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Mental Health Technology Transfer Center Network
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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.




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Welcome to Virtual Learning Session 3: Early Intervention/Treatment (Tiers 2/3)


Please click on the link in the chat: <http://bit.ly/VLS3sign-in>
to sign in and so we can send you materials for this and
upcoming sessions.



I wanted to welcome everyone to Virtual Learning Session number 3. Today's presentation will be on early intervention and treatment, Tiers 2 and 3. We'd like to ask everyone to click on the link in the chat box to sign in so that we can send you materials for this and upcoming sessions. If the bit.ly link doesn't work, Stanford is also putting in the chat a Stanford-related link that gets you to the same place. And I am excited to welcome our colleagues and collaborators from the National Center for School Mental Health. I'm Heather Gotham. I'm the director of the Network Coordinating Office for the Mental Health Technology Transfer Center. And we have our great colleagues from the National Center of School Mental Health, who'll be taking over here in a minute. I just have a few introductions and announcements.


Slide 2

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Reminders


- Please mute yourself if you are joining by telephone.
- All computer audio lines for participants are automatically muted at the start of the session. To unmute yourself, click on the microphone icon to the right of your name on the participant list located at the top right of your screen.
- If you have any questions during the presentation, please enter them in the chat box.
- We have an evaluation at the end of this session. We appreciate you taking the time to provide feedback!



Just some reminders, if you are joining by telephone please mute yourself; Jessica has it set up to automatically mute your line if you join by computer. And so to unmute yourself, if you're wanting to join the conversation or ask questions at the end, you can click on the microphone icon, to the right of your name on your participant list. If you have questions during the presentation, you can enter them in the chat box and we'll be monitoring the chat box as we go along. We also have an evaluation at the end of the session, it's really quick, but we appreciate you taking the time to provide feedback. And in terms of leaving your camera on or off, you know, as you would like to have it on or off, at the end when we switch to Q and A time, it would be great if people could use their cameras; I think it helps give more of a glee feel, you have to do so many things in the day by audio and video and it is nice to know who is in the room. So if you're comfortable having your camera on, we'd love to see you.




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Announcements

The MHTTC Network is excited to announce that funding for our school mental health services will extend through August 2020!



We are really excited to announce that funding for our school mental health services will extend through August 2020. We just found out from SAMHSA. So, part of the MHTTC Network is we have a set of Corp funding and then this past year we received special funding, supplemental funding, through SAMHSA to provide the school of mental health services, it was just a one year supplement and we just found out we will get a second year. So, it will start August 15th and extend through August 14th 2020. So, look for hopefully an extension of the great work that our centers and network are already doing, as well as a few new things that we'll be throwing in the mix. So we'll have more information about that in the next few months.

Slide 4

The screenshot displays the MHTTC (Mental Health Technology Transfer Center Network) website. At the top, the MHTTC logo is on the left, and the NCSMH (National Center for School Mental Health) logo is on the right. The main heading reads "Connecting with the MHTTC in your region". Below this is a navigation bar with links: "YOUR MHTTC", "TRAINING AND EVENTS", "RESOURCES", "PROJECTS", and "COMMUNICATION". The "Find Your Center" section is highlighted, with instructions: "To jump to a specific center, click the center's name. To save a center as your default center, select the center by clicking the photo, then click the Save button at the bottom of the page." Below the instructions, there are three center cards: "National American Indian and Alaska Native MHTTC", "National Hispanic and Latino MHTTC", and "New England MHTTC". Each card includes a photo and contact information. The "National American Indian and Alaska Native MHTTC" card lists the University of Iowa College of Public Health, 140 W Riverside Dr, Iowa City, IA 52246, United States, with phone 319.335.6664 and email native@mhttcnetwork.org. The "National Hispanic and Latino MHTTC" card lists Universidad Central del Caribe, Laurel, Av. Sta. Juana, Bayamon, PR 00960, United States, with phone 787.785.5290 and email hispaniclatino@mhttcnetwork.org. The "New England MHTTC" card lists PRCH, 319 Pack Street, New Britain, CT 06053, United States, with phone 867.467.8044 and email newengland@mhttcnetwork.org, serving states CT, ME, MA, NH, RI, VT. A decorative graphic of horizontal bars is on the right side of the slide.

We would welcome everyone to connect with the MHTTC in your region. So again, our network consists of ten regional centers and two national focus area centers. You can see on the slide here our two national focused area centers; the National American Indian and Alaska Native Center and then National Hispanic and Latino Center. These centers serve as national experts on the populations, and so if you have specific needs or requests or need for resources related to those two centers, please go ahead and check in with them. But if you're interested in training and TA resources in your specific state or region, then you'd want to connect to your regional center. So if you go to our website, here you'll be able to connect with your specific region based on the state or territory that you live in.

Next Virtual Learning Session

Thursday July 11, 2019 @ 3:00 EDT

Topic: Mental Health Screening

If you are willing to be a part of upcoming Virtual Learning Sessions on Screening (July 11th) or Funding (Aug 1st), please let us know!

*Want to share success and/or challenges you've had in this area? Let us know in the **chat box** and we will contact you!*



Our next virtual learning session will be Thursday July 11th, and the topic is Mental Health Screening, so please go ahead and be ready for that. If you're willing to be a part of one of our upcoming virtual learning sessions, please let us know. If you've had successes or challenges that you'd like to share, you can let us know that in the chat box today - say "hey, I've had some experience with this or that, I'd love to participate," put that in the chat box today and we'll contact you. I think the best, coolest part of these virtual learning sessions is going to be [your] examples from other states and territories and how they've been either having success or challenges. Sometimes it is really most beneficial to discuss the challenges, but we really want to hear from you.

Slide 6

Agenda

- Definitions
- Value of Early Intervention and Treatment
- Selecting Evidence-based Interventions
- Examples from the Field

So, I'm going to turn it over to our National Center for School Mental Health team and just wanted to warmly welcome you all to today's session.

Slide 7

What is Mental Health Early Intervention?

Strategies designed to address mental health concerns for students who have been identified through a systematic, equitable process as experiencing **mild distress or functional impairment, or being at risk for a given problem or concern.**

National School Mental Health Curriculum

So, jumping into our agenda items, because we have some fabulous presenters waiting to share some examples from the field. When we talk about mental health early intervention, we really want to be on the same page about the definition. And so, here we are thinking about the strategies designed to address the mental health concerns of students who have been identified through a systematic and equitable process. So, here is really an intentional process of identifying those youth evidencing mild stress and functional impairment or folks that may be at risk of developing a given concern down the line.

Value of Mental Health Early Intervention

- Mental health problems often first emerge at school
(Richardson, Morrisette, & Zucker, 2012)
- Early identification of problems prevents worsening of symptoms
- Early intervention promotes positive youth development



National School Mental Health Curriculum

We know that there is high value in investing in early mental health intervention, and we know that the reason is because most youth will present with a mental health condition before the age of 14, or at least 50%. And that, in the school, during the school day, and so we know it makes a lot of sense to begin intervening early before symptoms can become exacerbated by other stressors in the community or family life and preventing those problems from worsening over time. Additionally, we also know that early intervention promotes positive youth development, and so down the line, compared to those youth who do not access care for mental health concerns, youth that do are more likely to incur academic success, have strong interpersonal relationships, and report general well-being more positive than those peers that did not receive needed support.



What is Mental Health Treatment?

Strategies designed to address mental health concerns for students who are already experiencing **significant distress and functional impairment**.

National School Mental Health Curriculum

The slide features a vertical line separating the title from the definition. In the bottom right corner, there is a decorative graphic consisting of several horizontal bars of different colors (green, red, blue, brown, yellow, purple) stacked on top of each other, with some bars having a slight 3D effect.

Now, what are we talking about when we think about mental health treatment? The former, so early mental health intervention, we are thinking more about Tier 2, here we are speaking more about Tier 3. And so those services that are typically offered as individual and family therapy, but are more intensive and designed for those youth who are experiencing significant distress and functional impairment. And so those are difficulties that can be observed across, usually more than one setting, so perhaps school and home.

Value of Mental Health Treatment in Schools

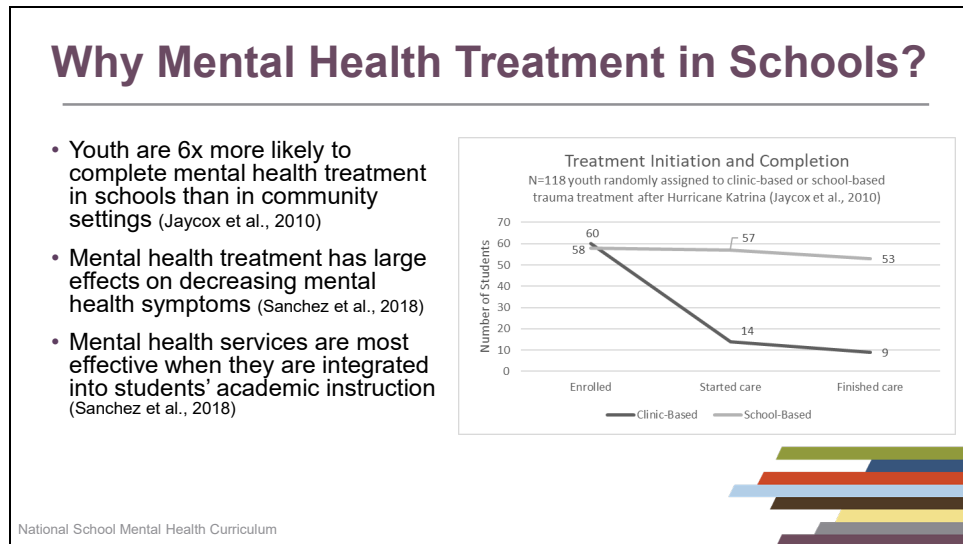
- Schools are accessible
- Most children who receive mental health treatment do so in schools
- Effectively reduces symptoms
- Treatment is most effective when integrated into students' academic instruction



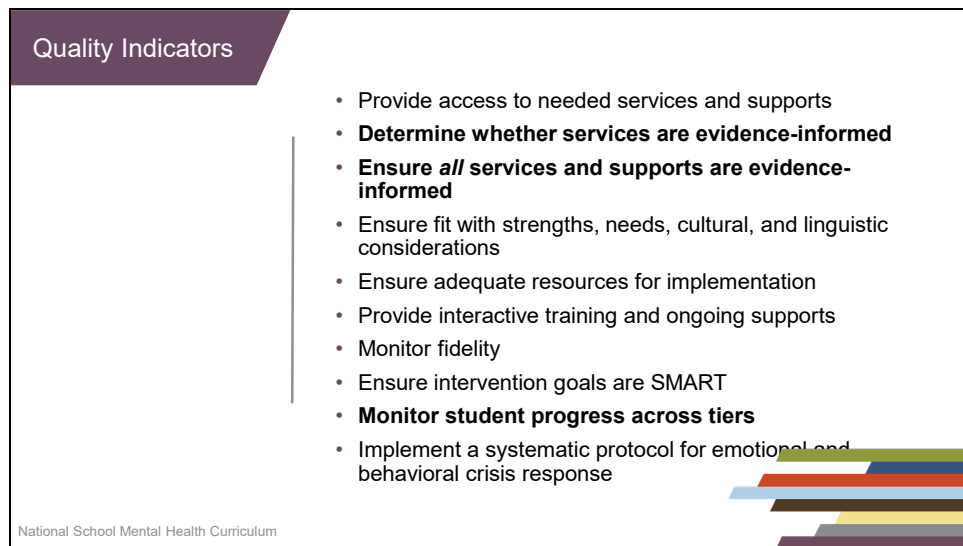
(Green et al., 2013; Rones & Hoagwood, 2000; Burns et al., 1995; Foster et al., 2005)

National School Mental Health Curriculum

And here we know that it's valuable to invest in mental health treatment in school, because they are accessible, that's where most kids are most of the week. We also know that of the youth who do receive mental health support, they actually receive them in school. And many research studies have consistently found that between 70 and 80% of youth access their mental health support within the school system. Most importantly, we know that treatment works, that it actually effectively reduces those mental health symptoms that are affecting youth functioning, and that when integrated into a school setting, in their natural setting where the youth are being seen not only by the provider but the educators that are supporting them in school that they do better overall. For instance, a provider that knows the teacher can help them enhance the capacities of the teacher supporting this youth in [the] classroom, as compared to a traditional outpatient where they may be limited to just doing the work within the office.



And why mental health treatment in schools? Well, a lot of research is showing us the benefits of being based in the system where the youth are most likely to be located. Youth in school, or being seen in school, are 6 times more likely to actually complete [evidence-based] treatment programs. So here you actually see a picture that demonstrates in an outpatient setting, where youth were enrolled, the majority of them actually dropped out by the end of treatment, so only 9 completed treatment. As compared to youth being seen in schools, 53% were able to complete treatment. Mental health treatment also has large effects on decreasing mental health symptoms as we've talked about, we know it works, and it's important to invest in it, both at Tier 2 and at Tier 3. And then mental health services again are most effective when they can be integrated into the daily lives of the youth that we are servicing. And knowing that most of us find ourselves working very closely with marginalized communities filled with very unique challenges, it is important that the providers have a good sense of the context in which youth are expected to function so that the services can be modified to appropriately address their unique and diverse needs.



Quality Indicators

- Provide access to needed services and supports
- **Determine whether services are evidence-informed**
- **Ensure *all* services and supports are evidence-informed**
- Ensure fit with strengths, needs, cultural, and linguistic considerations
- Ensure adequate resources for implementation
- Provide interactive training and ongoing supports
- Monitor fidelity
- Ensure intervention goals are SMART
- **Monitor student progress across tiers**
- Implement a systematic protocol for emotional and behavioral crisis response

National School Mental Health Curriculum

And so, we'll be digging a little bit deeper. This slide shows quality indicators that some may be familiar with and it is currently in our National School Mental Health Curriculum, but there are a number of different quality indicators associated with high quality mental health early intervention and mental health treatment. There are a number listed here, but we are really going to focus on just the few for this presentation. So, determining whether services are evidence-informed, ensuring all services and supports are evidence informed, and monitoring student progress across tiers. And I'm excited because we actually have a number of presenters who are going to dig a bit deeper and give us some examples from the field.

Quality Indicators

To what extent were mental health early intervention (Tier 2) services and supports **evidence-informed**?

- Evidence-informed
Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

National School Mental Health Curriculum

So, when we talk about this quality indicator, the extent to which mental health early intervention supports are evidence-informed, we are really thinking about those Tier 2 services and those supports that are actually evident in the research literature so, actually recognized on national registry and are supported by practice-based evidence or demonstrations of success in similar settings.

Early Intervention (Tier 2) Example

Brief Intervention for School Clinicians (BRISC)

- 4-session, flexible Tier 2 intervention for high school students
- Provides a structured, systematic way to identify treatment targets
- Based on skill building and problem solving
- Uses standardized assessment tools to monitor progress
- Designed to maximize efficiency for school mental health systems

*Developed by Drs. Elizabeth McCauley and Eric Bruns at the University of Washington
School Mental Health Assessment Research and Training (SMART) Center*

National School Mental Health Curriculum



This is just one example, and I won't go too deep into details, but essentially if you were to take a look at BRISC, you would find from the literature that it has demonstrated efficacy in school-based settings.

Quality Indicator

To what extent were mental health treatment (Tier 3) services and supports evidence-informed?

- Evidence-informed
Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

National School Mental Health Curriculum

The next quality indicator is focused more on Tier 3. So again, we are thinking about the quality of Tier 3 services and quality meaning those that have been supported by research as demonstrated through what you can find in a literature search or on national registries. And we'll show a bit more about the different resources you can access to determine the extent to which Tier 3 services in a district or in a state are actually evidence-informed.


Mental Health Treatment (Tier 3) Example

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- School-based, group and individual intervention to reduce symptoms related to post-traumatic stress disorder (PTSD), depression, and behavioral problems
- 10 group sessions, 1-3 individual sessions, 2 parent educational sessions and 1 teacher education session
- Has been used with students from 5th through 12th grade
- Developed in the 1990s and extensive research since 2000 has demonstrated its effectiveness and implementation feasibility

www.cbitsprogram.org

National School Mental Health Curriculum



Again, another example here, CBITS, as commonly referred to, is Cognitive Behavioral Intervention for Trauma in Schools. And this again is an intervention that was actually developed in the 90s, would have undergone consistent evaluation, and demonstrates effectiveness and implementation fidelity and feasibility in a school setting.


Quality Indicator

To what extent did your district/school **determine whether early intervention and treatment (Tiers 2 and 3) mental health services and supports are evidence-informed?**

Best Practices

- Create an intervention selection committee
- Develop a selection process and policy
- Use national evidence-based practice registries
- Review national evidence-based practices registries
- Review evidence of success

National School Mental Health Curriculum



And then one more before we get into some examples, to what extent does the district determine whether early intervention treatment and treatment services are evidence-informed? This gets more of a process of strategically evaluating and selecting evidence-based programs to support youth who are at risk of developing a mental health concern or youth who currently present with a diagnosable condition perhaps. One thing I would really want to highlight here is that it's important to create an intervention selection committee. While most folks are doing outstanding work, I think most would agree that they are very busy, and so until there is intentionality between bringing groups together for this purpose of strategically selecting evidence-based programs, it can be difficult to ensure that the process is strategic and equitable, so giving equal access to youth, especially those that are traditionally underserved.

Sources of Evidence

Resources

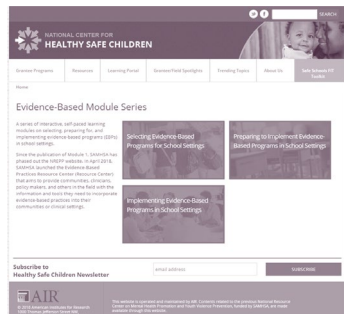
- Research literature
- Intervention developers
- Schools implementing the intervention or practice
- Evidence-based practice (EBP) registries

IES What Works Clearinghouse
<https://ies.ed.gov/ncee/wwc/>

Blueprints for Healthy Youth Development
<https://www.blueprintsprograms.org/about>

Model Programs Guide
<https://www.ojjdp.gov/mpg>

Society of Clinical Child & Adolescent Psychology
<https://effectivechildtherapy.org/therapies/>

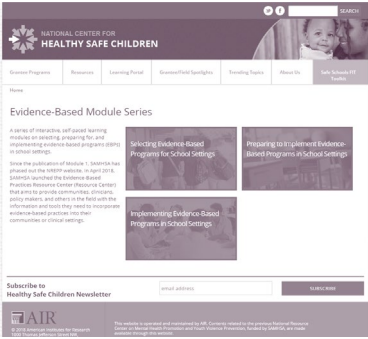


<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>

National School Mental Health Curriculum

So, sources of evidence, as have been mentioned: research literature. Simply looking up the interventions that are being proposed to a state or district can help to highlight whether or not the developed program is actually evidence-informed. Reaching out to intervention developers is another nice way to gain information about the usefulness and effectiveness of the program being offered. Reaching out to other schools, for example, [how] the intervention has worked in their setting is another way to get a sense of practice-based evidence, so how it works in other similar places. Additionally, there are various evidence-based registries; for instance, the Institute of Education Sciences (IES), What works, Clearinghouse, and many others.

Evidence-Based Module Series



<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>

National School Mental Health Curriculum

Resources

There's also training series that are available for free in the public domain and those can be accessed giving really specific instructions and guidance on selecting evidence-based Tier 2 and Tier 3 services and support.

Selecting Evidence-Based Programs


Resource from the National Resource Center for Mental Health Promotion and Youth Violence Prevention

- Presents framework for use when identifying/using EBPs
- Incorporates evidence-based practice registries
- Addresses implementation challenges and considerations
- Provides templates and examples




https://healthysafechildren.org/sites/default/files/Selecting_EBPs_Website_508

One more resource I'd like to highlight for you here comes out of the National Resource Center for Mental Health Promotion and Youth Violence Prevention and again more resources. Here specifically, there are some pamphlets and examples that states and districts can use to develop their own materials.




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Positive Behavior Interventions and Supports Across the Tiers



Bob Stevens, PhD
Co-Chair, Southeastern School Behavioral
Health Conference, University of South
Carolina
Past-President, SC-APBS
Investigator, Mid-South Clinical Data
Research Network, Vanderbilt University
Former Director of Student Services




Now it's my pleasure to invite one of our colleagues, Dr. Bob Stevens, to talk a little bit about positive behavioral interventions and support across the tiers. And I would just like to say, in the last VLS that we completed a few weeks ago, this was actually a request for folks to reach out and get more information about PBIS to support their Tier 1 implementation. So, Bob is going to give us a more expansive look at PBIS across the tiers.


Great, I get to go first. Fantastic. Can everyone hear me okay? I'm assuming, unless I hear different I can be heard.

Your sound is beautiful. Perfect.

Okay, great. I'm wearing the Madonna headset, so we are good to go. Obviously, I come out of PBIS, so I'm coming out of the school-based side, not the traditional mental health side. But I'm going to talk about some very practical ways in which we use PBIS to help inform us and give us some early interventions. I am really mostly a statistician, so much of what I am going to talk about comes from a data-perspective and I think that's critical. We understand that in PBIS there are three things that we must consider. We first look at the data, which helps us make decisions; we then look at our practices, and the practices are those things which we are doing with the students; and then finally, we look at the systems, and in PBIS this is sometimes the most difficult area. The systems are the things we do to support the adults into building to make sure we have fidelity of implementation.



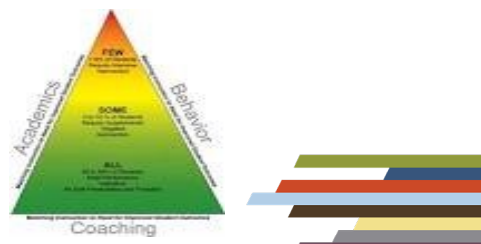
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Positive Behavioral Interventions and Supports at Tier 2 and Tier 3

- PBIS is a school-wide universal system that includes interventions across the Tiers.
 - Tier I (Universal) Schools sometimes don't think of Tier I activities or programs as an intervention
 - rewards
 - consequences
 - contracts
 - reflection exercises
 - restorative practices
- Informal Function of Behavior




We're all familiar, obviously with the PBIS triangle. Now, understand that PBIS starts out, usually, at Tier 1 (Universal) School programs, where we talk about school wide consequences, school wide acknowledgments and rewards. Within these things we often do contracts with students, we have reflective exercises, and in recent years of course we are doing a lot more restorative practices. The key here is that we identify our expectations for the students and then we teach the students what we want them to do. One of the great things that we can help to do and to inform us in early intervention, particularly in the areas of mental health is to really help our teachers understand function of behavior [and] motivation. And this is a huge problem, let me give you a classic example: You have Johnny in Miss Smith's classroom and it seems that about three times a week, at about 10 o'clock or mid-morning he is always ending up in the office and it is repeated over and over again and the school administrators pull their hair out when they see this. And I can promise you all the administrators on this phone call right now are shaking their head, "yeah, we have that." One of the things we need to do with our teachers, our universal tier folks, is to help them understand what function of behavior is. So, if Johnny is operating out of attention-getting behavior and it occurs every day at 10 o'clock, we needed to give him some attention at 9:30 so we can start shaping that behavior. Or if he is operating out of avoidance of work, because he is not a good reader, and this is the time the teacher is going to have the students reading, we need to find a way around that to help him work on his reading but not to have him avoid the reading. So, it's very, very important for us to teach our teachers how to look at some very basic, informal functioning of behavior or motivation of our students, it

will make them a much better, faster manager and it will really help us with Tier 2 interventions, which I am going to talk about in a minute. So, what we want our schools do, and this is critical, when teachers are keeping track of referrals, office referrals or discipline referrals or tracking when the students are not behaving appropriately in the classroom, we have to make sure that they not only do who, what, where, and when but they also give us an idea, based on training that we give them of why the student is doing it, what their motivation is.




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Positive Behavioral Interventions and Supports at Tier 2 and Tier 3


- Informal Function of Behavior
 - Understanding Chronic Misbehavior -Recognize that recurring misbehavior occurs for a reason, and take this into account when determining how to respond to misbehavior.
 - We can understand how to intervene most effectively with a student by identifying the function (or purpose) of their behavior
- Tier II (Targeted) Small Group / Targeted Interventions Categories
 - Social Skill Groups
 - Self-Management (including Check-in/check out (BEP)
 - Mentors
 - Peer tutoring / Peer Network
 - Academic support
- Tier III Individual Interventions Categories
 - Formal Functional Behavior Assessment (FBA) - Behavior Intervention Plan (BIP)
 - Cognitive Behavioral Therapy (CBT)
 - Multi Systemic Therapy (MST)
 - Sensory Tools/Therapy
 - Tele-psychiatry
 - Treating ACEs - Teaching conflict resolution and relationship skills




So, what I want to talk about is the idea that we, getting ready for Tier 2 intervention, we really do an informal function of behavior; we get some understanding of chronic misbehavior, we recognize the recurring behavior that a student might have and it occurs for a reason, and we can understand how to intervene most effectively. One of the great problems with Tier 2 interventions in a PBIS school is that we don't always match that intervention appropriately with the needs of the child. Now, at the Tier 2 level, we don't have the ability to do in-depth testing, so what we have to do is sort of informal matching of students with a specific type of Tier 2 intervention. By getting our teachers at the Tier 1 level, to keep track and provide that data of what the function of behavior is, then we can do a much better job matching with our Tier 2. In PBIS, Tim Lewis, at the University of Missouri, has done most of this work, and I'm going to give you some information at the end of this, and he classifies all these Tier 2 small group interventions in five categories: social skills group, self-management group such as check-in/check-out behavior education planning, mentor groups that would include things like [check] and connect, peer tutoring/peer networks, and then of course academic support kind of things, because in PBIS we are concerned about the academics as well as the behavior. So, what occurs is, we're able to look at these things and match up, once we have this data from Tier 1, we can match them up better with a Tier 2 intervention. And of course in Tier 3 we have these ones, we're all very familiar with that, I've done a lot of work myself with Multi Systemic Therapy, but you can see some of the things, obviously, that are most common.

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Social Skills Group <ul style="list-style-type: none"> Foundation in School-wide Character Ed. Relationship building <p>For student displaying the Behavior Function:</p> <ul style="list-style-type: none"> Obtain Items Avoid Peer Attention Obtain Adult Attention Also revenge or power struggle 	Self Management - Check-in Check-out <ul style="list-style-type: none"> Focus is on academic & social compliance Teach strategies to enter work /objectives to accomplish Agendas All staff must prompt/reinforce student use <p>For student displaying the Behavior Function:</p> <ul style="list-style-type: none"> Obtain Adult Attention Obtain Peer attention Use when not sure of function 	Mentoring – Check and Connect <ul style="list-style-type: none"> Focus on “connections” at school Not monitoring work Not to “nag” regarding behavior Staff volunteer – External volunteer Not in classroom No administrators Match student to volunteer 10-30 minutes min per week <p>For student displaying the Behavior Function:</p> <ul style="list-style-type: none"> Obtain Adult Attention Avoid Task or Activity Obtain Items 	Peer Tutoring/Network <ul style="list-style-type: none"> Tutors must be taught how to teach Tutors must be taught what to do if tutee does not comply Tutors must be given the option to drop out at any time without penalty <p>For student displaying the Behavior Function:</p> <ul style="list-style-type: none"> Peer Attention Avoid Adults Avoid Task or Activity 	Academic Support <p>Homework</p> <ul style="list-style-type: none"> If data indicate it doesn't come back, give up the battle and build support within the school day or after school <p>Remediation</p> <ul style="list-style-type: none"> Direct instruction in addition to the current curriculum Accommodation Within instruction <p>For student displaying the Behavior Function:</p> <ul style="list-style-type: none"> Avoid Task - Academic

Here we can see the kinds of things that we try to do in these five groups, for example, in a social skills group we are looking for foundation of school-wide character education and relationship building. Well, one of the neat things about this is if we have gotten from our Tier 1 classroom teacher the kinds of things that student are doing, the function of behavior, in this case in the left hand column, obtaining items, avoiding peer attention, obtaining or revenge or power struggle kinds of things, then we know if we have a student that has many of these kinds of motivations, this would be an appropriate group for them to deal with. So, here we have the five groups and I'm not going to go through each one, because we are a little behind, but you can see each of these areas we have sort of what we are trying to accomplish with this Tier 2 intervention from the PBIS perspective and then what behavior we see in a child that we're going to match to make sure the student gets into the appropriate group. So, this would be an informal, sort of a brief functional behavior assessment for matching students with a Tier 2 intervention. And when we get to Tier 3 interventions... [continued on next slide].




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PBIS Successes

- *Effective use of PBIS at Tier 2 and Tier 3*
 - Identify kids needing additional secondary/small group supports and interventions (referrals, teacher recommendations, low acknowledgements, etc. These are usually overt or externalized behaviors. At Risk Alert Systems)
 - PBIS does a good job catching externalizing but not so good with internalizing (Internalizing screening - to be discussed in a later session)
 - Data Informed Decision Making and Progress Monitoring Data
- *PBIS supports Tier 3 intervention*
 - Clarity and consistency of language from educators
 - Save clinician time by catching some students who do not need Tier III interventions (not saying that PBIS is a substitute for those who need clinical treatment.)
 - Provide clinician with meaningful data



[Continued from previous slide] ... Imagine if you are, imagine if you are the mental health counselor, the DMH person in that school and coming to you was a student that's getting a referral but with that student we have this data that comes and we say, "You know, what we are seeing in Johnny, is we get, from the classroom teacher, we're getting, we're seeing a lot of Tier, or excuse me, we're seeing a lot of attention-getting behavior on Fridays and on Mondays. Well gee, I wonder what that tells us about what may be occurring with that child on the weekends when he's home and he's not at school." Or if we have data like that, and we're able to provide that to Tier 3 intervention provider, imagine how helpful that that's going to be. Now, PBIS does a good job at catching externalizing behavior, not so good with internalizing, because we are data driven on what we see the children doing. So, the screening I think, is coming up at a later session, one down the road, I think the next one perhaps. The other thing we have to make sure we do is we really have to train our schools about decision making. And that's a critical, constant issue. Finally, to make sure that all of our folks are using the same language, PBIS calls for a common language. That sometimes means that our teachers, and our school administrators and our counselors in the school are going to have to share the language they use with the providers and perhaps maybe people coming from the outside and vice versa. It is critical that when I say "attention-getting behavior" or "avoidance of work behavior" when I say that, that everybody up the triangle, in Tier 2 and Tier 3, also understands that. So, we have to be very careful about making sure we're doing interventions that are using the same kind of definitions and same kind of language. But if we are, then we can give the clinician at the Tier 3 level some very meaningful data.

PBIS Resources

- *Missouri School-Wide Positive Behavior Support* <http://pbissmissouri.org/>
 - *Tier 1 Workbook*
 - *Tier 2 Workbook*
 - *Tier 3 Workbook*
- *Positive Behavioral Interventions and Supports: OSEP Technical Assistance Center* <https://www.pbis.org/school/school-mental-health/interconnected-systems>

And my time is just about to end here. We use – South Carolina, we are a small state, we have not developed our own PBIS workbooks, so we have adopted workbooks from other states. There are a number of states that you can look at: Florida has very good materials, Oregon has very good materials. We happen to like the Missouri materials, again most of this is published by Dr. Tim Lewis, and they have a Tier 1, a Tier 2, and a Tier 3 workbook for positive behavior supports. So you can absolutely, if you, you can see the address there, but if you just Google *Missouri School-Wide Positive Behavior Supports workbooks*, it will just pop right up. And then of course you can go to the PBIS website, school of mental health with interconnected systems framework, which talks somewhat about this. And I think, well, that may be the last slide and it is. So, I'm going to turn it over to Dr. Miranda. And very good, thank you so much.


**Dr. Francisco J.
Parga Miranda**



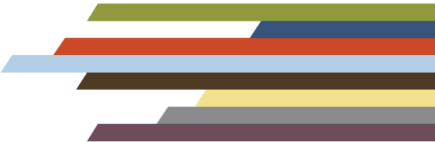
Psychologist
Project Manager, Hispanic and
Latino Mental Health Technology
Transfer Center (HL-MHTTC)

Dr. Stevens, thank you so much for going through PBIS with us just now. It was a beautiful summary. And we are going to move now to talking with Javier Parga and he is going to talk to us a little bit about the work that he does. Please continue to type comments into the chat box and we will make sure to get to those questions at the end of our talk today.

Hi everyone, good afternoon. My name is Javier Parga, I'm the project manager for the National Hispanic and Latino Mental Health Technology Transfer Center. I'm going to take a few minutes of your time to talk about the role of culture and I'm very glad I am following the previous presentation, because precisely you saw the use of evidence-based practices, the importance of using evidence-based practices.



Role of Culture for Providing School-Based Mental Health Services to Hispanic and Latino Children and Youth



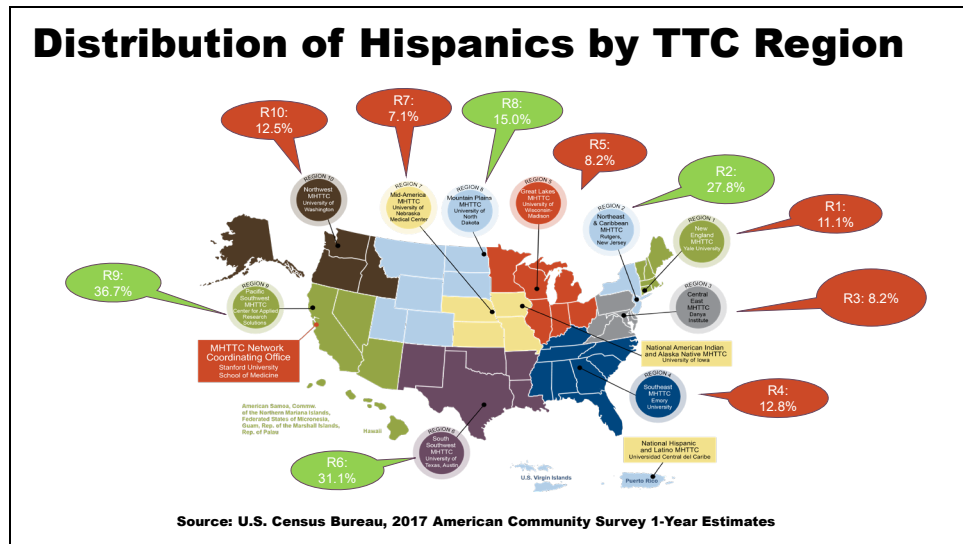
And talk to you without even mentioning, about exactly the same, but how it has to be taken into consideration the element of culture when providing school-based mental health services for Hispanic and Latino children and youth. What I am about to share with you is not exclusive of Hispanic and Latinos. It's a consideration you have to keep when you're working with any particular ethnic group that's receiving services, but in this case, I'm going to focus on this particular population segment.

Role of the National Hispanic and Latino MHTTC

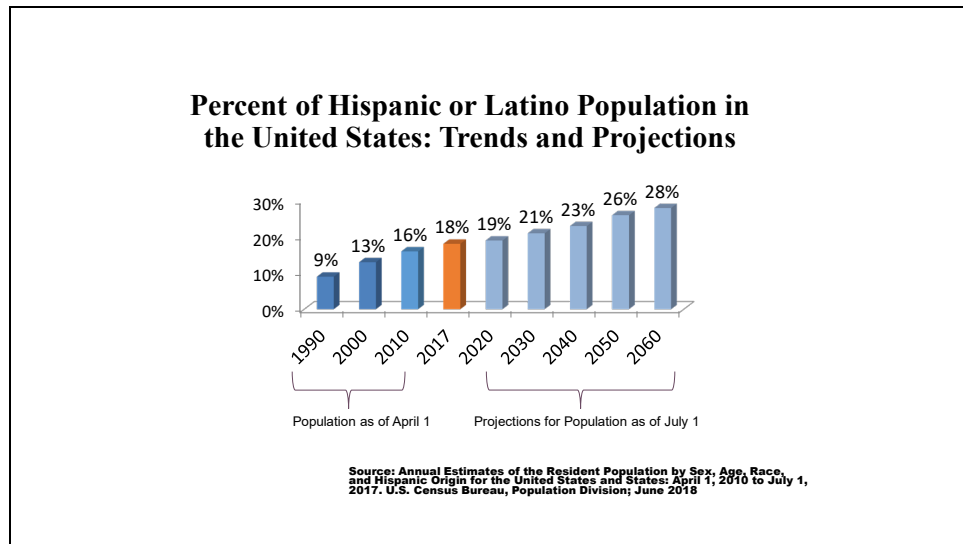
- ☐ Serve as a key subject matter expert and resource for workforce and community development across the U.S. and its territories to ensure:
 - ☐ High-quality services
 - ☐ Effective mental health treatment
 - ☐ Recovery support services
 - ☐ Evidence-based and promising practices (EBP/P-EBP)
- ☐ Help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



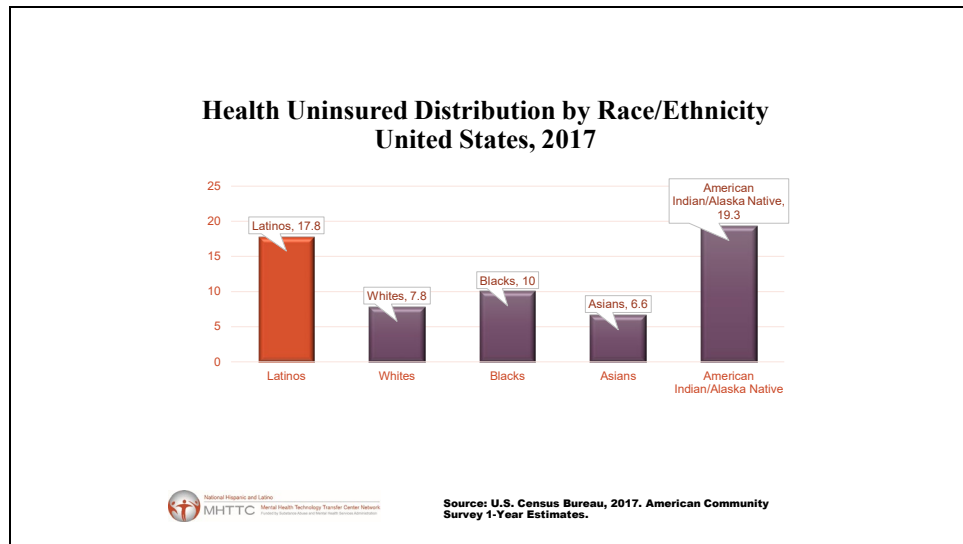
The National Hispanic and Latino Mental Health Technology Transfer Center is a key subject matter expert in resource, specifically directed at helping mental health providers providing more efficient, more effective services for Hispanic and Latinos in the United States. What we seek to do is reduce disparities among these populations through the use of the most effective mental health services possible.



As you can see from this map, there are Hispanic and Latinos in different proportions in all our regions. And one of the things I will ask you to do right now is to take a moment, look for your region, and check that proportion right there. There are four regions which we have identified in green, because those are the four regions in which there is the largest proportion of Hispanic and Latinos: Region 9, 8, 6, and 2. But we would love to work with any region that wants to present some of our trainings. What we do is we try to focus on how to adapt and how to be more effective in working with our particular populations.



There you are, thank you. Right now, Hispanic and Latinos in the United States represent about 19% of the population. If you look further in time, by 2050, Hispanic and Latinos will represent over a quarter of all U.S. population.



And right now, among Hispanic and Latinos, approximately 18% are not insured. And if those are not insured, their children are not insured either. So, there is difficulty in accessing adequate mental health services, and focusing on services for our populations is a critical intervention.

From 1996 to 2016, the number of Hispanic students enrolled in schools, colleges and universities in the United States doubled from 8.8 million to 17.9 million.

Hispanic students now make up 22.7 percent of all people enrolled in school.

Obtained from https://www.census.gov/newsroom/blogs/random-samplings/2017/08/school_enrollmentof.html

Through the previous 20 years, between 1996 and 2006, Hispanic and Latinos doubled in terms of their numbers enrolled in school colleges and universities from 8.8 million to almost 18 million and we make up today about 23% of all the people enrolled in school.

What is Cultural Responsiveness?

Cultural responsiveness is having an awareness of one's own cultural identity and views about difference, and the ability to learn and build on the varying cultural and community norms of students and their families.

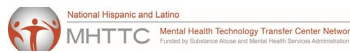


So, the first concept I would like to share with you today is called cultural responsiveness. Cultural responsiveness is being conscious of our own cultural identity and views. In particular, views about differences from other cultures. It is not about being aware of other cultures, but of ourselves. When we are aware of ourselves, we are also aware of our limitations, our likes and dislikes, who we work best with.

So, the first element we need to be aware of is how we feel about working with other cultures and how we feel with doing interventions with other cultures. Those of you that are psychologists and many mental health professionals are aware of how our feelings get in the way, whether it's in a positive way or negative way on how we provide services to others.

Cultural adaptation

- Cultural adaptation, defined as “the systematic modification of an evidence-based treatment (EBT) to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns meanings and values.”
- Incorporating elements of cultural adaptation for programs improves acceptability, recruitment of populations, and treatment retention (Harachi et al. 1997; Kumpfer et al. 2002; Takeuchi et al. 1995).



So, being aware of what we can provide when we talk about evidence-based practices, when we talk about interventions in general, it is very important that we consider the need for adaptations. I remember I shared with many of you that were in Maryland, the particular example of how many years ago in one of the Wechsler intelligence scales that we used in Puerto Rico, which was a scale that was only translated, it was not adapted. There was a particular drawing of a house with a chimney, and for many Hispanic and Latinos, that is a structure that is completely unknown, because down from Mexico we don't have many needs for chimneys. South of Texas we don't have any needs for those. So, children can get confused just looking at that picture when you are asking them to identify something that was missing in the picture. So, cultural adaptation implies that we take the time to, to take the evidence-based intervention and make it responsive to the point of view of the participant, to the cultural elements that set the mind-frame of how the participant is going to respond to what you are presenting to them.

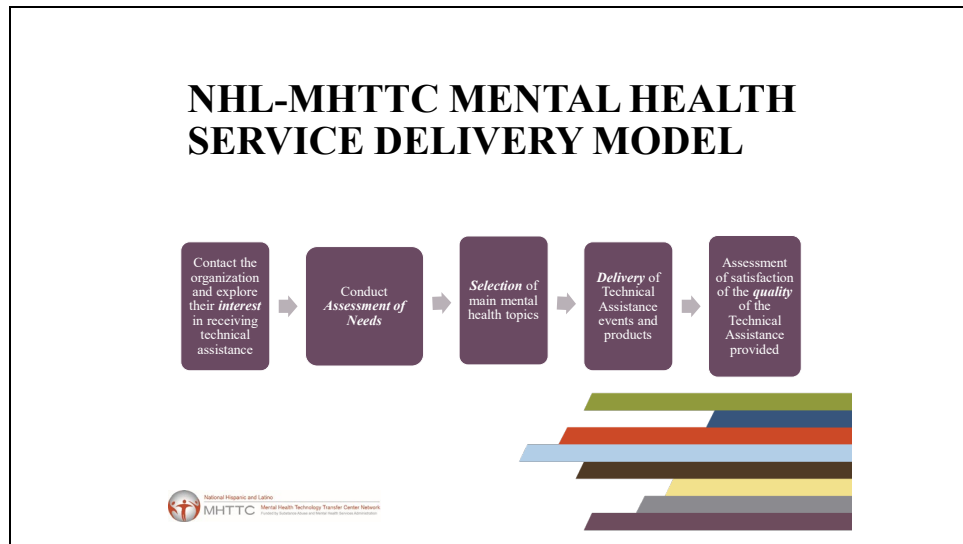
Adapting an intervention

- General factors to explore when considering adapting an intervention for use with diverse populations include:
 - (a) target population
 - (b) modifications to the original intervention
 - (c) the mechanisms of change.

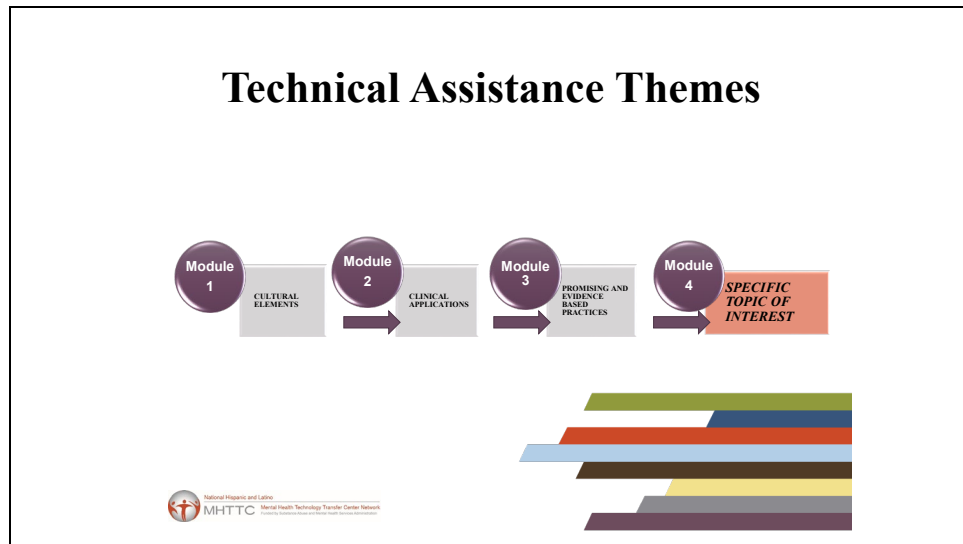


So, three things we need to keep in mind is who are we addressing, what is the population we want to work with, what are their needs, and very important, what is their history? Many Hispanics and Latinos come to the United States after having lived through very difficult moments of civil war, oppressive governments, narco-controlled regions, many are running away from gangs that are taking over their communities and after living through those experiences and not knowing what they will find in the United States, there are many times in which they will respond exactly as they were responding when they were in their country of origins - with fear, with confusion, with a lack of trust on the existing service structures. And even though it might be trying to provide services in the most honest way and the most human way, they may not be feeling comfortable with the services they are receiving, not because the service is inappropriate, but because they don't trust the structure, they don't trust the services. So, that's one main concern. The second is, what are we going to change? Just the fact that an intervention is translated in Spanish or is conducted in Spanish doesn't mean that it necessarily reflects the particular language of the area where the person comes from. Just as there are regional variations of English in the United States and a Southerner has an accent, the Northerner has another one, the ones in the middle states have another one. You will find that there are variants of Spanish, even within countries and even within regions in Hispanic and Latino countries, so we don't only have to think of a translation but we have to think on how the language reflects the language of the target population and the area where they come from. What does it mean, a word might have different meanings in different countries, including

offensive meanings. I've had the experience to visit another country and say a word and people would look at me funny. And it's because a word that, where I come from it is a regular, day-to-day common word, might have some other, even offensive meaning in the country where I'm visiting, so that's an issue that has to be, determine what am I going to modify. And, last but not least, in this part is how I am going to do that modification. What experts are going to look into the adaptation? How am I going to pilot that adaptation for the target population? Not all Hispanic and Latinos will react the same, depending on where they come from, their history, their background. So, it is very important that we adapt properly the intervention to make it adequate to the particular target population.



In our center, what we do is we begin by contacting the organizations that we are going to serve, we do an assessment of need, a very brief assessment of need, to determine what is the population we are going to serve. It is not the same serving a school with a majority of Mexican or Mexican-American children than a population of Cuban or Cuban-American children. Children that come from Nicaragua have a totally different experience than those that come from Costa Rica and they are neighboring countries. So, we try to figure out what the particular needs of the population that will be served is, to be able to better train the providers. We select the mental health topics that we are going to cover, deliver the intervention, and then we do an assessment that includes satisfaction and change in knowledge to determine if we were effective in what we were doing.



And there are three basic modules which we're using that complement the curricula, the national curricula, developed by the National Center for School Mental Health. The three modules are the ones, the first one is cultural elements in which we discuss how culture has an effect on mental health and how the history of each group has a, an effect on their mental health. Then the second module is the one on clinical applications, how to intervene considering the cultural elements. And last, but not least, we do training on promising and evidence-based practices that have proven effective when used with Hispanic and Latinos. Other than that, we also work developing some specific topics. We are working right now on a training about suicide among children and youth, prevention and management. We're going to develop another one on women, Latina women and Latina youth. So, we would love to work with all of you that might be interested in collaborating with us in any of these trainings.

Slide 39



Quality Indicator

To what extent did your district/school **monitor individual student progress** across tiers?

Best Practices


- Use multiple data sources and reporters
- Use validated assessment tool(s) or clearly-measured targets for individual progress/goal attainment
- Ensure that progress monitoring data is aligned with the purpose of the service or support the student is receiving
- Provide feedback to the student, family, and teacher

National School Mental Health Curriculum

That's it.


Dr. Parga, Thank you so much.

Thank you so much for your example and supplementing this conversation today. And I just want to highlight that trusting services can be a barrier to diverse communities accessing care, especially at the Tier 3 level as Dr. Parga suggested and again it goes back to some of the best practices around evidence-based, selection of evidence-based treatment. Programs bring together a diverse committee of members to help support selection of those programs, because diverse stake holders like the youth and families and educators themselves living in and working in those settings will have great suggestions about what works best for the population of interest. And so, now we are going to move into talking very quickly about another quality indicator which is focused on monitoring individual student progress. Dr. Stevens brought this up during his example and we want to highlight again here that it is important to not only rely on one source of data, but to involve many reporters in developing the highest quality support to monitor youth as they're exposed to Tier 2 services and moving up to Tier 3 as needed, but that should be supported by data.



Student Progress Monitoring and Feedback

- **Decide where to start** (e.g., one student group, several identified clinicians, one school, one type of support or service delivered)
- Identify individual student **goals**
- Identify a standardized or individualized **measure** to track progress
- Identify data collection **interval** (e.g., weekly, monthly, quarterly)
- **Collect data** from students, parents, and school staff (teachers, coaches, afterschool staff)
- **Discuss progress data** with the student, family, and teacher to decide when to continue or change services
- **Scale up** to larger groups of students, clinicians, or school staff




National School Mental Health Curriculum

And here we have some more helpful tips, which are available on the national curriculum, but I am going to move us to my colleague, Elizabeth Connor, who's going to talk a little bit about SHAPE and some other resources that are available to you.

SHAPE Screening and Assessment Library

Resources

- Searchable library of free or low-cost screening and assessment measures related to school mental health
- Filter by academic, school climate, or social, emotional, and behavioral focus area, assessment purpose, student age, language, reporter, and cost
- Two-page summaries are available for every measure with links directly to the measure and scoring information



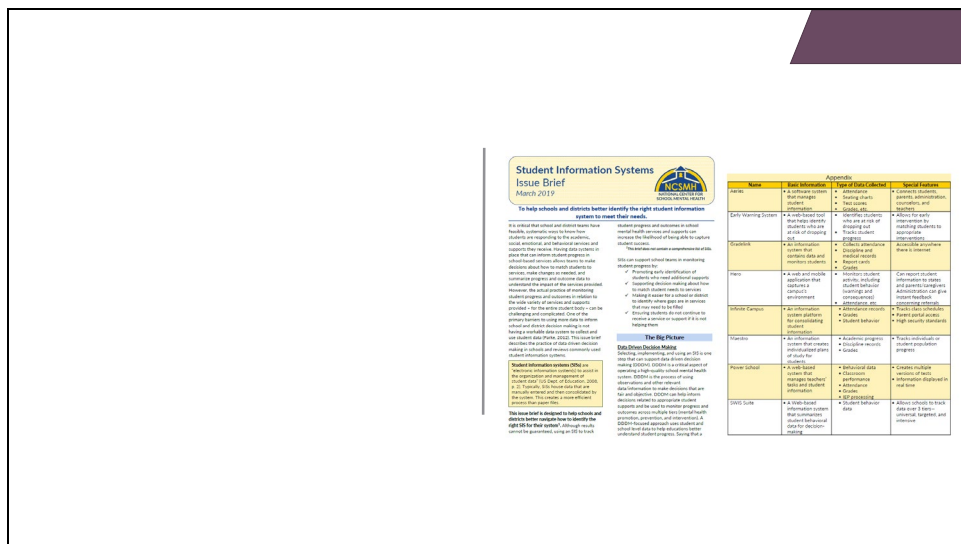
<https://theshapesystem.com/assessmentlibrary/>

National School Mental Health Curriculum

Thank you so much Brittany. Can you hear me okay?

You sound great.

Great, thank you. So, if you're not aware yet, we wanted to just make you aware of the screening and assessment library that's available in the SHAPE system to schools, districts, and states who have a SHAPE account. We've gotten a lot of questions over the years about screening and assessment tools that you can use for students and there's just so many different decision-making points when selecting a tool that may work for a particular student. So, we wanted to just remind you that this library is available for free online, if you're looking for a particular screening or assessment tools for youth in your schools or district.



So, we also wanted to highlight the Student Information Systems Data Brief. We know that we showed this to you at our two-day meeting and just wanted to highlight it again. This brief was developed by the National Center for School Mental Health in response, again, to numerous technical assistance requests from schools and districts to provide guidance about available student information systems. The U.S. Department of Education actually has a really nice and brief definition about Student Information Systems, which is that they are electronic systems to assist the organization and management of student data. So, the idea is that these information systems house data that are manually entered but then consolidated by the system, so this really is a leap ahead of using any paper files of course. There are many on the market, the majority that we know about are proprietary, unfortunately, but we've really done our best to dig into the literature and look [at] what is available in the market and provide some information here on this brief. I would like to invite those of you who are on Zoom right now and online, if there is a student information system that you're using that you like, could you please type it in the chat, because we often find that schools and districts want to know what other colleagues are using and it can be really helpful to reach out to others when you know it's being used by your colleagues. But this brief is really designed to help schools and districts better navigate and identify the best student information system for them.

Student Information Systems: Shared Learning

Please type in the chat box:

1. In your experience, what data point(s) have been especially important for schools and districts you work with to track student progress in mental health services and supports?
2. What student information system(s) are being used in your state?

Types of Data to Monitor:

- Attendance
- Grades
- Discipline referrals
- Test scores
- Student behaviors
- Campus environment surveys
- Student progress
- Medical information
- Personal information
- Other?

So, of course there is such a wide variety of data that you can monitor, and what you select to monitor and how you use it is a very individualized decision that is really driven by your goals and what kinds of services and supports you are looking to better understand. So, in addition to typing in your student information system in the chat, please also, if there is a data point that is especially important for schools and districts you work with to track student progress and mental health, put in the chat box what that data point was for you, because often we have to select from a list of many different types of data that we can monitor student progress and we have to make some careful decisions, because we do not have time or resources to collect all the things in the yellow box here. So just if you can type in what has been helpful to you, it would be nice to have a little dialogue about that in the chat box.

Student Information Systems Data Brief: Key Questions to Ask

1. How is the system accessed?
2. What kind of security does it have?
3. What is the cost?
4. What type of customer service does the company provide?

Program	Contact Information
Power School	(887) 873-1550 www.powerschool.com
Infinite Campus	(800) 850-2335 www.infinitecampus.com
Aeries	(888) 487-7555 www.aeries.com
Maxient	(434) 295-1748 www.maxient.com
Hero	(800) 396-1615 www.herok12.com
SWIS Suite	(855) 455-8194 www.pbisapps.org/applications/pages/SWIS-suite.aspx
Early Warning System	www.earlywarning-systems.org
Maestro	(954) 453-9705 unbouncepages.com/maestro-sis-software
Gradelink	(800) 742-3083 www.gradelink.com

I just wanted to highlight that there are a variety of different questions that the Student Information Systems brief will take you through as you're really understanding which one of these systems that we've reviewed could be the best fit for you. So, how is the system accessed, what kind of security does it have? It kind of takes you through secure layers, HIPAA, SHERPA, what's the cost and what's the type of customer service provided. If there's a data system that you love that's not included in the brief, please email us at [ncsmh@som.umaryland.edu] and we would love to include it in an updated version. So, that's all I had on student information systems, but please keep that information coming in the chat box about your student information system and data points that matter for you locally.



MHTTC Mental Health Technology Transfer Center Network
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Progress Monitoring Across Tiers



Sean Murphy - *Director of School Partnerships*
Emily S Marsh - *Director of Clinical Intervention Services*
Seneca Family of Agencies




Thank you, Dr. Elizabeth Connor for giving us that nice summary from the resources that are available to our participants. Now we have the pleasure of having Mr. Sean Murphy talk a little bit about Progress Monitoring across the Tiers. And actually he is going to mention just some of the different data source[s] that Elizabeth went through very quickly. Sean can you hear us okay?


Yeah, can you hear me?

Yes we can, take it away.

Great, thanks so much for having us and thanks for the presentation so far. My name is Sean Murphy, I'm director of school partnerships here with the Seneca Family of Agencies. Just a little bit of context, Seneca is a pretty broad reaching mental health, social service, and advocacy agency, and we're based out of Oakland but work all over the state of California as well as up in the Seattle, Tacoma region of Washington State. And Seneca works in a number of different treatment settings, including residential care, day treatment care, a number of community-based programs. But the program I work in is our Public School Partnerships, we partner with public district and charter schools really to rethink and to draw from our expertise as mental health providers in developing school wide systems for mental health supports. Often with a behavioral or social/emotional focus, but also working into academic and related services, like speech and occupational therapy often through the Office of Special Education and TSS. I

do want to note that Emily Marsh, our Director of Clinical Intervention Services was not able to join today, so I'll be doing my best to fill in her shoes. She has focused more on this Progress Monitoring work over the last year or two, but I'm going to catch up as best as I can.


**MHTTC** Mental Health Technology Transfer Center Network
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**NCSMH** NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH


Progress Monitoring Across the Tiers – Seneca Family of Agencies

- Participated in 2nd cohort of CSMH's COIIN (Quality + Sustainability)
- COIIN work focused on Data-Driven Decision-Making
 - Screening (Tier 1)
 - Progress monitoring (Tiers 2 and 3)
- Program-wide focus area continues to be on using data to drive service decisions across “strands” of intervention (academic, behavioral, social-emotional, and related services e.g. speech/OT)

One big piece worth mentioning is that a lot of our, really our thinking, and especially as we formalize [a real improvement] processes on our work on progress monitoring really stem from our participation in the second cohort of CSMH's COIIN, which is the Collaborative Improvement Innovation Network. We participated, I want to say two school years ago, really with an explicit focus internal to our program on data-driven decision-making. So, really thinking about how the tools that our service staff are using to collect, monitor data, set goals, are really driving their decisions about services [to the] students. And I really want to highlight too, that given our roles as school partners, our roles as community based school partners, just how important that data piece is in really forming, I think of data as really, just a really critical bridge building tool between service providers and staff at schools, multidisciplinary teams, in terms of building a real like shared language and objective evidence-base around talking about student goals, student needs and what services are appropriate. So, we really think about data driving our collaborative processes, especially from like a response and intervention standpoint and really driving our cycle review processes that incorporate multidisciplinary team with students, general ed. teachers, special ed. teachers, all support staff, admin. team, etc. Data to me really forms that kind of, like, core and really objective base about talking about student needs and appropriate services.



MHTTC Mental Health Technology Transfer Center Network
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Progress Monitoring Across the Tiers: Successes

- “Start small” → Pilot staff + PDSAs
- Ongoing guidance and accountability key to coaching staff in using data to drive decision-making
- Tier 2 (Social skills groups) Progress Monitoring: Focus on either identification (naming) or demonstration of skills
 - e.g. “Student will be able to identify two coping skills they can use when feeling anxious”
 - e.g. “Student will be able to name three strategies they can use when problem-solving with peers”
- Tier 3 Progress Monitoring: Behavioral focus on goals as means to facilitate shared dialogue/collaboration


So, really what I wanted to talk about today were some really practice-oriented successes and lessons learned, many of which derive from the COIIN participation, but also that we’ve used in the past couple years. I know Elizabeth and the COIIN team will be happy to see this “start small”, which has really formed a mantra for our just basis for change in terms of a program. We have a team of about 40 clinicians in our program spread out over 30 different schools. And so, the idea of, or just the task of implementing new tools, expectations, practices program wide can be really daunting. And especially when it comes to the data work and especially work around documentation or any kind of system or tool. The reality is documentation and data stuff for a lot of our staff is just not their favorite part of their job. And being really, really mindful about how we approach and frame the message and support staff in this work is absolutely critical. So, one big piece that we’ve carried out of the COIIN process and into a real approach for change, has been the idea of starting really teeny tiny small with any change ideas. In particular, I think that our Progress Monitoring work we’ve really keyed into the idea of having pilot staff, and we’re talking about 1 to 2 clinicians that, folks that are kind of excited about this work already, that are engaged in data or documentation [of] related initiatives, that have the sort of experience, skill set and capacity to be trying on new things, being comfortable in a situation of a bit of uncertainty and have the capacity to provide really thoughtful and critical feedback about new ideas. And one thing that’s been really helpful too, in terms of structuring those changes have been what we call PDSA cycles, something else that we took from the COIIN process; that stands for Plan, Do, Study and Act, and it’s essentially the idea of being really formal and

intentional about each new change idea that you introduce, essentially hypothesizing what change you anticipate to see from a new idea and then being thoughtful about, as you introduce new concepts what the result was and where to go from there. Another huge lesson learned for us was really that the real structure and support structure that was most effective in implementing these Progress Monitoring Tools, expectations and strategies was a structure of ongoing coaching and that really comes in two forms for us. One in terms of guidance and another in terms of accountability. So, introducing a new idea to staff and not checking 6 months later to see, “oh, how is it going to be used as [an additional support]?” but being really thoughtful and intentional about structuring regular check-ins and I really think of them as coaching sessions with staff. Because for a lot of folks, this idea of progress monitoring is really embedding data into the decision-making process. It’s really starting to change, really like the DNA of how they think about decisions and services for their students. So, having essentially, you know, meetings biweekly or every few weeks with staff to not just monitor and troubleshoot the actual tools they’re using, but really probe, [push] staff to think about, how are you incorporating what you’re seeing in the data into the way that you’re thinking about your services. And I just can’t speak highly enough to the importance of that time, it becomes a time intensive process, you end up sitting down with staff and really getting into the weeds of the work, but that’s really what we saw move the practice with those, were those ongoing coaching sessions. Really engaging with staff and that’s really where we saw change overtime, and again that starts with that “start small” piece, really build deep understanding and experience and really embedding value progress monitoring into work, where staff then become real champions and advocates for that way of thinking, but it takes that upfront effort and really that commitment and time, in terms of ongoing guidance and accountability. And then a couple just kind of more specific lessons learned in terms of tiers. So, we really looked hard at what kinds of goals we were looking at, really with a focus on Tier 2 and Tier 3 progress monitoring. And just a couple of lessons learned from our experiences over the last couple years. One is in terms of social skills groups, we really found initially when staff were engaging with kind of a newer practice of setting goals; I know we have very ambitious staff that think really broadly and expansively about what can get done an hour a week with students over a brief intervention cycle of 8-10 weeks, but we found that when staff were setting sort of like loftier, long-term goals that might [look] more appropriate in like an annual or bi-annual treatment plan, one they weren’t all that excited about what they’re seeing in terms of 8 weeks, but also two it is really hard to measure these goals given the short amount of time that you have with students. So, we really tried to boil our social skills group, our Tier 2 intervention goals down to, you know, what read as much

simpler goals in terms of identification, really explicit naming, or demonstration of social skills. So, for instance, students being able to identify, really explicitly identify two coping skills. And that might feel for a lot of our staff, at first it felt sort of low-bar, but we found it's really appropriate actually to the level of intervention and it gives you a really concrete measure to say, "you know, week one student has zero coping skills" and that makes sense that these students are coming in at that level. But by the end of the 8 weeks, if they can name, really explicitly identify these two skills, that is actually really critical and really significant [53:52 in ?] in terms of their development. For Tier 3 Progress Monitoring, I really think this speaks back to what I was talking about before in terms of data really forming this collaborative bridge. So, we had a clinician, I think, with this example; clinician with a student with an [IP] who's graduating from 8th grade and moving on to a high school setting, and the clinician wanted to use data to sort of reinforce her opinion that the student at the high school setting still required the high level of care that he was receiving in his 8th grade setting. And so rather than focus on some of the more social/emotional/ regulatory or coping skill goals that were embedded in that students treatment plan, the clinician actually took a much more behavioral focus and I think the real lesson learned here was that with this multidisciplinary team, a focus on behavior, and this instance it was really just like a rate of incidence of physical contact the student was having just on the playground I think or just maybe in the school setting in general really became something that the whole multidisciplinary team would latch onto [let's just say] over the 6 month period, but this was not a goal that was progressing as quickly as the team would have liked to see, really helped found that evidence-base for the student service decisions for their high school setting.



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Resources and Advice for States


- Investment in Intervention tracking/MTSS software (e.g. Apricot, Tableau)
 - Systems
 - Training


- Create “goal bank” for treatment planning – organized by tier, intervention type, short- vs. long-term, target area, etc.

- Invest in management staff’s time for follow-up coaching and support for pilot staff

Really quickly, just to say resources and advice. Elizabeth just gave a great pitch and it was like “invest in your time to decide what the right software tool is,” and one, it’s deciding what the right system is, but also accompanying it with the training it needs. It could be the perfect system, but if staff aren’t trained and again in that coaching setting, really ongoing training about what data you’re putting in but how, what are you getting back, how are you using it in your decision making is just absolutely critical. Secondly, I want to say, creating a goal [bank] has been a huge push for us in terms of really building this practice across the program. Having a really comprehensive set of examples organized by tier, intervention type, short and long term, target area, it’s just really improved the quality of the goals that we are seeing from staff, it gives staff a really important starting place instead of starting from a blank page; and they can say, “okay, here is an example of a social skills group goal that is addressed in the area of anxiety,” and they now have really great examples to start from. It just makes this, the barrier for [entry], barrier of resistance so much lower for staff as they are going into this work. And again, I can’t reiterate enough just the importance of really investing in management of staff’s time for that follow-up coaching and support for pilot and all staff. And that’s my whirlwind advice.

Thank you so much, Sean. It is clear that many of the things you said were actually very valuable, if you just take a look at the chat box and I just want to highlight and again appreciate you Sean for highlighting the importance of starting slow to go fast. Sometimes it takes getting into the weeds before making a very high quality and strategic system that can support students across tiers, again, specifically in very diverse populations. So, Sean thank you so much for bringing that out in your example.

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And now for our final example, the closer, as I've called her on our separate conversation, I want to introduce Dr. Anderson-Harder, who is going to give us an example from Emporia, Kansas.


Allison, can you hear us okay?

I can, thank you.

Wonderful. Thank you so much.




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Tracking and Progress Monitoring Across the Tiers (Emporia)


- Emporia utilized Powerschool disciplinary logs and disaggregated data (i.e. time out, ISS, OSS, ESI) to track progress
- Pros: Graphs provided "at a glance" of behavior interventions
- Cons: Inconsistencies among principals for logging



So we're also lucky to be in Cohort 1 and Cohort 2 for the COIIN grant and that really, we were just talking about this yesterday, really helped us look at data in a different way and helped us look at problems in a different way. And so we always knew that we needed to make those data-driven decisions, but this really helped emphasize that fact and really puts different supports in place that helped. So, we've been using Powerschool disciplinary logs and then using that to disaggregate the data and we've been looking at time out in school suspension, out of school suspension, as well as ESI reports to track progress and looking at how that aligned with Tiers 2 and 3. We are actually going to [Educlimber] next year, because Powerschool, we just couldn't get it to track data in the way we would like it to do that. And Educlimber we looked at a couple different programs and Educlimber seems to be able to do some things that maybe Powerschool could not, so we're going to start that in August of 2019. So, happy to report back on that at a later date, and hoping that that's going to work for us, because that will also help us with section [504] plans as well as IEPs and healthcare plans. So, the pros of when we were pulling out the data from Powerschool, we had graphs that provided "at a glance" behavior interventions. So, our teams and schools across Emporia and we are a smaller district and very small compared to the other school districts that the current grant has worked with. So, we have 6 elementary, 1 middle school, and 1 high school. And we had data walls and so people used those for academic, but then we tried to use those more for behavior. So, looking at how, because then when we look more at how we would use those within Tiers 2 and 3. So, looking at those graphs and thinking about some really specific behavior interventions and then the cons that we had were inconsistencies among principles of logging.

So, even though we are trying to calibrate what we would log for ISS or OSS which should seem pretty straight forward, we didn't always have the consistency that we wanted. So, that goes back to a training piece and that also goes back to an accountability piece. I would say that we've gotten better as the years have gone on but that has been something that we've had a challenge.

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Tracking and Progress Monitoring Across the Tiers: Successes


- *Increased understanding of trauma-sensitive practices*
- *Increased communication among staff and administrators*
- *Increased understanding for PD regarding safety for all
(i.e. assessment of risk and threat assessment)*
- *Increased mental health agency partnerships/services*
- *Increased utilization of school psychologists, counselors,
social workers*
- *Correlation of student behavior and tiers II and III*

So, when thinking about tracking and progress monitoring across tiers: successes, is that as an entire district we have increased our understanding of trauma-sensitive practices. So, that has been a focus over the last 2 years in particular, and I would say last year also. A challenge that we've had is that we also have some [pockets] of staff members that are treating all students with trauma-sensitive practices and so unfortunately have been reinforcing some behavior that, and maybe teaching some behavior that has gone against what we're wanting with the outcome. So, we're trying to find that balance and bring that pendulum back so that we are using trauma-sensitive practices as it is appropriate. And thinking about always looking at the best practices when we're thinking about social/emotional needs and behavior. We've had increased communication among 7 administrators. Something that came up recently through our negotiations was concern with teacher safety, so how do we balance discipline and what does punishment look like, because like I said when that pendulum swung a little too far, people were concerned that discipline meant punishment and they weren't really giving kids consequences for their behaviors. So, kind of doing that behavior modification 101 and balancing that with trauma sensitivity. So, we've had increased communication among staff and administrators talking about safety for everyone, students, staff, teachers as well as administrators, looking at what are some extra supports that we can put in place. We've had an increased understanding for professional development regarding safety of all. We've just had a training on Monday for assessment of risk and threat assessment, so that also ties in very closely with the social/emotional, because we have increased across the entire district school-

based mental health services. And then a lot, you know many times when looking at an assessment of risk or threat assessment we're also looking at some mental health needs as well so that partnership with our mental health agency has really increased, which goes on to the next bullet. Also increased utilization of school psychologists, counselors, and social workers. That has been a really big win, because understanding that we have skills among our staff that we can look at, how do we track the progress of students, how do we analyze the behavior. When we're looking at centralized programs what is that entry criteria, what is the exit criteria, because we want to look at that least restrictive environment and giving the kids the support that they need while also making sure that they are getting the independence and promoting that independence that they need. We also looked at the correlation of student behavior in Tiers 2 and Tiers 3. So, when we're pulling that student behavior and sometimes OSS reports are from extreme behaviors and so that ties pretty closely with Tiers 2 and 3. That has helped us with more small group and individualized counseling given from our school psychologists, counselors and social workers as well as helping us with getting referrals to our mental health agencies so that they can also provide some support and give information to parents about how they can support students. We were just working on a memorandum of [agreement] yesterday with our mental health agency and we were talking about, we do have a support in our district where we can have the student go, rather than go to out of school suspension, they can go to what's called a PASS program and they don't necessarily have to be a client of the mental health agency. Of course, we do that with parent support and permission. That is a nice open door to future mental health services. So, that has been a huge step in the right direction.



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Tracking and Progress Monitoring Across the Tiers: Suggestions

- *Open dialogue among staff to define behaviors for tiers II and III*
- *Create steps for communication among staff and administrators (i.e. safety, discipline vs. punishment)*
- *Expand partnership with mental health agencies (i.e. services, PD, communication)*
- *Increase communication with community (i.e. BOE study session on social emotional)*
- *Consider a program that better tracks tiered interventions, IEPs, Section 504 plans, threat assessment information*

And then as we continue to look at Tiers 2 and 3 and really look at behavior, how do we define that and how do we define that with mental health needs? We're really making a lot of progress and it's more difficult than the academic, but it helps our staff members understand how do we use what we know already with the academic, and then how do we use that with behavior and social/emotional. So, that comparison has helped people understand a little bit better. Thinking about what are some steps for communication among staff and administrators regarding safety, and then what is the difference between discipline vs. punishment. And thinking about consequences and behavioral modifications, that is something that we want to use and think about very carefully while we're balancing mental health needs of the students. We continue to expand our partnership with mental health agencies, thinking about services, professional and development. Last year, I believe we partnered with our mental health agency and brought in Tina Payne Bryson, and she shared some information that was definitely valuable professional development where we continue to look for opportunities to share some [costs], to bring people in, to bring some experts in, that will help give that training to staff that we need, as well as increasing the communication between mental health service providers and our staff. We also have been working on increasing our communication with the community. So, last year we did a Board of Education study session on social/emotional; they didn't really know what that meant and so our state education commissioner has been pushing social/emotional as well as some other pillars. So, that gave us some opportunity to talk with the board. We also had high school leaders and community members from psych counsels, so we invited them all and did small

group work. And so we gave them all different questions, gave them information and then had them work and talk through some of those pieces with social/emotional and that helped them have a much better understanding of what the social/emotional means as well as what the supports were in the schools. So, [then] they can go out and talk about that in the community.

Allison?

Sure?

I'm so sorry, I'm mindful of time and I'm so thankful to all of our presenters for being able to share these various valuable examples with us today. You will have the contact information of the presenters that helped us out during this conversation. So, please feel free to continue to type into the chat box or directly send emails to the presenters that you have questions for. I am going to wrap us up for this session.



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Resources and Advice for States

- Create steps for communication among staff and administrators (i.e. safety, discipline vs. punishment)
- Establish a team to conduct observations, specific interventions, and a consistent tool to track behavior
- Clearly define steps and data for referrals to centralized programs
- Expand partnership with mental health agencies (i.e. services, PD, communication)
Increase communication with community (i.e. BOE study session on social emotional)
Consider a program that better tracks tiered interventions, IEPs, Section 504 plans, threat assessment information (i.e. Educlimber - begins 2019-2020 school year)


Next Virtual Learning Session

Thursday July 11, 2019 @ 3:00 EDT


Topic: Mental Health Screening


If you are willing to be a part of upcoming Virtual Learning Sessions on Screening (July 11th) or Funding (Aug 1st), please let us know!

*Want to share success and/or challenges you've had in this area? Let us know in the **chat box** and we will contact you!*





There are resources that are going to be available to you through this slide deck. Again, the next Virtual Learning Session is scheduled for Thursday, July 11th at 3pm EDT and the topic is on mental health and screening. Again, if you want to be a part of our upcoming Virtual Learning Sessions, please let us know, they are scheduled for the 11th and August 1st and I did see in the chat box we want to hear from more districts. So, if you're a district out there and you heard this comment, please let us know that you are interested and want to support us through our next VLS.

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Thank you again for your participation today and please, please, please click on the link provided here to give us some feedback on how we can better assist you and your work at Tier 2 and Tier 3, but across supports and school mental health. Thank you so much for your time and have a wonderful day.

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