome to Virtual Learning Session 1!

Please click on this link

https://stanforduniversity.qualtrics.com/jfe/form/SV_0AmV98uBNKhqT9H

[link is also in Chat Box]

to sign in, so we can send you materials for this and upcoming sessions.



Please sign in for today's session. The link can be found in the chat box in Zoom.



MHTTC National School Mental Health Learning Collaborative

Virtual Learning Session #1

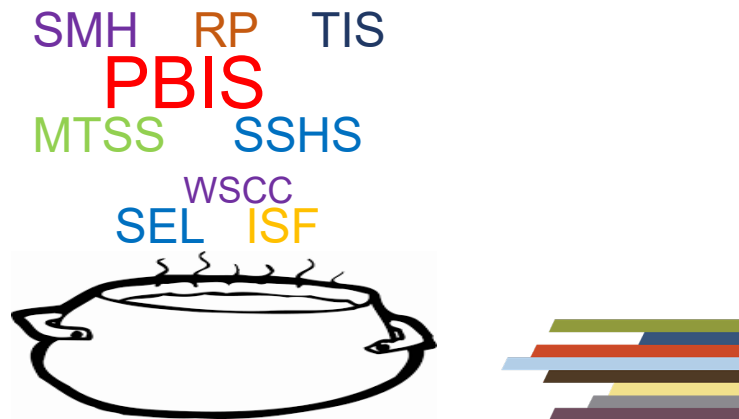
April 4, 2019

MHTTC National Coordinating Office and
National Center for School Mental Health

Welcome everyone to our first Virtual Learning Session, part of the National School Mental Health Learning Collaborative.

Slide 3

The Alphabet Soup of School Mental Health: Getting Started and Aligning Efforts



Our session today is titled *The alphabet soup of school mental health: Getting started and aligning efforts.*



Agenda

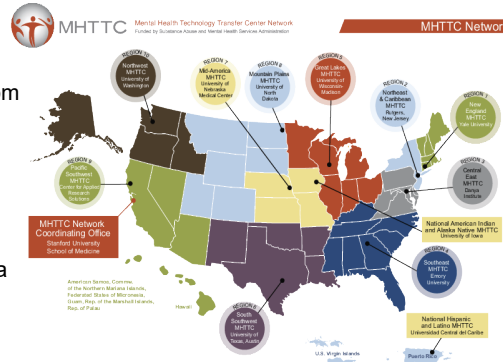
- Welcome
- MHTTC National Meeting Recap
- Learning Collaborative Overview
- Getting Started and Alignment
- State Examples
- Discussion



Our agenda for today includes a recap of the National School Mental Health In-Person Learning Session that took place in March 2019. We will provide an overview of the learning collaborative that these sessions are a part of. Then we will delve into the topic for today and end with state examples and discussion.

Mental Health Technology Transfer Center (MHTTC) Network

- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



Visit the MHTTC website at <https://mhttcnetwork.org/>

National School Mental Health Curriculum

The Mental Health Technology Transfer Center Network was established in 2018 with funding from the Substance Abuse and Mental Health Services Administration. We have 10 regional centers, one National Hispanic and Latino Center, and one National American Indian and Alaska Native Center, and our Network Coordinating Office here out of Stanford University. We are very excited to be providing services across the country, training in technical assistance services.

Slide 6



- Humberto Carvalho, MPH, SAMHSA Project Officer
- Mark McGovern, PhD, Principal Investigator
- Heather Gotham, PhD, Project Director
- Lisa Chan, MA, Project Coordinator
- Jessica Gonzalez, MSW, Project Associate
- Steven Adelsheim, MD, Project Faculty
- Shashank Joshi, MD, Project Faculty



Here's our team, or part of our team. So this is a photo of us in Maryland. Humberto Carvalho is our SAMHSA Project Officer, Mark McGovern here at Stanford is our PI. I'm in the blue suit. We also have Jessica Gonzalez, who's our Project Associate and School Mental Health Lead, and then Lisa Chan is our Project Coordinator. We're excited also to have some great Project Faculty with great expertise in school mental health, Steve Adelsheim and Shashank Joshi.

National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the Health Resources and Services Administration
- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Visit the NCSMH website at www.schoolmentalhealth.org

National School Mental Health Curriculum

Thank you, Heather. So we just want to take a moment to introduce our National Center for School Mental Health. We were established in 1995 with funding from the Health Resources and Services Administration, and specifically the Maternal Child Health Bureau, that's part of HHS. Our mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. And we spend our time in many buckets, including policy, practice, training, and research.

Slide 8





You can find more about the work that we do at SchoolMentalHealth.org. This is a shot of our team at the National Kickoff a couple of weeks ago, so all of our team is here to send our regards to you.



MHTTC National School Mental Health Learning Collaborative Meeting Recap



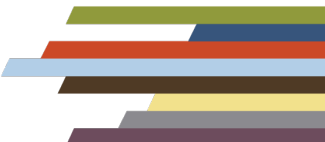

Now we just want to spend a few minutes just describing what happened at this meeting in March. So March 14 and 15, we had a number of states, in fact, I think we had 39 states come together as well as a number of other partners to kick off the collaborative.





National School Mental Health Learning Collaborative

Objectives:

1. Build capacity of MHTTC Center leaders and state teams to **increase collaboration and strategic planning** among state and district education and behavioral health leaders to advance Comprehensive School Mental Health Systems (CSMHSs).
2. Equip MHTTC Center leaders and state teams to **train states and districts in the foundational principles and strategies of CSMHSs** based on a national curriculum aligned with national performance standards.

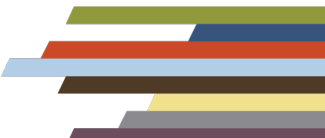



These are the specific learning collaborative objectives. First, it's related to increased collaboration and strategic planning among state and district education and behavioral health leaders to advance Comprehensive School Mental Health Systems. And one of the goals of this two-day meeting was really to equip the leaders who came together to help train and support states and districts in foundational principles and strategies with comprehensive school mental health systems.



National School Mental Health Learning Collaborative Objectives (cont'd):

3. Equip MHTTC Center leaders and state teams with **tools and strategies to engage states and districts** in ongoing CSMHS quality improvement.
4. Promote **cross-regional and cross-state networking and shared learning** about best practices, successes and challenges of CSMHS implementation, including policy strategies to advance CSMHS



Also to provide them with some specific tools and strategies to engage them in ongoing quality improvement. So beyond initial training, really some implementation support tools to continue doing that work. And one of the primary goals of the network really is to promote cross-regional and cross-state networking and shared learning about best practices, successes, and challenges of Comprehensive School Mental Health System implementation, including policy strategies to advance Comprehensive School Mental Health Systems.

Welcome

Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use



National School Mental Health Curriculum

And Heather mentioned, we had warm reception from SAMHSA and in fact, on Day 2 of the learning collaborative kickoff meeting, Dr. Elinore McCance-Katz, who is the Director of SAMHSA and the Assistant Secretary for Mental Health and Substance Use, came to welcome all of the attendees and to express her regard for the effort of the National Coordinating Office and the entire network. And really her optimism about the work of school mental health as part of the larger system of care for the mental health of our young people.

The slide features a white background with a thin black border. On the right side, there are several horizontal bars of varying lengths and colors: olive green, dark blue, red, light blue, brown, yellow, and grey. The text is centered on the left side. The title 'National Hispanic & Latino MHTTC' is in a large, bold, dark purple font. Below it, the text 'Javier Parga, PhD, Project Manager, National Hispanic & Latino MHTCC' is in a smaller, italicized, dark purple font. The email address 'hispaniclatino@mhttcnetwork.org' is in a blue font with a blue underline. Below that, the text 'And follow us at:' is in a dark purple font, followed by 'hila mhttc' in a bold, dark purple font. In the bottom left corner, the text 'National School Mental Health Curriculum' is in a small, dark purple font.

**National Hispanic & Latino
MHTTC**

Javier Parga, PhD, *Project Manager, National Hispanic & Latino
MHTCC*

hispaniclatino@mhttcnetwork.org

And follow us at:
hila mhttc

National School Mental Health Curriculum

We also had introductions from the two national centers that Heather described. The National Hispanic and Latino MHTTC, and Javier Parga, who I believe is on this call today, and their information is here on the screen for you to check out. We encourage you to use each of these centers as a resource as you think about and conduct your school mental health work.

Role of the National Hispanic and Latino MHTTC

- ☐ Serve as a key subject matter expert and resource for workforce and community development across the U.S. and its territories to ensure:
 - ☐ High-quality services
 - ☐ Effective mental health treatment
 - ☐ Recovery support services
 - ☐ Evidence-based and promising practices (EBP/P-EBP)
- ☐ Help reduce health disparities among Hispanics and Latinos experiencing mental disorders



They shared some of the work that they're doing broadly across the MHTTC as key subject matter experts for workforce and community development, and do we go into some detail here about some of the work that they're doing?


School-Based Mental Health Project Technical Assistance

Goals

- ☐ Awareness on the importance of school-based mental health services that are culturally appropriate and when not possible, adequate linkage services.
- ☐ Strategies on how to effectively implement mental health services responsive to Latino culture.
- ☐ Presentation of best models and approaches available in the provision of services along with core element consideration for implementation or adoption.





These are the specific goals related to school-based mental health within their national center.



**National School
Mental Health
Learning
Collaborative**

A Brief Introduction to Our Center and Services
Natasha Peterson, B.S.

Please contact us at: native@mhttcnetwork.org
And check out our website at: www.mhttcnetwork.org/native



National American Indian and Alaska Native
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

And then we heard from Natasha Peterson, who was sharing an introduction to their national center on American Indian and Alaska Natives, and here's their contact information if you want to reach out.


ADVISORY COUNCIL & CONSULTANTS

- Comprised of behavioral health professionals, MDs, educators, and evaluators
- 30+ individuals
- Diverse group from all major regions of the US, including Alaska




They shared information about their advisory council and consultants.

GOALS



Support expansion of activities



Provide training and technical assistance



Create and distribute culturally adapted curriculum

And shared information about their specific goals around MHTTC work broadly, but also with respect to school mental health.

Family Engagement in School Mental Health

Lynda Gargan, Ph.D., Executive Director
National Federation of Families for Children's Mental Health



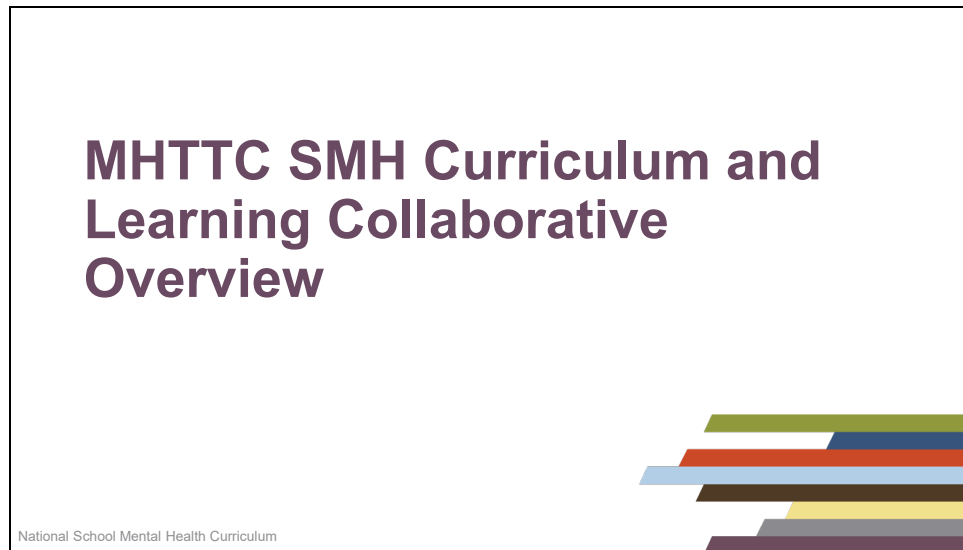
So it was fabulous to hear from both of those centers, and again we'd encourage you to continue to reach out to them within your school mental health work. We also heard from Dr. Lynda Gargan, Executive Director of the National Federation of Families for Children's Mental Health. And Dr. Gargan provided a really nice presentation on how we can better do family engagement within school mental health and how we can better weave that into the work that we're doing.

The slide features a blue speech bubble on the left containing the text "In Summary...". To the right of the speech bubble is a bulleted list of six points. The background of the slide has faint, curved, light blue lines.

In Summary...

- Families and schools are extremely important in the life of our children.
- School cultures are rapidly evolving and many requirements are being placed upon the educational community.
- Families are the most consistent adults in children's lives.
- Families have important information to share with schools which may improve the behavioral health of our children.
- Every educator wants to enhance the lives of their students but many have not been trained in effective engagement strategies.
- If we all work in a true partnership, we can improve our children's behavioral health.

These were some of her summary points, and we're happy to share the content from the presentation. Dr. Gargan indicated an interest in continuing her engagement around the work that we're doing through the school mental health efforts of the MHTTC.



We then spent the rest of the two days on curriculum orientation and a bit... [continued on next slide].

Curriculum Development

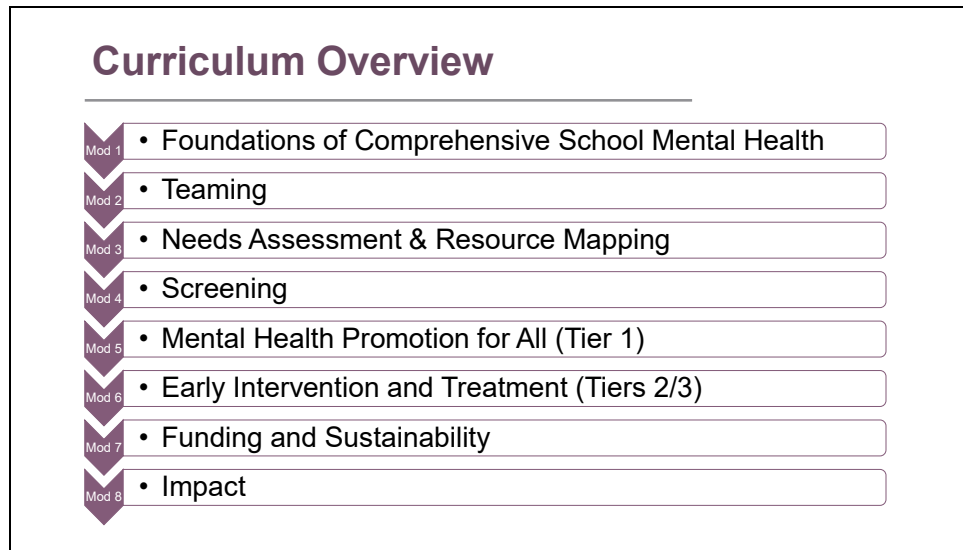
The National School Mental Health Curriculum was co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH)



National School Mental Health Curriculum



[Continued from previous slide] ...of information about the learning collaborative itself and how will go on.





This is the curriculum overview. And throughout these virtual learning sessions, we'll be diving a bit deeper into some of these core content areas that these map on, so like best practices, best practice domains for Comprehensive School Mental Health Systems.

Target Audience

District teams that can influence, develop and oversee school mental health systems at the school district and building levels.

District teams may include:

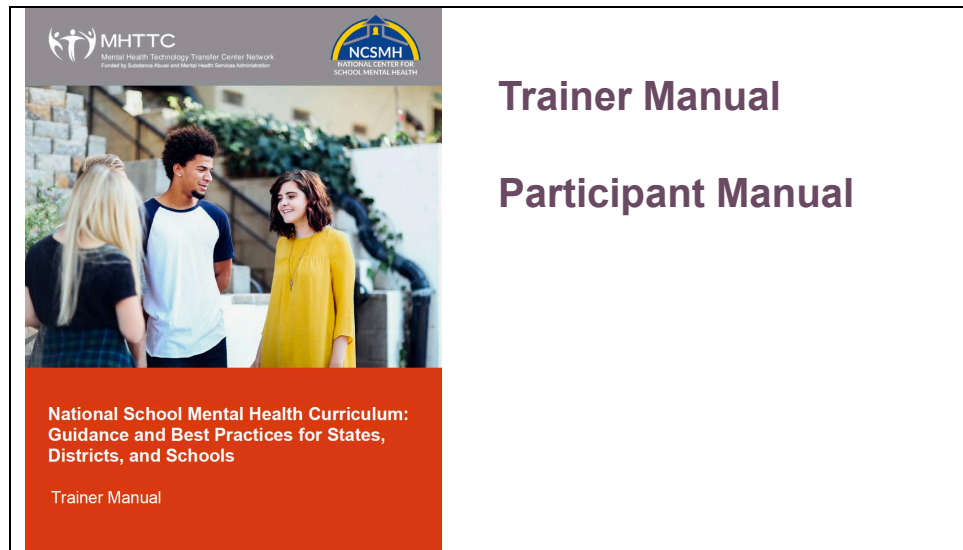
- School District Leaders (e.g., superintendent, school board)
- School Administrators (e.g., Principal, Assistant Principal)
- District Mental Health Director or Student Services Supervisor (e.g., Director of Student Services, District Supervisor School Psychologists/Social Workers/Counselors)
- Community Behavioral Health Agency Supervisor/Director (e.g., clinical director of an agency that provides school-based services in the district)
- Youth/Family Advocate or Consumer



National School Mental Health Curriculum

The curriculum itself is now accessible to all teams that are part of the MHTTC's work. And you can access that through the Box Drive. And I believe that Jessica from the Network Coordinating Office has shared that with all the regional centers, who in turn have hopefully been able to share the contents of the National Learning Collaborative Meeting, including the curriculum, with the state leads.

Slide 25



As part of the curriculum, we have both a trainer manual, which all of our in-person attendees received, but we also have a participant manual, so that when regional and state leaders are going out to work with districts on school mental health strategic planning, they can have the trainer manual as trainers, but also everyone engaged in the training...[continued on next slide].

The slide features a dark blue vertical bar on the left side. Overlapping this bar is a black circle with a white border containing the text "Training Goals and Objectives" in white. To the right of the circle, the title "Module 1: Foundations of Comprehensive School Mental Health" is displayed in orange. Below the title, the section "Training Goals and Objectives" is written in orange. A small line of text states: "Help participants understand the definition, core features, and value of comprehensive school mental health systems." This is followed by a line: "By the end of this module, participants will be able to:". A numbered list follows:

1. Define comprehensive school mental health systems.
2. Describe the 6 core features of comprehensive school mental health systems.
3. Describe 3 reasons why comprehensive school mental health is important.

[Continued from previous slide] ... can receive the participant manual. We walked through the manual and through each of the modules. You can see... [continued on next slide].

Design and Time

Design and Time – Module 1

Section	Description	Components	Time
Introduction	Curriculum overview and target audience	<ul style="list-style-type: none"> Curriculum Development and Overview Target Audience 	5 minutes
Alignment with School Mental Health Quality Assessment	Explain quality indicators and best practice guidelines that will be included in all modules	<ul style="list-style-type: none"> Alignment with the National SMH-QA Overview of Quality Domains Present The SHAPE System 	10 minutes
Comprehensive School Mental Health Systems	Review each component of CSMHS and data demonstrating CSMHS value Share examples from the field Reflection on which core features are present and needing development in participants' schools/district	<ul style="list-style-type: none"> Definition Core Features Value District and State Examples 	30 minutes
Strategic planning	District strategic planning for comprehensive school mental health	<ul style="list-style-type: none"> State specific goal for CSMHS Three action steps to advance goal 	15 minutes

[Continued from previous slide] ... for each module we had training goals and objectives. Each module has instructions for trainers about design and time... [continued on next slide].

Quality Indicators

Each module aligns with the **national performance domains and indicators** of comprehensive school mental health system quality.

National School Mental Health Quality Assessment (SMH-QA; NCSMH, 2019)

Best Practices

- Quality indicators have best practice guidelines
- Used to self-assess indicator implementation and guide strategic quality improvement planning

National School Mental Health Curriculum

[Continued from previous slide] ... for each module. Within all of the modules, we also have best practices for implementation of those modules that align with the National School Mental Health Quality Assessment.

Overview of School Mental Health Quality Domains and Indicators

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability

Resources

For a full copy of the school mental health national quality assessment, visit www.theSHoPEsystem.com

National School Mental Health Curriculum (NCSMH, 2019)

And you can see here an illustration of the quality assessment domains that are covered throughout the national curriculum. But also within the curriculum, there are a number of resources within each module, and we'll... [continued on next slide].

School Health Assessment and Performance Evaluation (SHAPE) System
Take a tour – <https://tour.theshapesystem.com/>

SHAPE helps districts and schools improve their school mental health systems! **HOW?**

- SHAPE users map their school mental health services and supports
- Assess system quality using national performance standards
- Receive custom reports and strategic planning guidance and resources
- Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources
- Use state and district dashboards to collaborate with schools in your region


(NCSMH, 2019)

[Continued from previous slide] ... touch on some of those tools today, specifically within alignment and teaming. We also introduced the SHAPE System, and for those of you who may not have been at the meeting, we did want to share with you the navigation to the tour of the SHAPE System. This is a free, online web platform that all schools and districts and, starting in August 2019 with the relaunch of SHAPE, even individuals and state leaders can go in and assess how they're doing in terms of school mental health and have a landscape of what's happening in their states, and in their districts, and in their... [continued on next slide].

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Assessments & Reports

With a SHAPE account, you can assess, track, and advance your school or district's quality improvement goals and assess trauma responsiveness across multiple areas. You'll get free, customized reports to drive your action planning, share your performance with key stakeholders, and help you monitor your progress over time.



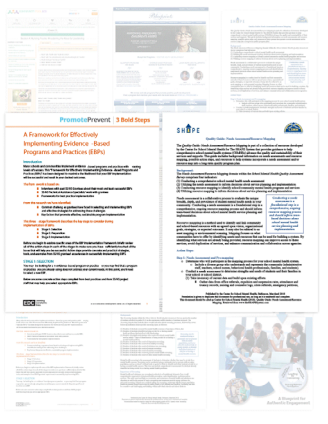
(NCSMH, 2019)

[Continued from previous slide] ... schools with respect to school mental health quality. Schools and districts can enter... [continued on next slide].

Slide 32

Targeted Resources & Guides

Our comprehensive resource library includes public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on specific team goals or generate ideas for action steps related to your own improvement goals.



(NCSMH, 2019)

[Continued from previous slide]... in their information about how they're doing in these domains, get free assessments and reports... [continued on next slide].

Slide 33

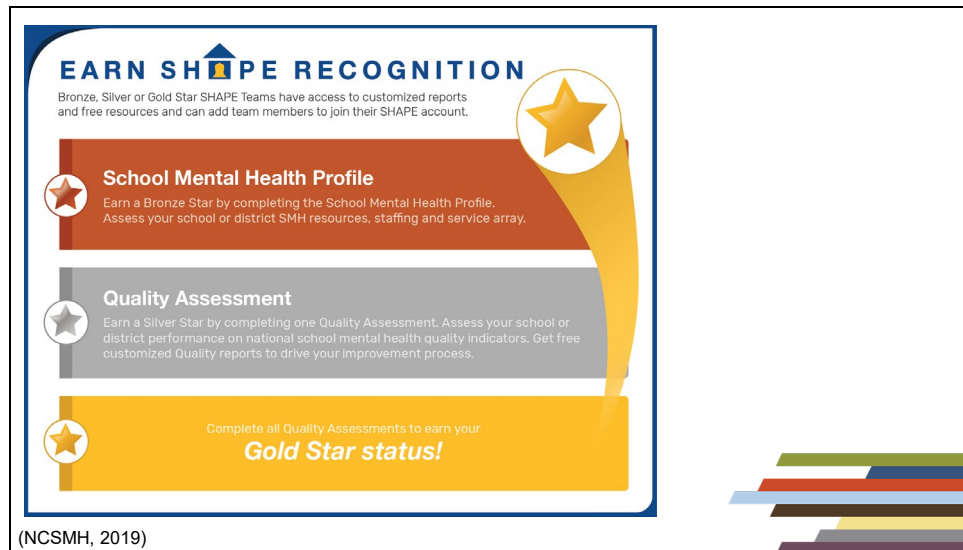
Screening & Assessment Library

Our extensive screening and assessment library includes a variety of free and low-cost measures related to school mental health.


(NCSMH, 2019)

[Continued from previous slide]... targeted resources and guides.

Slide 34



A screening assessments library, as well as earn recognition as they walk through the stages of quality improvement on SHAPE.




Discussion

How does this content fit with your district's understanding and implementation of the core features of comprehensive school mental health?

Strategic Planning



- State a specific goal for your district related to comprehensive school mental health.
- List 3 potential action steps to move this goal forward.

National School Mental Health Curriculum



As part of the two-day learning collaborative, all of the participants engaged in active strategic planning, so within each of the modules they were charged with coming up with specific...[continued on next slide].

Slide 36



Module 1: Foundations of Comprehensive School Mental Health – Region and State Strategic Planning

Review of Training Curriculum Contents

- How does this content fit with your state/region understanding and implementation of the core features of comprehensive school mental health?
- How might you adapt this content to better fit your state/region?

Strategic Planning

Please identify a specific goal for your state/region within this domain. (For example, one goal might be that the state Departments of Behavioral Health and Education will establish a statewide vision or framework for comprehensive school mental health.)


Goal:

How will you know if you've achieved success within this goal?
Indicator of success:

What opportunities exist related to this goal?

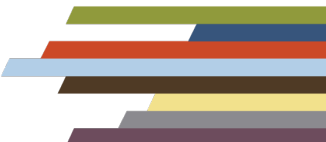
- What have been our past successes?

[Continued from previous slide]... goals and action steps, and thinking about how they would take this material back to their region and to their states.



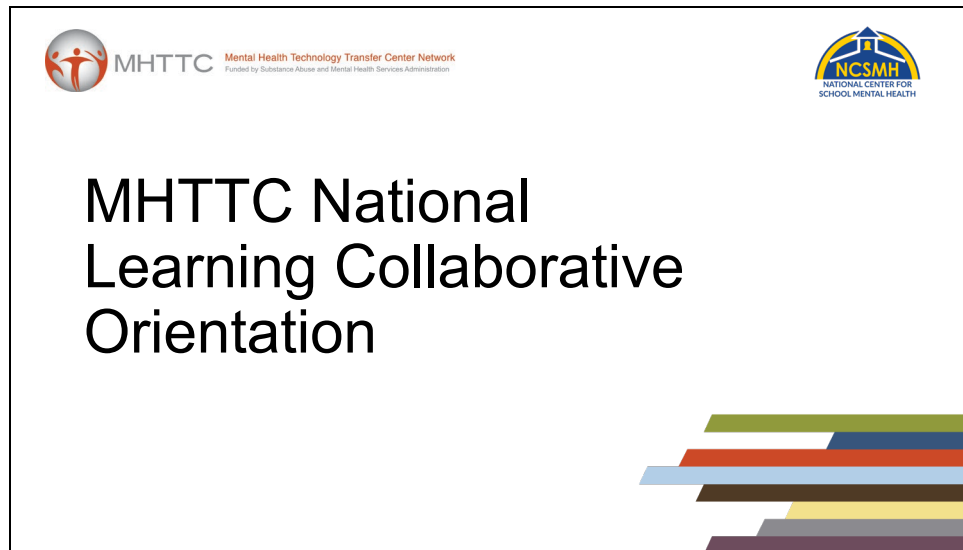
Regional Networking

- Role of Regional MHTTC, broadly and school mental health
- State-specific support needs and areas of strength
- Resources
- Feedback for National Coordinating Office





National School Mental Health Curriculum

We had fabulous networking that was happening within the regional center teams that was led by the region directors, so we appreciate all of you who were leading us in that work.



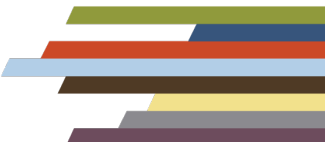

So that is our recap of the two-day meeting. We are grateful to all of those who came, and for those who didn't, there were a wealth of materials that were shared during the meeting itself, and we have those all now available for you online. Now I'm going to turn it over to Nancy, who's going to introduce you to the Learning Collaborative Orientation.





National School Mental Health Learning Collaborative

Objectives:

1. Build capacity of MHTTC Center leaders and state teams to **increase collaboration and strategic planning** among state and district education and behavioral health leaders to advance Comprehensive School Mental Health Systems (CSMHSs).
2. Equip MHTTC Center leaders and state teams to **train states and districts in the foundational principles and strategies of CSMHSs** based on a national curriculum aligned with national performance standards.

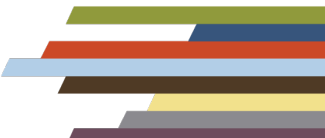



We're now going to talk about the National Learning Collaborative, and the work that we're going to be doing moving forward. The goals, or the major objectives for the collaborative, are to.... You know, we've already shared these.



National School Mental Health Learning Collaborative Objectives (cont'd):

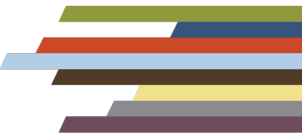


3. Equip MHTTC Center leaders and state teams with **tools and strategies to engage states and districts** in ongoing CSMHS quality improvement.
4. Promote **cross-regional and cross-state networking and shared learning** about best practices, successes and challenges of CSMHS implementation, including policy strategies to advance CSMHS




But we want to remind you of what these goals are.

What to Expect from Virtual Learning Sessions

- All states and MHTTCs are invited.
- Some didactic content will be presented, aligned with the SMH Curriculum modules
- States will be asked to share progress and lessons learned on specific improvement goals related to SMH.
- States and MHTTCs will be asked to exchange resources, tools, templates, and other materials within the collaborative to promote shared learning.
- States and MHTTCs are expected to ask for and provide feedback to peers within the learning collaborative.
- Learning sessions will be recorded and archived on the MHTTC website.




In terms of what you can expect from the virtual learning sessions, all states and MHTTCs are invited. We will always be presenting some didactic content that will align with the School Mental Health Curriculum modules. But we're also going to be hearing from the states and asking them to share some of the progress and lessons learned on the improvement goals that they have, and how it fits with the topic that we're covering. And we would like for there to be an active exchange of resources, tools, templates, and other materials to promote shared learning. And I think that's going to be one of the most critical aspects of our virtual learning sessions, is really being able to provide feedback to peers, learn from one another, and to then seek additional support as needed from colleagues. Each of the learning sessions will be recorded in the archives on the website.



MHTTC

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NCSMH

NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH


National School Mental Health Learning Collaborative Overview

Upcoming Virtual Learning Sessions:

In-Person Meeting	Overview	March 14-15, 2019
Virtual Learning 1	Teaming/Alignment	Thursday, April 4, 2019
Virtual Learning 2	Mental Health Promotion (Tier 1)	Thursday, May 2, 2019
Virtual Learning 3	Early Intervention/Treatment (Tiers 2/3)	Thursday, June 6, 2019
Virtual Learning 4	Screening	Thursday, July 11, 2019
Virtual Learning 5	Funding/Sustainability	Thursday, August 1, 2019

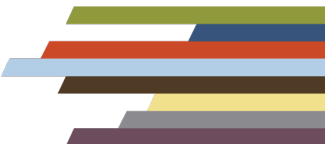
All Virtual Learning Sessions will be held 3:00-4:15 Eastern Time

This is the listing of when and what topics we'll be covering as part of the upcoming learning sessions. Please note that they will continue to be from 3:00-4:15 Eastern Time.



The slide features two logos at the top. On the left is the MHTTC logo, which includes a stylized orange and grey figure and the text "MHTTC Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration". On the right is the NCSMH logo, which includes a blue and yellow house icon and the text "NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH".

Getting Started and Alignment



A decorative graphic consisting of several horizontal bars in green, blue, orange, brown, yellow, and purple, arranged in a staggered, overlapping fashion on the right side of the slide.

We're now going to talk about how to get started and alignment. There's a lot of energy and excitement that came out of our in-person meeting, and we want to keep that energy going.

Mental Health Technology Transfer Center (MHTTC) Network

- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
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MHTTC Network
Visit the MHTTC website at <https://mhttcnetwork.org/>

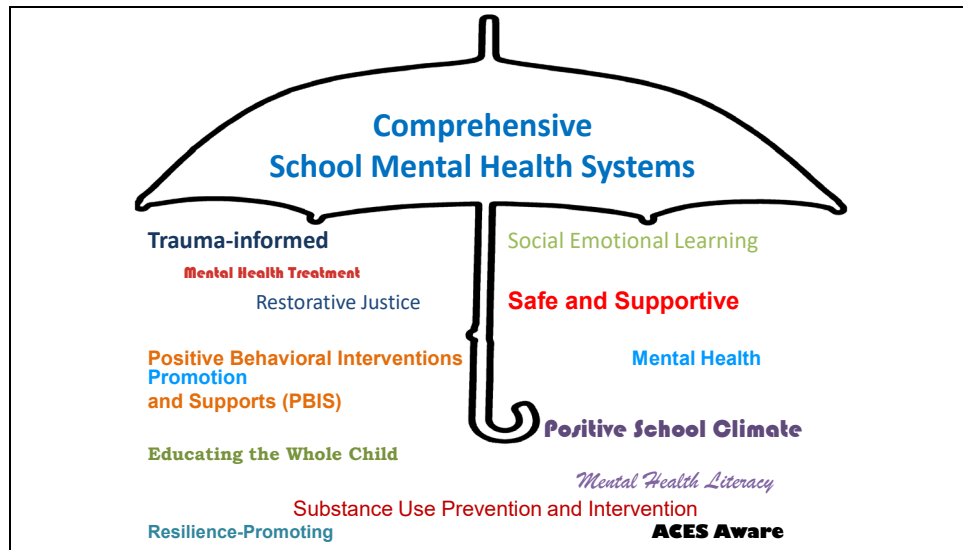
National School Mental Health Curriculum

But it can be challenging to think about, what is this that comes next? So in terms of what to do next, you have, as Heather mentioned, some very strong national centers or regional centers. We have state centers doing some amazing work as well as districts, but it can still be hard to figure out how is it that we get this started? It's important to consider, what are the steps?

Menu of Next Steps

- Select “novice” districts that are eager to engage in school mental health quality assessment and improvement
- Host state summit/webinar with exemplars of high quality school mental health and inspire other districts to engage in school mental health quality improvement
- Review National School Mental Health Curriculum modules and determine which one or more may be most appealing or relevant to districts
- Partner with National or Regional Centers on developing relevant resources and trainings
- Establish an RFA process to select districts that are interested in National School Mental Health Curriculum training (by state or regional leaders)

And while each state may come up with different strategies, we thought we would share some ideas of some possible next steps. Here, some ideas include selecting a “novice” district. There are districts that are eager to engage in school mental health quality assessment and improvement, hosting state summits or webinars, and really learning from some of the exemplars of high quality school mental health that are already doing some great work within the state. It could also be important to review the National School Mental Health Curriculum modules and determine if there’s one module or a couple modules that are the most appealing or relevant to the districts. And then to go deeper in those modules. If you can also partner with the national or regional centers on developing relevant resources and training or establish an RFA process to select districts that are interested in the National School Mental Health Curriculum training. And again, these are just a few ideas. There are many, many ideas. We heard some outstanding suggestions at the two-day meeting, but we hope that maybe some of these suggestions may inspire what may work best within your state.




Even if people are saying that they're a novice district or a state that considers themselves novices with regards to school mental health, chances are that there are many efforts currently going on that would fit under the umbrella of Comprehensive School Mental Health Systems. So it's likely that regardless of where you are, from novice to more advanced, that you may begin the work thinking about teaming and alignment so you can strategically do this work in a way that best fits with the system that you already have. Keep in mind that Module 2 of the curriculum goes into depth on teaming at the district and school levels, including tools and guidelines.



What do we mean by “teaming”?

But what is this that we mean by teaming?



What is a School Mental Health Team?

A team of school and community stakeholders at a school or district level that **meets regularly, uses data-based decision making, and relies on action planning** to support student mental health.

National School Mental Health Curriculum

So we know that a school mental health team is a team of school and community stakeholders that most importantly are meeting regularly, using data-based decision making, and relying on action planning. We recommend that the work start at the district level with team members who have the authority to make decisions about programming, staffing, and resource allocation.

Functions of District Mental Health Teams

- Shape district guidelines and standards of school mental health policy and practice
- Train, coach, and support school teams
- Liaison between state agencies and schools
- Foster school partnerships with community leaders, family members, and students

National School Mental Health Curriculum

There can be an array of functions of district school mental health teams. Often the district teams can really help to shape district guidelines and standards of school mental health policy and practice, so across the state, if there can be similar strategies in terms of what interventions are provided, how data is collected, the way that school teams are expected to assess and address student needs at the individual, group, classroom, and whole school levels. The teams can also help. The district teams can also help organize and lead training, coaching, and the supporting of school teams, and can do this in a way so there can be efficiency in the training across the state. District teams also play an important role in that they can serve as the liaison between state agencies and the local schools, making sure that our state Departments of Education and Behavioral Health are aware of the disconnections at the school level and that schools also know about funding opportunities or other statewide initiatives offered within the state. Having this liaison role is critical to being able to have communication and efficiency across the state. Also, our district teams can help foster school partnerships with community leaders, family members, and students, and bring some of those relationships at the district level to the school level as well.

Quality Indicators

Teaming Quality Indicators

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing

National School Mental Health Curriculum

This is a listing of our teaming quality indicators, and we would highly recommend going and taking the time to look at the manual, look at the material, look at some of the resources as you're working with your team to think about how to best move these different areas forward. And as Sharon had shared with you about the SHAPE System, teams can go, whether as the district team or at the school level, and assess their functioning on these teaming quality indicators. If you look at the manual, you will see our national performance measures. And if you go on the SHAPE System, teams can actually complete the measure and be able to assess where they are with regards to each of these.

District Example

- School district looking to better integrate school mental health into its multi-tiered system of support.
- Unsure about how to connect SMH, PBIS, and SEL in the district.
- Working closely with State Department of Education and MHTTC Regional Center

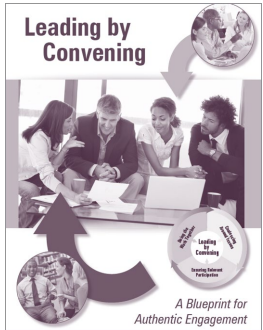


Okay. So, we work at the National Center with many different districts, and we get a lot of requests from teams about what they can do related to teaming and alignment. One school district that we worked with, and this is, again, fairly common, is just trying to figure out, how do you integrate school mental health into this multi-tiered system of support? And how do you figure out how to bring school mental health into the other initiatives and frameworks that are being implemented such as PBIS and Social Emotional Learning? It could be challenging if school mental health is considered another thing that has to be done, if it's not integrated in the work that's being done and already being completed. It can be quite challenging and can feel overwhelming. School mental health is that larger umbrella we showed you in the pictures before, integrating and working with what you can instead of creating something that feels like an add-on.

Four Simple Questions

- Who cares about this question and why?
- What work is already underway separately?
- What shared work could unite us?
- How can we deepen our connections?

Resources



(Cashman et al., 2014)

National School Mental Health Curriculum

And when deciding and thinking about who needs to be part of the team, remember it is important to make sure you have people with the appropriate knowledge and authority to be able to effect change. In considering this, there is a helpful tool by the IDEA Partnership, “Leading by Convening,” which teams can use. We found this to be quite helpful for teams to consider who else is not at the table and think outside the box. You may have teams that already exist that additional people can be added to, but who cares about this question, why do they care, what work is already underway separately, what shared work would unite the group, and how can this connection be deepened? Going through and taking the time to do this activity at the district level can be a helpful exercise to identify the various people who can help move the work forward in the state or at the district level.

Teaming: Youth and Family Partnership Example Activities

- Engaged state Youth M.O.V.E chapter and family advocacy group
- Conducted focus groups with youth about mental health strengths and needs
- Youth helped to inform mental health need assessment surveys and surveys distributed to full district
- Had multiple youth and family members on team and helped to prepare them for meeting

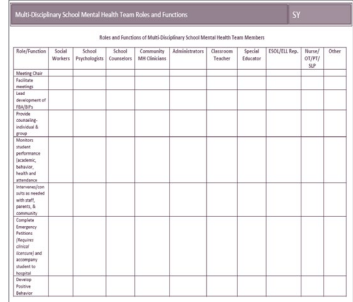


An important question that districts have asked is how to engage youth and family partners. And with this district that we worked with, some of the things they did to advance youth and family partnership are: they engaged their state Youth M.O.V.E chapter and family advocacy group, and they conducted focus groups with youth about mental health strengths and needs. Going directly to the youth and families and getting their perspectives, not just coming to them after everything has been completed, was a really important aspect of the work that they did. They also had youth help to inform the mental health needs assessment surveys and surveys that were distributed to the full district to make sure that the questions that were being asked, the topics that were covered, were the areas that were most relevant to them. They also had multiple youth and family members who participated on the team and helped to prepare for the meeting. And this is where it's important not to just have one youth member, one family member. It's more empowering for youth and families to be part of a group and to have several people who can join them in representing youth and families.

Team Roles and Functions

- List all team member types
- Outline roles and functions needed
- Identify primary and secondary roles

Resources



NCSMH, 2018

National School Mental Health Curriculum

Here is another resource. Often when you're part of a district, whether you're in a school building, at the district level, or at the state level, there are a lot of teams, and it can get confusing. What are the teams, and what are the roles and functions of each of the team members? So taking the time to slow down and think about all the team members that are involved, their roles in functioning, and identifying primary and secondary roles can be very important in helping to avoid duplication and efficiency of the services provided.



We're now going to move to talking about alignment, and I'm going to turn things back over to Sharon, who's going to share a lot more information.


Great, thanks so much Nancy. And I just want to note that as we're talking, we've seen a number of entries into the chat box, for those of you who are able to access the chat box via Zoom. Thank you so much to those who are introducing new resources to us. That's part of what we hope will happen. So we've seen a couple fly through the chat box, including the Advancing Education Effectiveness Monograph that our national center put together with the National PBIS Center and partners around the country who were implementing this alignment effort with positive behavioral interventions and supports in school mental health, and really it provides a look at what this looks like at the ground level. So thank you for sharing that resource from the Northwest PBIS Network. We've also had a couple of links to how you can access not only the slides from today, but also some of the materials that we're sharing. I see that Jessica has been able to send out, for example, the Leading by Convening tool, as well as the School Mental Health Roles and Responsibilities tool, so feel free to download these as we're talking, but also, I'd encourage you to check out the box.com link that I believe Jessica was able to share with the group so that you could download some of the materials. But as we're talking, if you have a great resource or tool within your state, within your community, or within your region, please feel encouraged to let us know via the chat box. And thank you, Jessica. She just mentioned that you can access all of the Learning Collaborative materials, including the School Mental Health Curriculum and Learning *inaudible* materials at the link here, the stanfordmedicine.box.com link, and that will also be sent out via email after today's virtual

learning session. We want to spend a few minutes on this concept of alignment. I can say, at our national center, this is probably one of the more frequently inquired about concepts these days. As Nancy indicated, we have a number of districts who are saying things like, “We are trying to decide where we put our investments. We already have funding, for example, in a multi-tiered system of support framework, but we want to integrate something like Social Emotional Learning or Trauma Informed Schools. How does that overlap with what we’re already doing? Is it redundant? Is it distinct? How do we make sure we’re having efficient use of our resources?” These are some of the questions that come up as we’re thinking about alignment

School Mental Health Team Alignment Tool

- Examine overlap in team membership, purpose, and responsibilities/goals
- Integrate teams with shared purposes for efficiency
- Test new ways to communicate (email, one-to-one hand off, log, meeting minutes) between or within teams

Resources



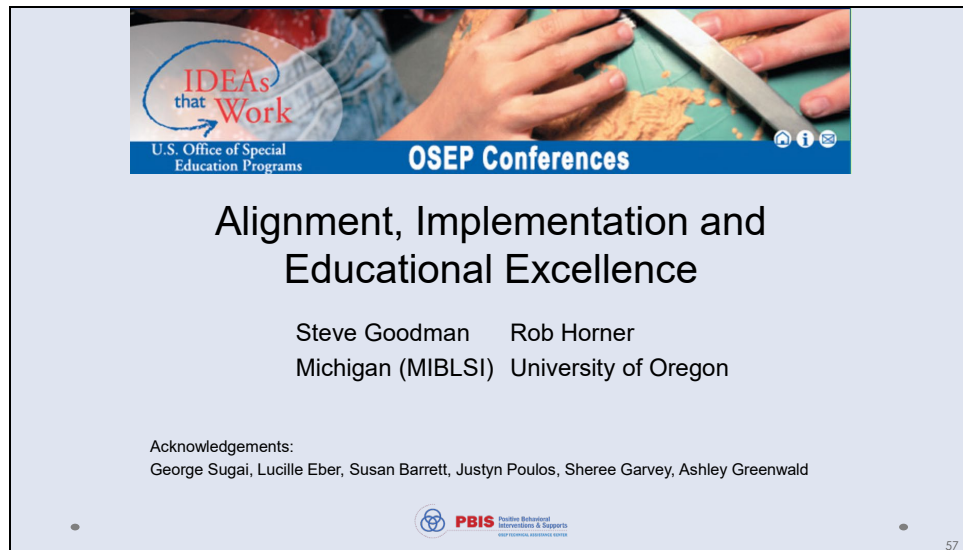
SCHOOL MENTAL HEALTH TEAM ALIGNMENT TOOL

School or district mental health teams are encouraged to complete this template to map all teams that currently address factors related to student mental health and well-being as well as overall school culture and climate. Teams should appoint one member to lead the completion of this alignment tool by reaching out to one member of each identified team. Each person who completes a portion of the tool should be asked whether all teams are represented, as there may not be one person who would have about all pertinent teams to map.

Team Name	Membership		Year			Purposes (include activities and intended outcomes)	Meeting Frequency (Days/Week)	Overlap w/ other teams?
	Name	Position	1	2	3			
Example School Climate Team	K. Smith	PE Teacher				Collect, analyze and report on school climate surveys once a year and develop and implement school-wide initiatives to improve climate	Once a month	No
	C. Davis	School Psych						
	T. Tamm	AP						
	A. Berry	Parent						
	S. Sanchez	Coach						
	J. Howell	District data rep						

National School Mental Health Curriculum

When we're talking today about alignment, we're thinking about alignment of teams, we're thinking about alignment of initiatives, we're also going to touch on alignment of assessments, because there are a number of assessments that are out there that look at, for example, some of these frameworks, and we have districts saying to us, "Wait a minute, we can't collect one more piece of data. Which assessment do we choose? Do we choose different pieces of different assessments?" So we're going to try to tackle each of these at some level today on our call and then hear from some of the states who are struggling with and finding the solutions to some of these questions. So the resource up here – and I should mention that all the resources that we are sharing are also part of the national curriculum – is a tool that was actually developed for school mental health teams to examine their overlap in team membership, purpose, and responsibilities and goals. Many of us who have worked either at the school or district or even state level find ourselves going to meeting after meeting and seeing the same people in various teams. And one of the things that we strive to do within this alignment section is to help districts create efficiencies in their teaming, and to test out new ways to communicate between or within teams. Within this teaming module, there are a number of tools, even just for running a good team meeting. And many of us, as we mentioned during the two-day kickoff, have been in meetings that are not so effective, so we provide a number of tools not only for aligning teams, but for making the team process more effective.



The slide features a header banner with a photograph of hands working on a green surface. The banner includes the 'IDEAs that Work' logo, the text 'U.S. Office of Special Education Programs', and 'OSEP Conferences' with social media icons. The main title is 'Alignment, Implementation and Educational Excellence'. Below the title are the names 'Steve Goodman' and 'Rob Horner' followed by 'Michigan (MIBLSI)' and 'University of Oregon'. An 'Acknowledgements' section lists: 'George Sugai, Lucille Eber, Susan Barrett, Justyn Poulos, Sheree Garvey, Ashley Greenwald'. At the bottom is the 'PBIS' logo with the text 'Positive Behavioral Interventions & Supports' and 'FOR POSITIVE BEHAVIORAL SUPPORT'.

IDEAs that Work
U.S. Office of Special Education Programs

OSEP Conferences

Alignment, Implementation and Educational Excellence

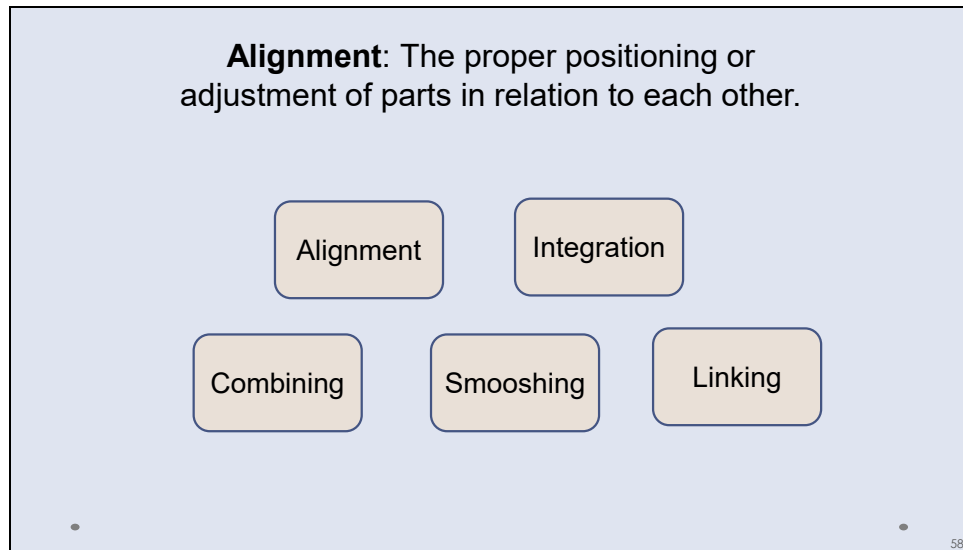
Steve Goodman Rob Horner
Michigan (MIBLSI) University of Oregon

Acknowledgements:
George Sugai, Lucille Eber, Susan Barrett, Justyn Poulos, Sheree Garvey, Ashley Greenwald

PBIS Positive Behavioral Interventions & Supports
FOR POSITIVE BEHAVIORAL SUPPORT

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We want to give a shout out, and a genuine acknowledgment to our colleagues from the PBIS at World. We had reached out to Rob Horner and his colleagues around the concept of alignment because this is something that they've been thinking long and hard about, and they've shared a number of really fantastic resources, some of which I imagine Jessica will be putting into the chat box momentarily. For example, they created a guidance document for systems to be thinking about alignment of school mental health, positive behavioral interventions, support initiatives, and how to align them. We reached out to Rob and said, "You've done some of this great work, and we'd like to share some of it," and he graciously said, "You know, you can use a few of these slides," so if you see them on this template, just know that these are actual slides from Rob and from Steve Goodman out of Michigan, and they've also acknowledged some of their colleagues and some of our close colleagues in this work on this cover slide.



So thank you to our PBIS partners. When we think about alignment, we hear all sorts of terms. How can we link these initiatives together? How can we integrate Social Emotional Learning into school mental health? How do we smoosh these two efforts together? Can we combine some of the tools that we're using? And when we think about what does it actually mean, here's the true definition: it's the proper positioning or adjustment of parts in relation to each other.

Alignment: Defined

- Alignment:
 - “To be in precise adjustment or correct relative position”
 - “The proper positioning of parts in relation to each other.”
- New emphasis on “sustainability” and “efficiency” have heightened attention on the need for effective systems of alignment.

There are, of course, a number of different definitions of alignment that are out there. Here are but a few. And one of the things that we talk about in the field a lot is, given our limitations and resources, there's a lot of emphasis not only on efficiencies, but especially with some of our federal grant funding, we're all being asked to sustain the work that we're doing. And it really has heightened the attention on the need for these effective systems of alignment. We can't keep adding programs on without considering how they align with other efforts, or else, as we find very often, once the grant is over, once the funding goes away, the effort goes away, because it hasn't been properly aligned with other things that are happening.

- McIntosh (2015)
“One of the major variables affecting sustained implementation of effective practices is the introduction of new initiatives that either (a) compete with resources needed for sustained implementation or (b) contradict existing initiatives.”
- We know more about how to conduct small-scale “demonstrations” than how to take effective demonstrations and make them highly efficient “standard operation procedures.”

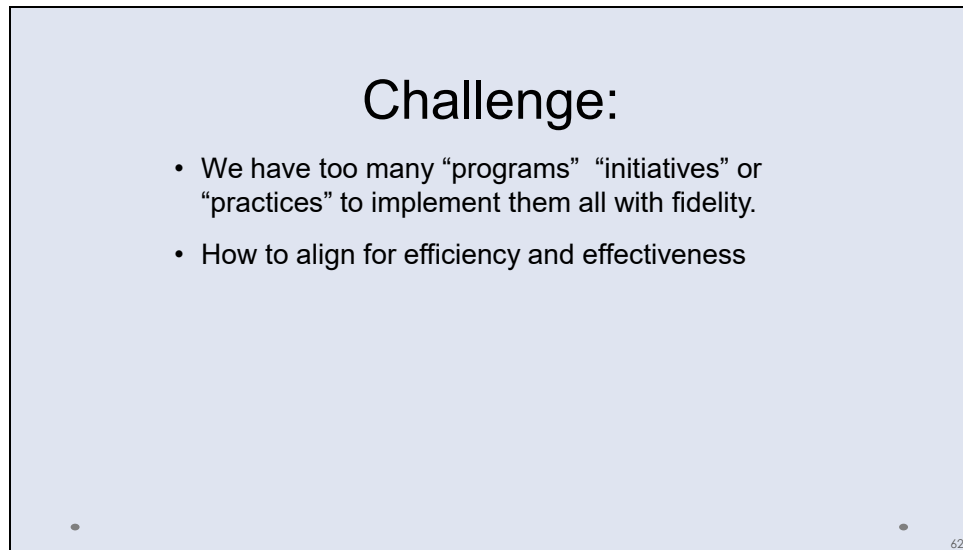
The funding alignment hasn't been there as well. So one of the things that we know is that a variable that affects sustained implementation of effective practices is the introduction of these new initiatives. And when we have new initiatives that come into play, they often compete with resources that we need for sustained implementation of the original effort, or they may even contradict initiatives that are in place. We know more about how to conduct small-scale demonstrations than how to take effective demonstrations and make them highly effective, kind of standard operation procedures.

Why Invest in Alignment?

- **Unaligned efforts are ineffective and inefficient**
- Doing many things, but none of them well
- Initiative fatigue (Project 1= Monday, Project 2 =Wed, Project 3 =Thurs)
- Assumption that New is better... More is better
- Political value of “touching” many efforts (“we have _____ in our school”)
- Assumption that if we train individuals in many things THEY will do the alignment and integration on their own.

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When we think about why should we be investing in alignment rather than simply choosing a program and putting it in place, what we know is that unaligned efforts are highly ineffective and inefficient. So when we just kind of try to layer something on without thinking about how does this fit with what already exists or how do we abandon things that aren't working, we end up with great inefficiencies and often ineffectiveness. For example, things are not implemented with great fidelity. So we end up finding ourselves doing many things, but not many of them well at all. We've also all experienced, in the education sector, what we think of as initiative fatigue, right? You may find that Project 1 you're working on is on a Monday, then a different project on Wednesday, and a different one yet on Thursday. The assumption often is, within a child-serving sector, something new is better. Something more is better, and we know that this is actually not true. The other piece we hear often from schools and districts is that they feel they need to glom onto this new effort that's happening. "We have Trauma Informed Care in our schools," because that's what's expected of them, or that's kind of the hot topic or the politically popular topic at the time. We know when that happens without it truly being aligned with what they're working on or with their values or intended outcomes, very often they're not achieving desired results.



Challenge:

- We have too many “programs” “initiatives” or “practices” to implement them all with fidelity.
- How to align for efficiency and effectiveness

So here's the challenge: we have too many programs or initiatives or practices to implement them all with fidelity. So, we end up asking, “How can we better align our efforts?”

And it was interesting, we were on a call earlier today with our colleagues down in Houston at the Center for School Behavioral Health, and they're working very intensively with about ten districts. And the director of their center indicated that a lot of the districts are reporting that they have layered program after program, but not necessarily focused on the infrastructure to support the programs that exist. So, she said they have great effectiveness of adding programs, but not at the systems level.



Sources of Frustration

Give Individuals many sources of content and expect them to make it all fit together

- The “Shotgun” approach
- The Parallel Play Approach
- Initiative Conflict
- Monogamy (one way)
- Serial Monogamy

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And so I think that illustrated the challenge that we're all finding. It's always fun to hear Rob talk about what happens when we just try to give individuals or systems many sources of content and expect them to fit it all together. There's sometimes kind of the "shotgun" approach, right? Kind of this idea that we'll just throw it at people, and whichever students or educators in the building are able to get it, they'll receive it. Just kind of a haphazard, indiscriminate approach to doing this type of work. There's also the parallel play approach, where some people in the school building or school district are doing one thing, and other people doing something else. There's initiative conflict often, where we see competing priorities and even competing training that's happening. We see some that have the more monogamous approach. We'll do one initiative at a time, or we'll do one and just stick with that, regardless of what the evidence says over time. And then for serial monogamy, they stick with one initiative, but it seems like there's a new initiative every week or every year in the school.

Getting Started

- Start at the End
 - ... First define the outcomes for children and families.
- Too often we start with the initiatives:
 - Given that you are already doing X, please add Y, and Z
 - *We are already implementing **Positive Action** and are now asked to add **PBIS** and **Mental Health First Aid**.*
 - New mandate/funding to add X, Y and Z
 - *Implement **Restorative Practices**, **Bully Prevention**, **PBIS** and **Ripple Effects***

So one of the things we're reminded of when we talk about this concept of alignment is that when we're working with schools, we encourage them really to start at the end. First, define the outcomes for children and families. So very often, we're working with schools and districts, and this is also a function of the funding, and just kind of the press on people's time where we end up starting with the initiative, the program, right? So just add this program to what you're doing, and then there's a new mandate or funding that says, "Now you have to do Restorative Practices, now you have to have Mental Health First Aid Training."

The slide is titled "Quality Indicator" in a purple header. The main content is divided into two sections. On the left, a text box asks: "To what extent did your district/school use best practices to **align existing mental health supports and services?**". On the right, under the heading "Best Practices", there is a bulleted list of five items. At the bottom right, there is a decorative graphic consisting of several horizontal bars in green, blue, orange, and grey. The footer text "National School Mental Health Curriculum" is located at the bottom left.

Quality Indicator

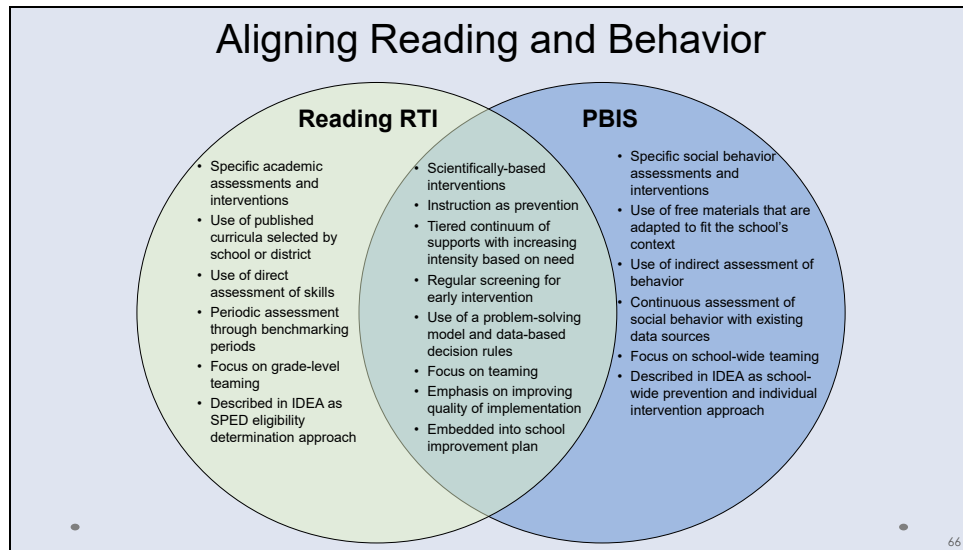
To what extent did your district/school use best practices to **align existing mental health supports and services?**

Best Practices


- Identify and gather information about current or prospective school mental health supports
- Identify areas of overlap or misalignment
- Make decisions about how to align existing services and supports to avoid duplication
- Reduce or abandon supports and services that are redundant
- Develop a team-based process for ensuring complementarity of new initiatives

National School Mental Health Curriculum

So one of the things that you'll find in the mental health curriculum are best practices for aligning existing mental health support and services, and we walk through with schools and with district teams how they can identify and gather information about what's currently happening or what some prospective initiatives are with respect to school mental health. We give them tools to identify areas of overlap or misalignment and to help them make decisions about how to align existing support. And this idea of strategic abandonment is something that we've been talking more and more about, the idea that not only do we need to look at carefully layering things on, but also carefully letting things go, especially when we don't have evidence for their success. And we also have tools that help teams work together to ensure compatibility of new initiatives.



One of the things that I found quite helpful in the PBIS alignment work is how they've looked at the alignment of effort in terms of some of the core components that are already in place, efforts that they are considering bringing into schools. So for example, when we look at our RTI process for reading here and our PBIS process, you see that they share a number of core components or processes – things like scientifically-based interventions and instruction as prevention, and we can leverage those commonalities to create efficiencies within the system.




Working Smarter: Initiative Alignment

1. Gather your team
2. Create an inventory of initiatives using a triangle to consider where the initiatives would be placed across the tiers (Tier 1 - mental health promotion, Tier 2 - prevention, Tier 3 - intervention)
3. Identify areas of duplication/overlap
 - Make team decisions about *strategic abandonment*
4. Identify areas of need
 - Develop a process to select new initiatives
5. Plan for monitoring implementation

Adapted from: Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts (PBIS, 2017)

National School Mental Health Curriculum



And so some of the tools that we offer in terms of this idea of working smarter and having better initiative alignment get at that area of kind of leveraging the commonalities and identifying areas of duplication as well as areas of need.

Resources

Working Smarter: Initiative Alignment Map

Name of Service or Program	Tier(s)	Referral or Selection Process	Target Outcomes	Team Members Involved	Evidence of Success
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					

National School Mental Health Curriculum
(NCSMH, 2018)

And then having a plan for monitoring implementation that doesn't require ten different fidelity tools. For example, this is a very basic initiative alignment map, but it's pretty remarkable how transformative just this simple process can be in a district when you have a district team come together and really name all of its services or programs that are happening and that are being considered, the tiers that they are intended to impact, how referrals and selections are made, what the target outcomes are, and who's involved. Just this process alone can really help identify areas of redundancy and hopefully be a springboard for working toward better efficiencies and alignments.



Alignment of Assessments

For team-based implementation assessment and quality improvement of multi-tiered systems of support in schools

So I'm going to pass it over to Elizabeth Connor, who's going to talk with us a bit about this idea of aligning assessments.

OK, great. So another aspect of alignment that you might already be facing is how to align these growing numbers of team-based implementation assessments that are available to the field and by and large are designed to help schools and districts pursue different aspects of quality improvement within your multi-tiered systems of support. So we really wanted to review the three assessments that we at the national center tend to get the most questions about.

SWPBIS Tiered Fidelity Inventory

version 2.1

Purpose: Measure the extent to which school personnel are applying the core features of school-wide positive behavioral interventions and supports (SWPBIS) to guide implementation and sustained use

Sections: Tier I: Universal SWPBIS Features
Tier II: Targeted SWPBIS Features
Tier III: Intensive SWPBIS Features

Administration schedule:
Initial implementation + every 3 or 4 team meetings until 70% fidelity is achieved across 3 administrations

Completed by:
School System Planning Team (3-8 people) with an external SWPBIS coach as facilitator

For more information, visit: <https://www.pbis.org/>
To access the assessment, visit:
<https://www.pbis.org/Common/Cms/files/pbisresources/SWPBIS%20Tiered%20Fidelity%20Inventory%20%28TFI%29.pdf>

(Algozzine et al., 2014)

First, I'm going to provide some brief information about them, just in case you might not be familiar, and then we're just going to offer some ideas about how your teams could navigate selecting one or more to work with in a way that feels integrated and relevant to your goals. So the first one here, which many of you probably have lots of experience with, is the School-Wide PBIS Tiered Fidelity Inventory. This was of course developed by the National PBIS Center. You can go to the links below to learn more. This one has also been referred to as the TFI, or the Tiered Fidelity Inventory. This just measures the extent to which school personnel are applying the core features of school-wide PBIS to guide implementation and sustained use. The sections of the measure are divided into these three tiers, and then within each tier, there's questions for teams to respond to about the different aspects of operating each tier. So staffing, team composition, professional development, student involvement, screening, database decision making. Those are just some examples of the questions within each of those tiers. And you can see here there's specific guidance around the administration schedule and who it should be completed by for the TFI.

Interconnected Systems Framework Implementation Inventory

Version 2

Purpose: Measure the extent to which education and school mental health partners are applying the core features of the ISF.
(ISF is a structure and process to integrate PBIS and school mental health.)

Core Features:


- Implementation of SWPBIS
- Teaming
- Collaborative Planning and Training
- Family and Youth Engagement
- Intervention Selection, Implementation and Progress
- School-Wide Data-Based Decision Making

Completed by: ISF Team with a trained ISF Facilitator

For more information, visit: <https://www.pbis.org/community/interconnected-systems-framework>

(Splett et al., 2016)

So the next measure that we get a lot of questions about is the Interconnected Systems Framework Implementation Inventory. Sometimes this is referred to as the ISF-II. The purpose of this assessment is to measure the extent to which education and school mental health partners are applying the core features of the ISF, which, if you haven't heard of it, is a structure and process to integrate PBIS and school mental health. So the core features of ISF are listed here on the slide, and I just want to note that in this particular assessment, you'll also see the questions divided up by Tiers 1, 2, and 3, but these core features are really embedded throughout those three. And the emphasis here is to integrate PBIS and school mental health. You can see one of the core features of ISF, right up front, is the implementation of School-Wide PBIS. Something I wanted to note is these are both intended to be completed with respect to the TFI, with a School-Wide PBIS coach as facilitator. For the ISF-II, it is recommended that's completed with a trained ISF facilitator, and you can see more information on this tool by visiting the link below.



School Mental Health Quality Assessment

Purpose: Measure the extent to which a comprehensive school mental health system is in place to help teams prioritize and track progress of quality improvement targets.

Domains:

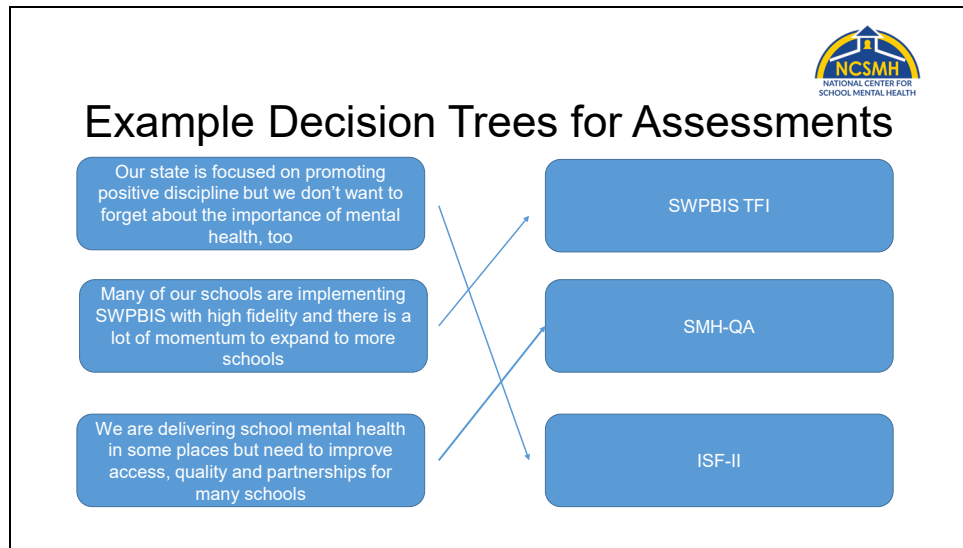
- Teaming
- Needs Assessment/Resource Mapping
- Mental Health Promotion Services and Supports (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2&3)
- Screening
- Funding and Sustainability
- Impact

Administration schedule: At least annually; determined by school or district team

Completed by: School or district team supporting student mental health (with representation from school personnel, community partners, students and families)

For more information, visit: www.theshapesystem.com (NCSMH, 2019)

OK, so this is the School Mental Health Quality Assessment. This is the assessment that was developed by the National Center for School Mental Health with input from folks at the PBIS Center, our ISF colleagues, and the broader field. As you'll see in terms of the domains here, it also measures Tiers 1, 2, and 3. The purpose of this measure is to assess the extent to which a comprehensive school mental health system is in place to help teams prioritize and track progress of quality improvement targets. So by now, you're probably seeing why we're talking about alignment of these measures, because there does appear to be some overlap. So in the School Mental Health Quality Assessment, specific aspects of quality, like teaming and screening, for example, are their own domains, and then there are some additional domains that pertain to a comprehensive school mental health system, like funding and sustainability and impact. They're included in this assessment. We recommend that it's administered at least annually, but that can be determined by the team. This is something that's designed to be completed by a school or district team that's supporting student mental health with a broad representation. You can learn more about the School Mental Health Quality Assessment at theshapesystem.com.



OK, so this is just an example decision tree for how to select among these assessments with the caveat that these are totally simplified examples to show the type of logic that might work for you locally but doesn't account for all the unique considerations you might be working with in your school or district. But basically, you know, if your state is focused on promoting positive discipline and not wanting to forget about the importance of mental health, particularly if you have used the TFI, the ISF-II might be a great way to go. If you have a lot of schools already implementing SWPBIS, that's going great, you're seeing high fidelity, you want to expand on that momentum, then we recommend that you stick to what is working, right? So stick with that SWPBIS TFI. If you feel like you're delivering school mental health in some places but you want to improve access, quality, and partnerships, and perhaps there aren't team-based assessments that are already present, that's an example where you might choose the School Mental Health Quality Assessment. So again, just some ideas here.

Practical Strategies for Aligning Assessments


- Assess the primary goals of your system
- Map current team self-assessment tools being used by schools and districts
- Determine if new or different tools may add value
- Pilot new or different tools and obtain feedback on actual value added
- Counterbalance administration schedule to avoid team fatigue
- Select components of self-assessment tools most desired with input from tool developers
 - Examples: SWPBIS TFI may be used to assess one or two of the tiers; the SMH-QA can be completed in a modular fashion by domain; ISF-II contains many items on the SWPBIS TFI


Some practical strategies for aligning assessments, regardless of what you're doing, are listed here on the slide. Just a few that I want to point out. These really all center around assessing your primary goals and mapping the tools that you have in place, and then figuring out is it a matter of counterbalancing the administration schedule, for example, of these assessments, or are you selecting one over the other, or maybe you're actually merging them? If you decide to do some sort of a merge, we do recommend that you reach out to the tool developers to get some input on that process.

SMH, PBIS and ISF Key Messages

- I. **Multi-Tiered Systems of Support**
 - Teams include families and students, data-based decision making is used at all tiers, intentional selection and implementation of evidence-based practices, ongoing progress monitoring and professional development
- II. **Single System of Delivery**
 - One integrated system of delivery for all social, emotional and behavioral supports that is coordinated, systematic and purposeful
- III. **Beyond Access: Ensuring Positive Outcomes for ALL**
 - Types of interventions are selected using data, matched to student needs and strengths, and monitored for fidelity and other implementation success indicators over time
- IV. **Promoting Mental Health for ALL**
 - Social, emotional and behavioral health and wellness are taught by all staff across all settings and embedded in all curricula

So finally, before handing it back to Sharon, who introduced some of our state partners, we wanted to just touch on some of the key messages to underscore the point that there are many aspects of these assessment measures that are really similar, regardless of which measure you select. And these key messages were actually developed with a national work group of folks who represent the PBIS TA Center as well as the Interconnected Systems Framework and our National Center in an attempt to really communicate to the field how many of these in the assessments get at some of these similar constructs. So the first here is just the focus on a multi-tiered system of support. I think that's pretty evident when you look at the assessments, that they all include some of the similar features underscoring the importance of a multi-tiered system. They all emphasize one single system of integrated service delivery for all social, emotional, and behavioral supports. So the idea that there is connection and coordination happening in your system is something that all of these assessments emphasize, as well as ensuring positive outcomes for all. So taking teams beyond the idea of just accessing school mental health, but really thinking about the data and what the outcomes are for the students, and how those partnerships are being built to create a high-quality system, is also in line with the fourth key message, promoting mental health for all. The idea is that this is something that is a shared responsibility in the school system and the education sector taught by all staff and embedded in all curricula. So with that, Sharon, I'm going to hand it back to you to introduce some of our co-presenters please.

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Alignment Tips and Examples Indiana

Christy Gauss, School Mental Health Facilitator I
Indiana School Mental Health Initiative, Indiana
Institute on Disability and Community at Indiana
University

Kristan Sievers-Coffer, Senior Special Education
Specialist, Indiana Department of Education

Jeffrey Wittman, School Social Work & Foster Youth
Specialist, Indiana Department of Education

Jess Yoder, Project AWARE Coordinator, Indiana
Department of Education



Thank you so much, Elizabeth. So we are really delighted to have some of our leaders from two states, Indiana and Washington, who have agreed to share some of their own experiences with alignment and maybe some tips and examples, and we've offered them about 10 minutes, even though again, I know this is a lot of information that could take a long time. They've agreed to share about 10 minutes each, 10 minutes for Indiana and about 10 minutes for Washington, and then we'll dive into some examples from all of the rest of the folks on the phone. So I'd love to hear from Christy and Kristan and Jeffrey and Jess, and we'll let you go ahead and introduce yourselves and your roles and dive right into a discussion on alignment in Indiana.

We're here in *unintelligible* Indiana. We had snow last week, and so it'll change soon. My name is Jeff Wittman. I'm here with Christy Berger, not Christy Gauss, Jessica Yoder, and Kristan Sievers-Coffer, and we all work at the Department of Education. We have a lot of people that we work with very closely from all across the state, but none of our partners could be here today, so we're going to try to kind of carry the ball for everyone. And so we're going to share a little bit of time – the short time we have, we're going to share it – and so I'm going to start with introducing Kristan Sievers for information about understanding the why and the timeline of the work we've done in Indiana.

Hi, I'm Kristan, and I'm in the Office of Special Ed here at DOE. And as for the why, I want to start with three stats from Indiana. So the first one: an estimated 3.8 million Hoosiers live in mental health professional shortage areas. The child abuse and neglect rates have nearly

doubled in the past ten years. In Indiana, one out of five high school students seriously considered attempting suicide in the last twelve months. So if that's not enough, we also wrote Social Emotional Learning into our state plan, and sadly, as you may have seen on national news, we've had two school shootings in the last year. So many people are looking – sadly, reactively, but also proactively – at what they can do. At the Department of Education, we are jumping in with both feet. Most of the work had been done in silos prior to 2017, but since then, we've been much more intentional, and we're integrating our work across departments. Even in this room we're multi-department-wide, and there are other state agencies we're working with collaboratively, and then school corporations as well, so we're all really trying to jump in and figure out, how can we help them support each other? So again, 2017, we joined the SHAPE collaborative, which is a great start-off point, and we've created a community of practice within our state that has met for the past two years based on their work with SHAPE. As a state, they decided to create the Commission for the Improvement of Status of Children, and that is the multi-state agencies across all state departments and children's services, of mental health and addiction, education, health, and so on. So we're able to be on at least two or three of those different task forces that they have underneath there. Title IV, we've gotten more money that's been able to be used for Social Emotional Learning across the state. We also were able to work on a state-wide Social Emotional Learning plan. We've been able to get involved with CASTLE and be one of their districts, their collaborative groups. We have now Christy Berger – she has a new position as Assistant Director of Social Emotional Learning and Behavioral Wellness, so that was great. That's added a whole department, realizing the importance of mental health and Social Emotional Learning. We also were able to get the Project AWARE grant. Jeff's gonna talk about that in a little bit. We also don't want to forget that we think of mental health of children, but also the teachers and educators that work with them, so we worked on a happiness class that was really to be created to help teachers for their own mental health. We have a whole new website of Social Emotional Learning resources. The legislature has prioritized many different bills that have to do with or include Social Emotional Learning. We were able to cosponsor the Educating the Whole Child Summit, and Elizabeth came out and was able to speak at that, and that was a great conference that reached hundreds of people. And then we also have some workshops that are going to be coming up with our Project AWARE group, and we will continue on with our SHAPE community of practice. We have slowly involved more school corporations, depending on their interest and our capacity. So that's kind of a quick timeline of things that have been happening with us.

Awesome! I'm Christy Berger, and I'm the Assistant Director of Social, Emotional, and Behavioral Wellness here at the Department of Education in Indiana, and I'm going to talk about everyone's favorite topic of funding. I know we spoke a little bit at the beginning, talking about sustainability and talking about the importance of it – after big grants go away, what happens to the work? And so we here in Indiana, about three years ago, the Lilly Foundation put out millions of dollars to improve school counseling, and that was based off of data from the CDC that showed the alarming number of students in Indiana who had attempted suicide and who were considering attempting suicide. And so that kind of brought the conversation, brought some funding behind that work. The focus point for the Lilly funding was to increase school counseling. Within school counseling, there are three domains, so academics, Social Emotional Learning, college and career readiness. Most of our schools that received funding are spending a lot of their funding in the area of Social Emotional Learning, as they felt like that was the highest need in their schools at that time. So funding-wise, that really kicked off the work here in Indiana, kind of put some money behind the concern and the need. And then as Kristan said earlier, Title IV funding came federally for all of us. I originally was the Title IV specialist before my new position, and really had a competitive process the first year of funding. In our schools, again, we're using the funding for Social Emotional Learning, and now obviously it's become more formula-based, and so again, seeing this pattern over and over, our state superintendent and her team realized it was really important to have a sole point person at the Department of Education that focuses solely on Social Emotional Learning, which is kind of how my position was created. And we're doing that in hopes of modeling that for our schools, for our districts. Seeing as how you have one person who can really focus their time and dedicate their work toward this, you might see movement more than you had previously, so we're excited about that. On our website, which we can put in the chat box for people to look up, we do have an Excel document that is for our schools, because again we've heard over and over again, "We don't have funding. How do we sustain this?" And the Excel document really works schools through the federal funding, the local funding, possible grant funding that can support the Social Emotional and mental health work, and so we really encourage schools to take a look at that when they're being strategic about their funding and sustaining that work as well. We also have really great TA partners. Obviously, Elizabeth and her team have really helped us out, really being able to bring work to the field and continually building those community-wide TA partners. We work really closely with our Division of Mental Health and Addiction here in Indiana, and how can we strengthen the work across all systems and find funding that our Division of Mental Health and Addiction may have that is different from the Department of Education? We're really

looking at that, ways to partner, and ways to bring grants to our schools so that they can get a start on this work, and then we can coach them through that sustainability piece and build it into their framework so that when the funding does leave, or when the funding changes, it will already be built into their generalized funds. We have had a lot of community support behind this work. It's really exciting to align schools and corporations and their community mental health partners, seeing how MOUs can help support and meet the needs of a lot of our students and educators, and so we've been excited for that partnership to build. And kind of a perfect segue to turn it over to Jess – she's going to talk about the different partnerships that we have, and yeah!

Hi everyone, my name is Jess Yoder, and I am... [silence due to audio connectivity issues].

We just lost you Jess. I don't know if you can hear us, but you've gone mute on our end. Indiana, are you still there? Indiana? Well perhaps we're going to have to loop back around to Jess. We certainly want to hear from you, as the Project AWARE coordinator, and we'd love to hear more of what's happening in Indiana, but it sounds like we've lost their team to technology, at least momentarily. So I'm going to go ahead and move us on to Washington.

Alignment Tips and Examples State of Washington

Mona Johnson, Ed.D., Director of Student Support, WA State Office of Superintendent Public Instruction



And if we are able to come back to Indiana, we will. But for now, we'd love to hear from Dr. Mona Johnson, who's the Director of Student Support in the Washington Office of Superintendent Public Instruction. Mona, are you there? [Silence due to audio connectivity issues].

So what I'll do while we try to get Mona reconnected and maybe Indiana connected as well, we'll just go ahead and give you all on the call kind of an idea of what we're hoping for in the final couple of minutes of our time together. So we'd love for people to share their own successes and challenges related to alignment of initiatives, and perhaps even more useful to the folks on the phone, because I think we've all felt the pain of alignment. If you have strategies or tools and resources that you can share to help other teams with alignment, we would love to hear about them, even if you don't have a link to it handy, you can let us know in the chat box, or if you want to unmute yourself after we've re-routed to Indiana and Washington, we'd love to hear about them. And we'd also love to hear what resources would be helpful for you, in your state, your district, or even at the regional level, as you work toward alignment improvement. So keep that in mind, I'm just going to go ahead and ask if we have found Washington and Indiana. Hi Sharon, this is Mona. It's all good. And I want to thank Camille, because her name should actually be up on this slide too. And we're here in Washington State, and I'm going to kick off with some comments, and then I'm going to turn it over to her to add what I omit, because I am certainly not going to cover it all. I also wanted to thank you guys at the Center for giving us a

couple minutes to talk about what we're doing here at Washington State in support of mental health collaborations in schools and communities. And I will say, officially we've been working with the Center for about a year and a half in the National Learning Collaborative, which has been an incredible blessing. I know that other parts of our state have touched this work, but we really haven't launched into a state-wide effort until about a year and a half ago on this particular body of knowledge and work. I also want to acknowledge we have awesome other people on our team on the call. I already introduced you to Camille Goldy, who you've talked to, but we have Cara, Andrew, Sarah, and Diana, who are some of our many partners I was able to catch on the scrolling list of people who are part of the process. So what I'll say is that prior to 2016, we had – and still have – some excellent pockets of mental health work underway in Washington State. In particular, we have some amazing folks here at OSGI: Manny Paradis and Dixie Gruenfelder, who launched and wrote and received a Project AWARE grant. So they received resources that we're working with three identified areas on our state really intensively around school mental health, and we have to give them a shout-out, because I feel like that was the first time our state agency really stepped up to understanding and wanting to supervise supports around the work. After that, also in 2016, we had a state-wide group of folks come together with a legislative push to start working collaboratively across state systems around children's mental health in general. And we talked about things related to mental health and early learning in school-based settings, community-based settings, workforce issues, and other really important issues that we've been servicing in Washington State. As a result of that amazing work group, in 2017, we worked with that team of people to get a pretty large piece of legislation passed in our state that had multiple components. One of the small but important components of that piece of legislation in 2017 was to provide funding to our state education agency to work with a couple of our regional educational service districts to create regional mental health, behavioral health system program pilots. And so those pilots have been in existence now – it will be two years in June, and our funding will wrap up in June, so we have our fingers crossed we can continue this work. But we have been able to work with two amazing regions in our state – the ESD 101 service region, or Educational Service District 101 region in Spokane, which serves 59 school districts in that area. And then our Education Service District partners at 113 based in Olympia that serve multiple counties and have touched 44 school districts. So with these two pilots, we were looking at providing and receiving funding to provide one position at each Educational Service District to begin to work with the districts that were touched in that area around school mental health specifically. And when you count up the numbers, it's about 34 percent of the state that has been touched by the work these amazing

pilots have been able to do in the past two years. The goals of our navigator pilot positions were to cultivate cross-system collaborations between schools and communities. One of the things that we struggle with, I think often, is how do we build better partnerships between schools and communities, and that was one of the primary goals and tasks. The other task of these amazing pilot system navigators was to increase equitable access to care for students who needed behavioral health support. And their jobs really have been to do coordination, particularly in some pretty challenging areas, like Medicaid billing for schools, districts, regions; facilitating partnerships at the local and regional levels – again, not just school-to-school partnerships, but critical school-community partnerships, because none of this could be done alone. None of this mental health could or should be done alone. Work isolated to a school or to a community, we have to have that cross-system collaboration, and that's what these folks have been working really hard to do, to do integration of service models, to make sure that we provide support, and then to collaborate and deliver supports when we have resources. Why I gave you all that context is because when all these folks first came on board, we connected with the Center for School Mental Health and had this opportunity to be part of a learning collaborative, and we learned right out of the gate about the SHAPE system, which I'm pretty sure most of you are familiar with. But that system has been phenomenal for us, in terms of opening the doors to have conversations with districts, for a data-driven perspective, and not just districts, for building from a data-driven perspective to help them look at their levels of readiness to do school mental health work and also where they had strengths, where they had gaps, and to do some really important planning. Overall, we often hear we need more mental health supports in schools, especially from our school leadership, but teachers at all levels and educators at all levels. But we really were at the state level, tapping into resources and tools that were evidence-based, to help us understand what was going on at the local level. We made it our mission and are going to continue to make it our mission no matter what happens to hopefully encourage our districts that are building, to continue to utilize the SHAPE system to help inform the work that they're doing. We're also super excited – a plug for you guys at the Center for all your hard work – we're also super excited that the SHAPE system is being built even better and stronger, and a new version of that will be rolled out soon, so we're excited. One of the reasons that we appreciated this is – let me give you a specific example – in our Educational Service District 101 that serves 59 regions, we had a brand new person come on board who knew no one. He came from the health system into the K12 system, um, highly skilled but had no relationships. So literally, this particular individual, Andrew, met with each of the district-level leadership and, in the initial introduction, obviously introduced himself, but then began to orient the district and the

leaders or the people he was able to be in touch with to the SHAPE system. And so we started out with that as a foundational base to the conversation; it really helped build relationships, and again, really helps inform the strategy that we wanted to empower at the local level. We didn't, at the state level, have a vision for how this should be – never really have that vision, in my opinion – we really wanted it to happen organically, but it needed to be data-driven, and again, SHAPE really helped Andrew with those relationships and with those conversations. I would say the same thing is true with ESD 113 with Sarah – Sarah did a fabulous job with this. They have a longer history of doing school behavioral health and school mental health work, which is an amazing, rich history. And so I think if this was helpful on some level to strengthen and kind of revisit some of the amazing work that they were doing and inform it to continue to grow, in my opinion, how I see it, from my perspective, to grow stronger. We're also super excited about – I feel like we're in the infancy/baby stage – it's only been about a year and a half to work with you guys – maybe close to two. But we're super excited about making more connections between this work and our multi-tiered systems of support work, our Social Emotional Learning work that's unfolding here in our state, our Trauma Informed work, etc., and so it's a little about our journey in Washington State. I will say that one of the benefits of being a part of these kinds of Learning Collaboratives: 1) we love them in Washington State, 2) I love when we have lots of people from Washington State involved, because the more the merrier, and we get to partner and team together. And then 3) I really feel like it helps you guys at the national level, when you do this kind of amazing collaboration modeling for us at the state, and then at the regional and local level how we can do it, and how we can do cross-system collaboration or partnerships to team, to collaborate, to align, to build infrastructure to determine who is doing what so we're not duplicating supports, and I just really thank you for the opportunity. Camille, I'm going to turn it over to you, and say, is there anything I have missed that you would add? Because I could go on and on, and you really don't want me to.

Thanks, Mona. I know we don't have a lot of time, but I would add that we have also had the opportunity to participate in the Healthy Students Promising Futures Learning Collaborative, which is the national collaborative working toward kind of unraveling all the Medicaid billing complications for schools, and I believe that work has also just added to our ability to do really excellent work with this project, and it has been super helpful.

Thank you so much, Mona and Camille.




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Learning Community Discussion and Resource Sharing

- What successes and challenges have you had related to alignment of initiatives?
- What strategy or tool/resource can you share to help other teams with alignment?
- What resources would be helpful for you to improve alignment?

And I know we are short on time, so I hate to, in any way, cut you off, and I am really grateful for all of the wisdom you shared. And I know our Indiana partners got cut off towards the end of their presentation, but we do have just one minute left, and what Jess has just announced in the chat box from Indiana is that Elizabeth will make the contact information available for the Indiana team, and they're happy to be a resource to anyone. And we're just going to presume that because you're all on the Learning Collaborative call today, that that goes for all of you, that collectively you're hoping not only to gain resources for schools, but that you're happy to share them. We do have about 30 seconds left, and we have a couple of quick things that we need you to do: 1) if you have any tools or resources, you can certainly put them in the chat box, but we also encourage you to upload them right into the Box.com folder where all of the Virtual Learning Session and curriculum materials are housed. We will carefully vet those to make sure they're in the right place and that they're complementary to the work that we're sharing with you.



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Wrap-up

- 1) Thank you to our Indiana and Washington colleagues for sharing
- 2) Share related resources by posting on Box
- 3) Save the date May 2nd, 3-4:15 EST – Mental Health Promotion for All (Tier 1)
- 4) Let us know if you would be willing to share a state example or resource

We do want to thank our Indiana and Washington colleagues for sharing and remind you that the next call and Virtual Learning Session is May 2 from 3:00-4:15 Eastern Time, and it will be focused specifically on mental health promotion for all, or Tier 1. We would love to hear from more states or other states about their Tier 1 experiences, both successes and challenges. Again, share your resources by posting on Box, and one final request: we'd love some feedback about this Virtual Learning Session and what you'd like to see in the future. And so I believe that Jessica has posted a link to some feedback questions. There are two links here. I'm going to go ahead and repost them, because we've had a few postings since then. But if you could please visit the link so that – oh, there we go. It looks like a couple people have posted it. Please visit the link and provide some feedback on the session and what you'd like to see more of or less of, and we again thank you for your participation. Thanks to our partners for sharing, and we look forward to talking with you all soon. Take care, everyone.

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