

From Co-located to Integrated: Partnering with Community Mental Health Organizations within an Interconnected Systems Framework

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Acronyms & Abbreviations

Acronym/Abbreviation	Meaning
CICO	Check-in/Check-Out
EBP	Evidence-Based Practice
ESSER	Elementary and Secondary School Emergency Relief
ISF	Interconnected Systems Framework
MHTTC	Mental Health Technology Transfer Center
MTSS	Multi-Tiered System of Supports
PBIS	Positive Behavioral Interventions and Supports
PD	Professional Development
SAIG	Social/Academic Instructional Group
SEB	Social Emotional Behavioral
SEL	Social Emotional Learning
SMH	School Mental Health
TFI	Tiered Fidelity Inventory
VDP	Vulnerable Decision Points

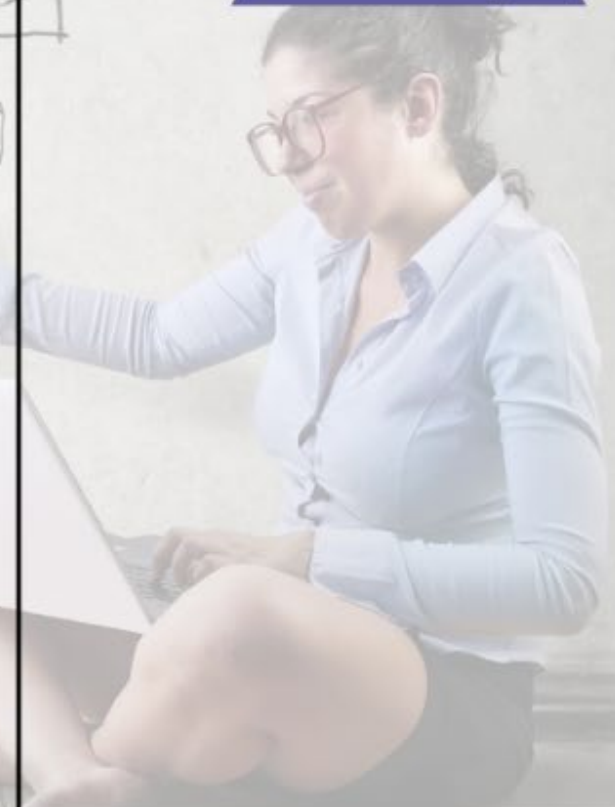


- Describe a Single System of Delivery
- Discuss and Share Examples of
 - Memorandum of Understanding (MOUs)
 - Role clarification
 - Confidentiality
 - Expanding and integrating team membership across all tiers
 - Selecting evidence-based practices and progress monitoring

What
SQUARED
with your
thinking?

What
questions
are still
circling?

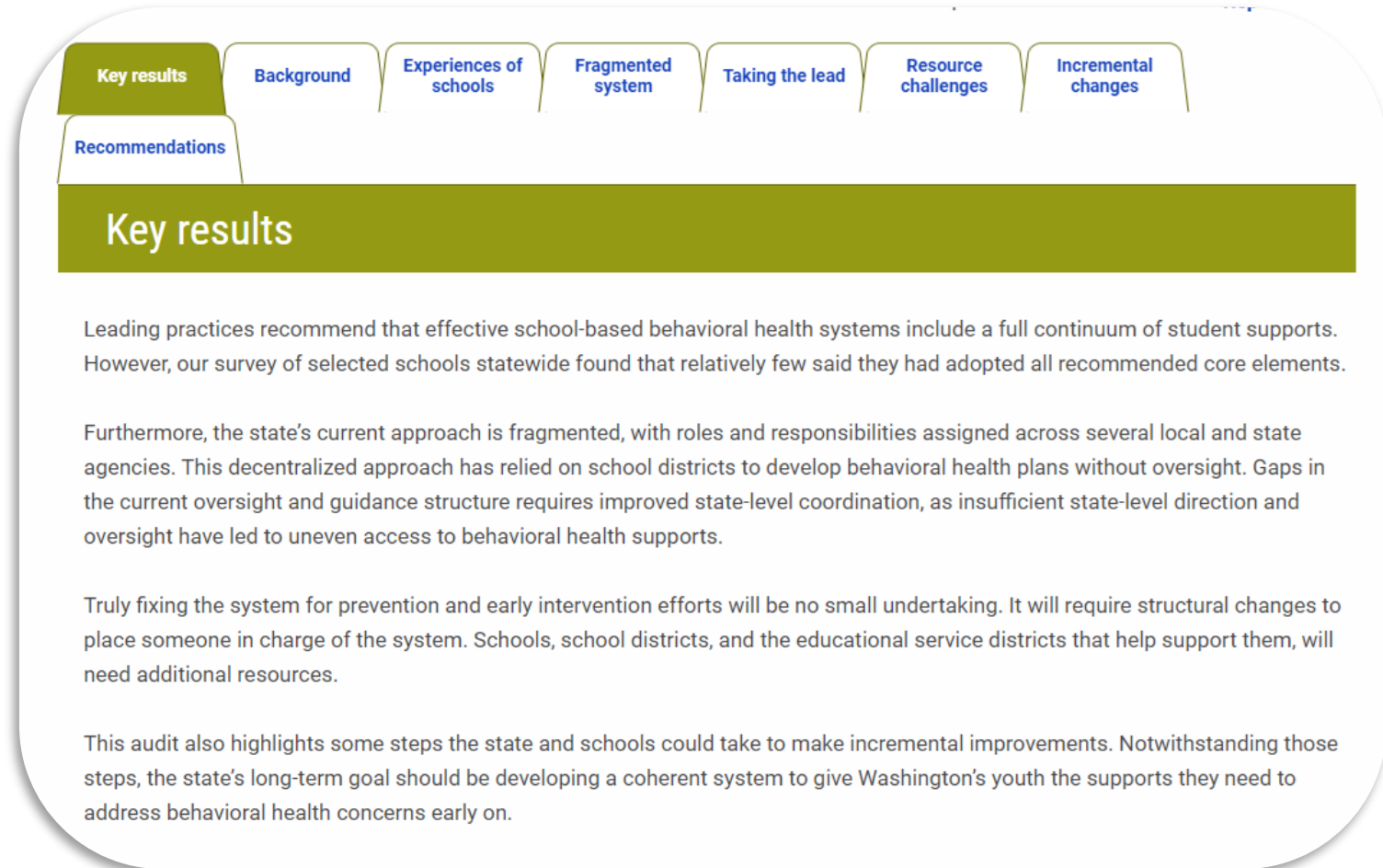
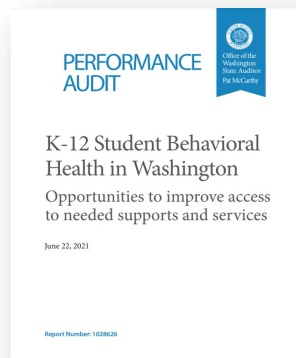
3
key
takeaways



Washington K-12 Student Behavioral Health Audit – *SYSTEMS ISSUE*

“Washington’s decentralized approach has relied on school districts to develop behavioral health plans without oversight.”

“Gaps in the current oversight and guidance structure require improved state-level coordination to help schools better identify and connect students to behavioral health supports.”



https://sao.wa.gov/performance_audit/k-12-student-behavioral-health-in-washington/

RCW 28A.320.127 Plan for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse. (1) Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse. The school district must annually provide the plan to all district staff.

(2) At a minimum the plan must address:

(a) Identification of training opportunities in recognition, screening, and referral that may be available for staff;

(b) How to use the expertise of district staff who have been trained in recognition, screening, and referral;

(c) How staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;

(d) Identification and development of partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services, including development of at least one memorandum of understanding between the district and such an entity in the community or region;

(e) Protocols and procedures for communication with parents and guardians, including the notification requirements under RCW 28A.320.160;

(f) How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;

(g) How the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;

(h) How staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services; and

(i) How the district will provide to certificated and classified staff the training on the obligation to report physical abuse or sexual misconduct required under RCW 28A.400.317.

(3) The plan under this section may be a separate plan or a component of another district plan or policy, such as the harassment, intimidation, and bullying prevention policy under RCW 28A.300.2851 or the comprehensive safe school plan required under RCW 28A.320.125.

[2016 c 48 § 1; 2013 c 197 § 4.]



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Just
Posted!

Model District Template: Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response.

W FOREFRONT
SUICIDE PREVENTION

SMART
"Student Mental Health Assessment & Response Training"
UNIVERSITY of WASHINGTON

 Washington Office of Superintendent of
PUBLIC INSTRUCTION

<https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/youth-suicide-prevention-intervention-postvention>



OSPI

Center for the Improvement
of Student Learning



Washington Integrated Student Supports Protocol

Essential Practices for Implementing Integrated Student Supports

Developed by the Center for the Improvement of Student Learning, OSPI

Andrea Cobb, Executive Director

Kelcey Schmitz, Program Supervisor

October 2017

WISSP Components

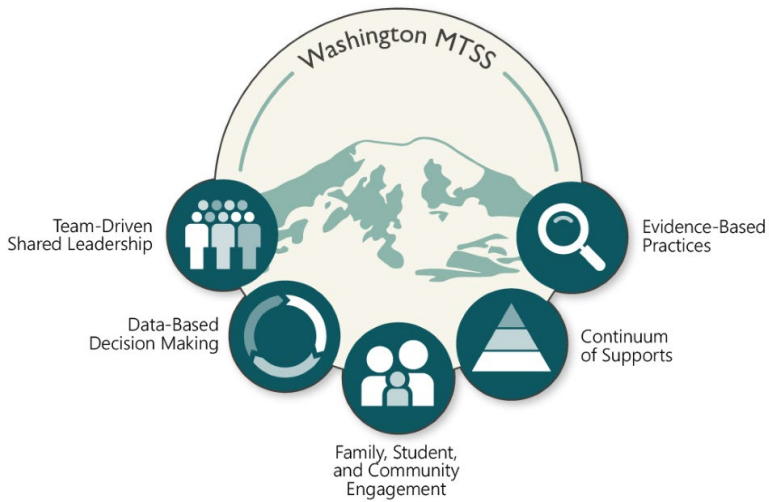
- Strengths and Needs Assessments
 - Student Level
 - Systems Level
- Community Partnerships
- Coordination of Supports
- Integration of Supports
- Data-Driven

<https://www.k12.wa.us/sites/default/files/public/cisl/iss/pubdocs/wissp.pdf>

MTSS is widely used. How can we enhance to fit mental health needs?



“MTSS is something to help organize the adults and their implementation of best practices within classrooms and schools. MTSS is not about organizing kids as much as it is about organizing what we do for and **WITH** kids and their families.” - Dr. George Sugai, Professor Emeritus, University of Connecticut



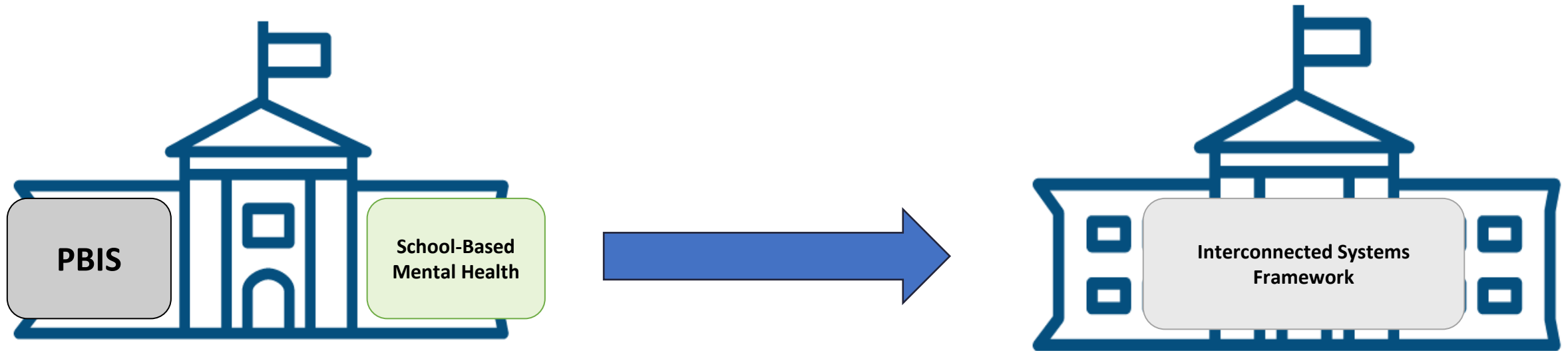
MTSS/PBIS is iterative, and we are expanding utilization through an interconnected systems framework approach.

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

https://www.k12.wa.us/sites/default/files/public/cisl/iss/pubdocs/WA%20MTSS%20Framework%20Publication_final.pdf

What if... ?

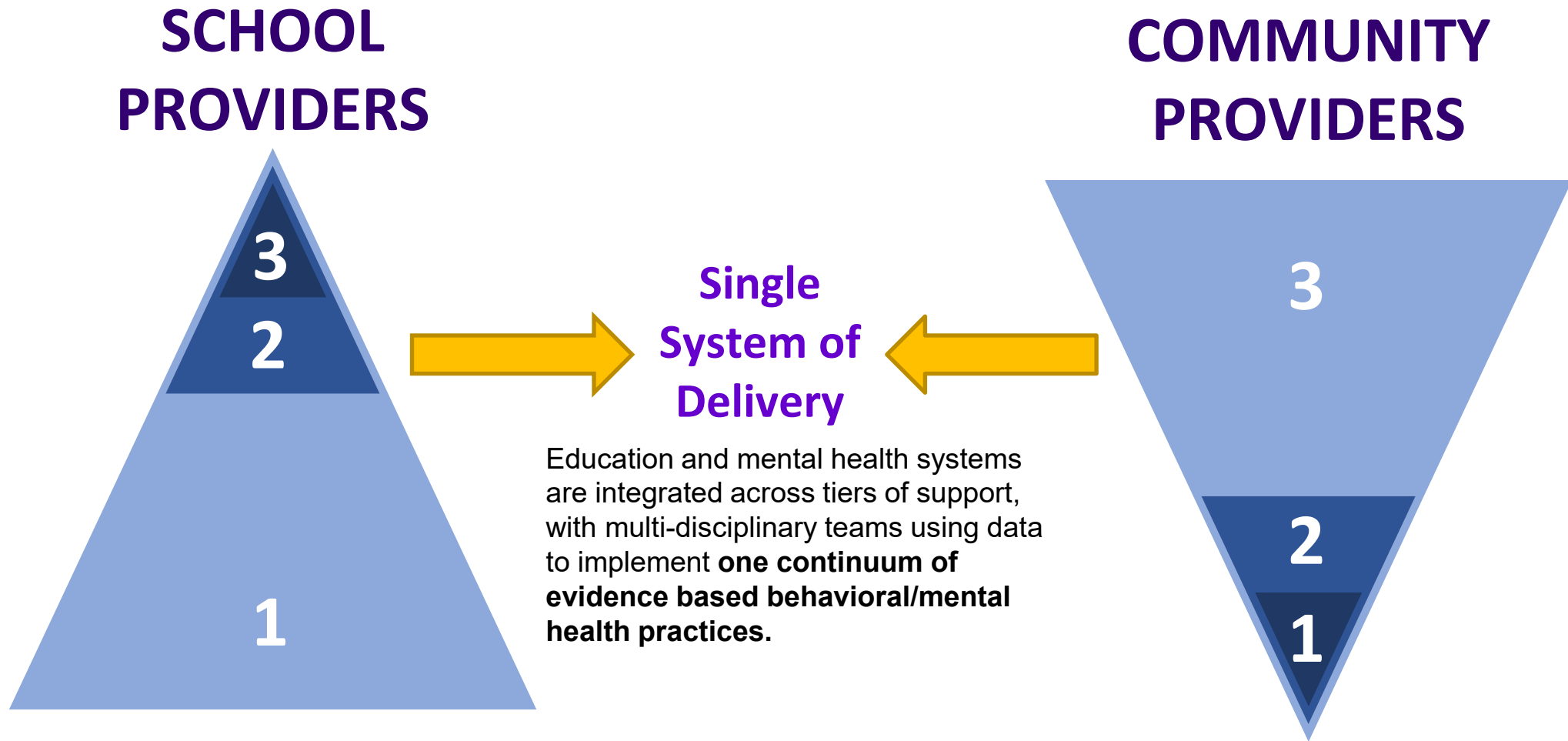
School Employed and Community Employed Staff use *community and school data* to assess the needs of young people in their school community and, *together as an integrated team*, select *evidence-based practices* that match specific needs.



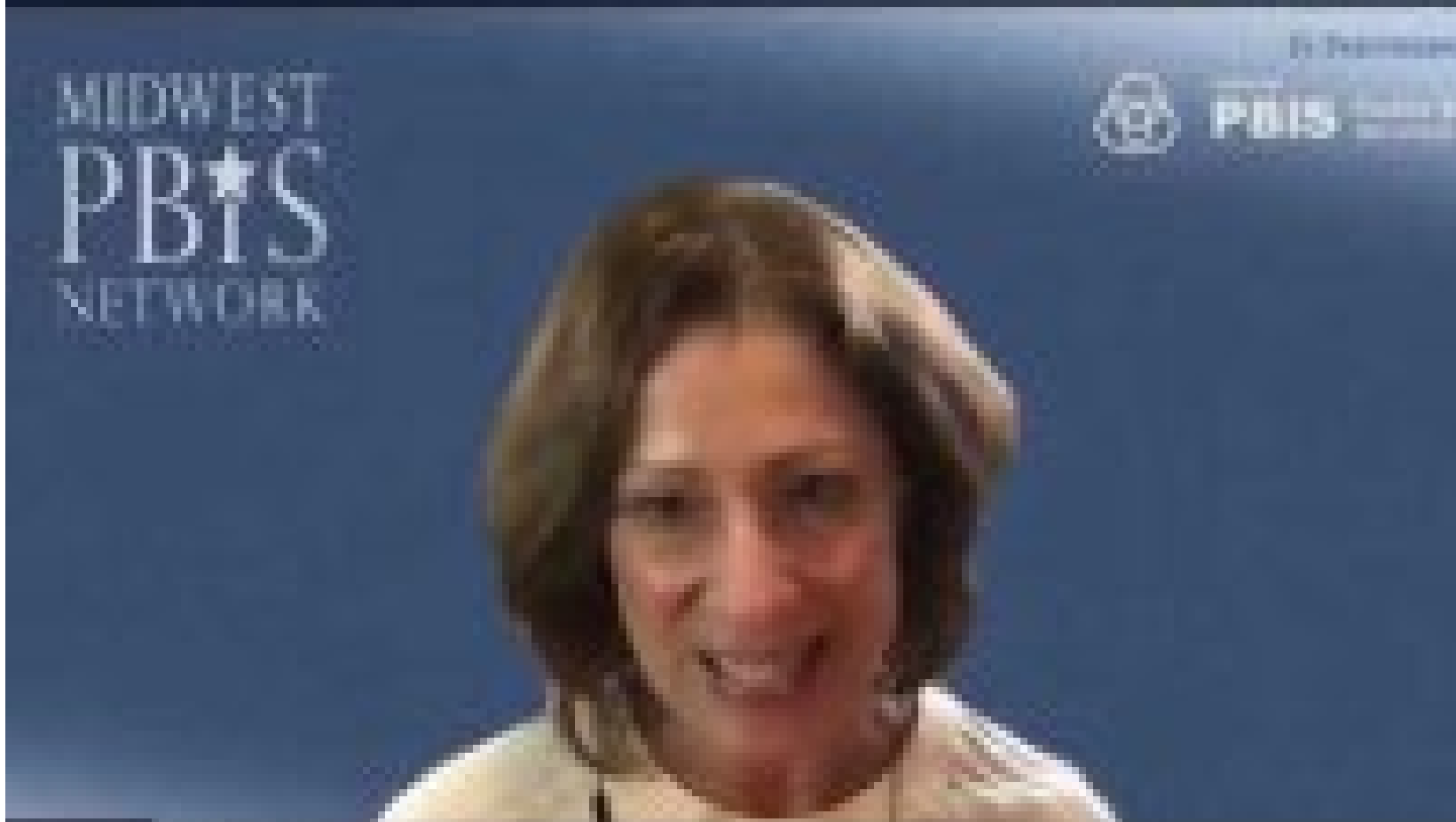
This means moving away from co-located model...

to a fully integrated system

From Co-Located to Integrated: A *Full MTSS Model* is more likely to happen when schools and communities are in partnership



From Co-located to Integrated



<https://youtu.be/34BMwfiGNY8>

Fully Integrated, Single System of Delivery

Integrated Multi-Tiered Systems of Support (I-MTSS): Whole School, Community, & Child

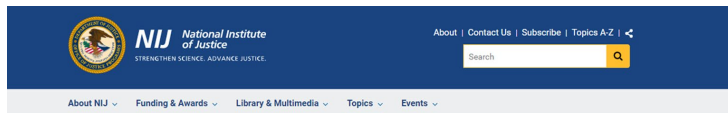


Comprehensive School Mental Health Multi-Tiered System of Support

Interconnected Systems Framework

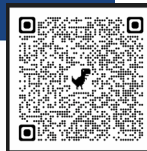


- Deliberate application of the multi-tiered PBIS Framework (WA MTSS) for all social-emotional-behavioral (SEB) interventions (*e.g. Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention, etc.*)
- Aligning all SEB related initiatives through one system at the state/regional, district and school level in which education and mental health systems are integrated across tiers of support.
- A clear plan is developed at the district for integrating mental health and other child serving organization services at all buildings based on school AND community data.
- Active participation of Family and Youth is a central feature of ISF.



Interconnecting Mental Health and Behavioral Support Improves School Safety, Study Says

Research affirms that access to interconnected resources will further improve school climate, student equity.



“For many schools, ISF offers a framework to actualize the goal of national scaling up of school mental health.” – Dr. Sharon Hoover, Co-Director, National Center for School Mental Health

Why Use the Interconnected Systems Framework to Address Mental Health in Schools?



INTERCONNECTED SYSTEMS FRAMEWORK



- 1 Identify students with social-emotional-behavioral needs **earlier**
- 2 Link students to **evidence-based interventions**
- 3 Use **data** to ensure students are receiving support to improve outcomes
- 4 Expand roles for clinicians to support school personnel and students at **every tier**
- 5 Create healthier school **environments**



KEY MESSAGES



Single System of Delivery



Access is Not Enough



Mental Health is for All



Multi-Tiered System of Support (MTSS) is Essential to Install Systems to Support School Mental Health (SMH)

ENHANCED MULTI-TIERED SYSTEM OF SUPPORT CORE FEATURES



Integrated Teams



Expanded Data-based Decision Making



Collaborative Selection & Implementation of Single Continuum of Interventions



Comprehensive Screening for Early Access



On-going Coaching

<https://www.pbis.org/mental-health-social-emotional-well-being>

Comparing traditional SMH and an Interconnected System

Traditional Siloed SMH Approach	Interconnected Systems within MTSS
Each school has their own plan with MH or other service agency.	A clear plan is developed at the district for integrating MH and other services at all buildings based on school AND community data.
A clinician is placed in a school one or more days to provide services to students.	Teams at all three tiers include a MH professional and teachers are aware of what students are working on to incorporate skill building as part of Tier 1.
School personnel work in isolation attempting to do school mental health alone.	A blended team of school and community providers work collaboratively.
No data are used or available to select or progress monitor interventions. Only data collected is number of students who access MH services.	Move from access to outcomes. Team process is used to select MH interventions and progress monitoring approach is applied to all interventions regardless of who is delivering the intervention.

Adapted from: Bradshaw, C. P., Williamson, S. K., Kendziora, K., Jones, W., & Cole, S. (2019). Multitiered Approaches to School-Based Mental Health, Wellness, and Trauma. *Keeping Students Safe and Helping Them Thrive: A Collaborative Handbook on School Safety, Mental Health, and Wellness*, 85

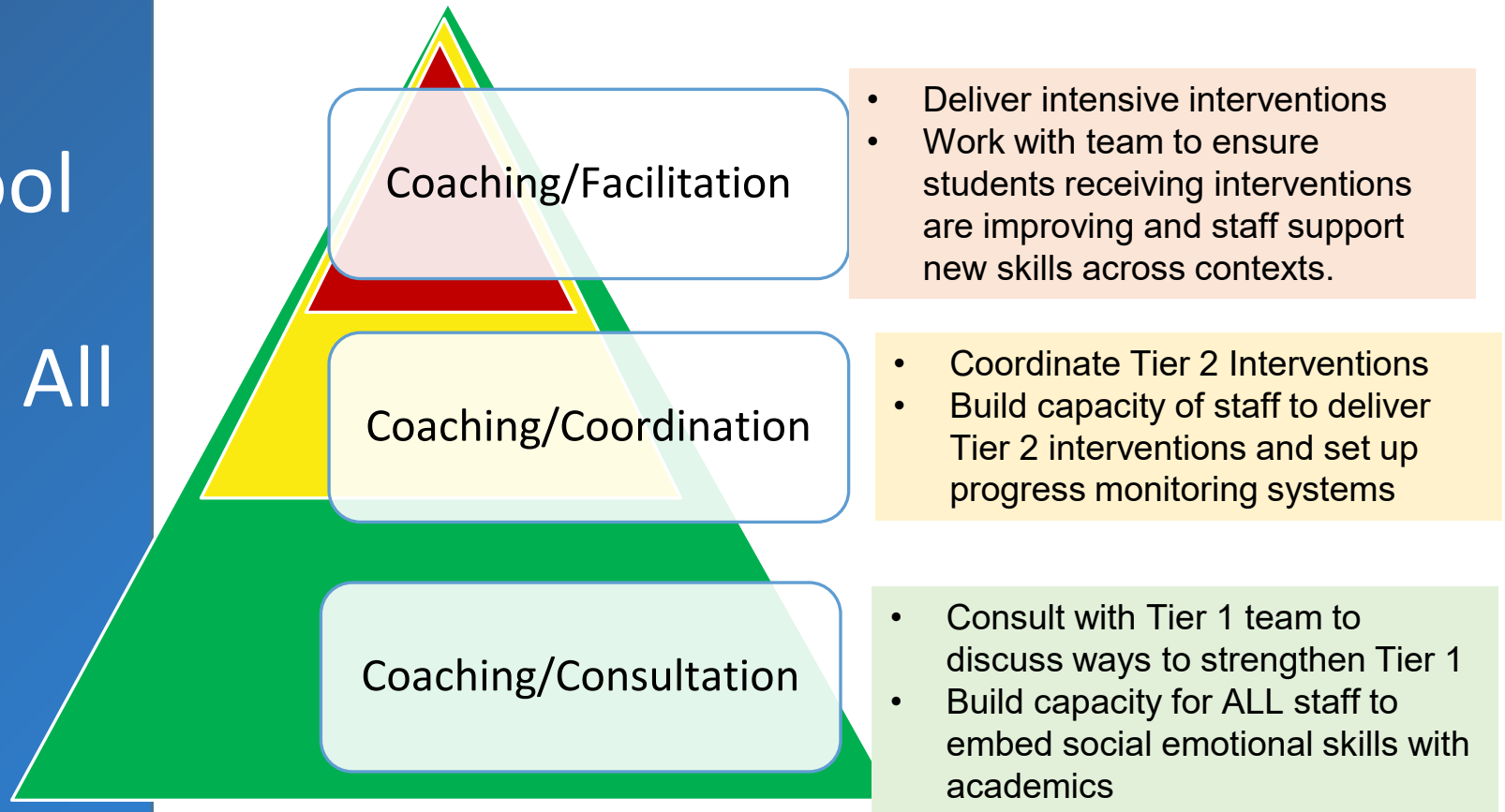
From Co-located to Integrated: *A deeper dive into some key differences*

Clinicians **no longer have separate meetings** to select and monitor interventions but instead engage with teachers and other school staff to select and monitor interventions through one set of teams.

The integrated system moves from a referral (which implies a 'hand off' of a student from one team to another) to a **request for assistance process**, further delineating decision-making through a single set of teams that include both agency and school staff.

All interventions, including individualized supports provided by clinicians, are specifically described to include dosage, frequency and the assessment process; progress monitoring, fidelity and outcome measures are agreed upon by teams before initiating interventions.

The Role of the School and Community-Employed Clinician at All Three Tiers



Changing Roles of Staff: Discussion Guides

Use Discussion Guide to talk about changing role of staff.

School Level:

https://docs.google.com/document/d/10T5F0cuRJr2r_WCavz31J9-pTH2YnvHQ/edit

District Level: https://assets-global.website-files.com/5d3725188825e071f1670246/5f9b04bd1bf04361cd78715f_E2-Combined%20Handouts.pdf

1d: Consider role changes for staff

Changing Roles of Staff: School Level Discussion Guide

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

** Please note for the purposes of this document the term "clinician" is meant to include: school based social workers, community based social workers, school psychologists, school counselors, etc.*

Building Level Leadership (Administrators, Coaches, etc.)		
Topic Focus	Guiding Question	
Readiness	Has the building leadership team confirmed that mental health is a priority for the school?	Additional partners to include in discussion: <ul style="list-style-type: none">District-level leadersSchool-Based leaders
	<ul style="list-style-type: none">What data or evidence supports this conclusion?Is the leadership team aware of mental health issues impacting academic achievement?	
	How would leadership describe the current role of the clinicians in the school?	
	<ul style="list-style-type: none">Does this align to how the clinicians would describe their own role(s)?As academic leaders, do the leadership team members also consider themselves to be Social Emotional Leaders?	

Conduct a staff utilization review

Changing Roles of Staff: District Level Discussion Guide

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** Please note for the purposes of this document the term "clinician" is meant to include: school employed social workers, school psychologists, counselors, and/or community employed clinicians, social workers, counselors, psychologists.*

District Level Leadership (Administrators, Coaches, etc.)		
Topic Focus	Guiding Questions	
Readiness	Has the leadership team confirmed that mental health is a priority for the district?	Additional partners to include in discussion: <ul style="list-style-type: none">District-level leadersSchool-Based leadersClinicians
	<ul style="list-style-type: none">What data or evidence supports this conclusion (i.e. in the strategic plan, budget, etc?)Is the leadership team aware of mental health issues impacting academic achievement?	
	How would leadership describe current the role of the clinicians in the district?	

Role of Community Providers on Teams



<https://www.youtube.com/watch?v=a2QmUWPTVFM>

Community Partners on Teams

“As a Community Partner it has been extremely useful to be a part of the DCLT and learn how school systems function. Systems, in general, are often complex, confusing and only understood to those who function within them. Having an equal seat at the table allows for an open dialog about how each system (behavioral health and education) can work together. This partnership then lends itself to how we can impact our shared end goal of supporting the overall wellbeing of the child. The opportunity to work together and build a system that will function effectively for each and every child is paramount for communities, families and youth.”

Andrea Peyton, MSW, CMHS

Program Director, Lutheran Community Services Northwest



Benefits of Integration

- Ensures community mental health providers feel valued and a part of the team
- Challenges traditional district system thinking and brings in new and innovative ideas
- Students receive comprehensive care through a single system of delivery



Andrea Peyton, MSW, CMHS

Program Director, Lutheran Community Services Northwest



MTSS Tiered Teams within an Interconnected System Framework (ISF)

Tier 1 Team

Team Members

Administrator, Tier 1 Coach,
Counselor/Social Worker, Staff,
ELL Staff, Nurse, Family,
K-5 Student Liaison,
Mental Health Partners,
Community Partner
(including After School Partners)

1-2 Meetings a Month

Team Roles

Facilitator
Note Taker/Timekeeper
Data Analyst: 1 School Based and 1
Community Based
Substitutes

(Change roles to allow all
members to have a role)

Materials

TIPS Meeting Agenda/Notes
Data Tracker
Action Plan
Family and Community
Communication Plan

Team Duties

Tier 1 Systems Team

-Builds and Maintains Tier 1 Systems
(Academic & Behavioral) based on

Tier 2 Team

Team Members

Administrator, Tier 2 Coach,
Counselor/Social Worker, Staff,
Intervention Educator,
Nurse (Intervention Team Only),
Family (Systems Team Only),
Mental Health Partners (Key Role)
Community Partner (Key Role)
ELL Staff (as needed)

Meet 1 time a month-Tier 2 System
&
Meet 1 time a month-Tier 2 Interv
Team

(can be more meetings
based on student needs)

Team Roles

Facilitator
Note Taker/Timekeeper
Data Analyst: 1 School Based
1 Community Based
Substitutes

(Change roles to allow all
members to have a role)

Materials

TIPS Meeting Agenda/Notes
Data Tracker & Intervention Tr
Teacher and Family
Communication Plan

Team Duties

Tier 1 Systems Team

-Builds and Maintains Tier 1 Systems
(Academic & Behavioral) based on
current data

-Analyzes **system-level** data for school
and community to include: Attendance
Data, Academic Data, Behavioral Data
(Behavioral Screeners, ODRs, Nurse
Visits), School Climate Surveys &
Community Data

-Focus on prevention and early
identification of student needs across
the school

-Creates School-Wide Action Plan for
areas of need

-Identify areas of need for Professional
Development

Tier 1 PLC Teams

-Analyzes academic and behavior data
across grade band

-Create grade band action plan based
on student needs

-Revise action plan based on progress
monitoring data

-Meetings: 1 time a month-Academic
1 time a month-Behavior

k (ISF)

TIPS Meeting Agenda/Notes
Data Tracker & Intervention Tracker
Teacher and Family
Communication Plan

Team Duties

Tier 2 Interventions Team

(Use Student Names)

-Analyzes student data and requests for
assistance (Attendance Data, Academic
Data, Behavioral Data-ODRs, Missed
Instruction Log)

-Using data, assigns and progress
monitors **groups of students** on Tier 2
Interventions

-Uses data decision rules for Tier 2 for
next steps

Tier 2 Systems Team

(No Student Names are Used)

-Maintains **fidelity** of implementation
and **effectiveness** of Tier 2 systems and
Interventions

-Reviews how many interventions are in
place, how many students are
supported through each intervention,
and how many of the students are
responding to interventions

-Creates data decision rules for Tier 2
Interventions

-Identify areas of need for Professional
Development

Materials

TIPS Meeting Agenda/Notes
Data Tracker & Intervention Tracker
Family Communication Plan

Team Duties

Tier 3 Interventions Team (SIT Team)

(Use Student Names)

- Analyzes student data (Attendance
Data, Academic Data, Behavioral Data-
ODRs, Missed Instruction Log)

- Using data, assigns and progress
monitors **individual** academic or
behavioral (FBA, BIP) interventions

-Uses data decision rules for Tier 3 for
next steps

Tier 3 Systems Team

(No Student Names are Used)

-Maintains **fidelity** of implementation
and **effectiveness** of Tier 3 systems and
Interventions

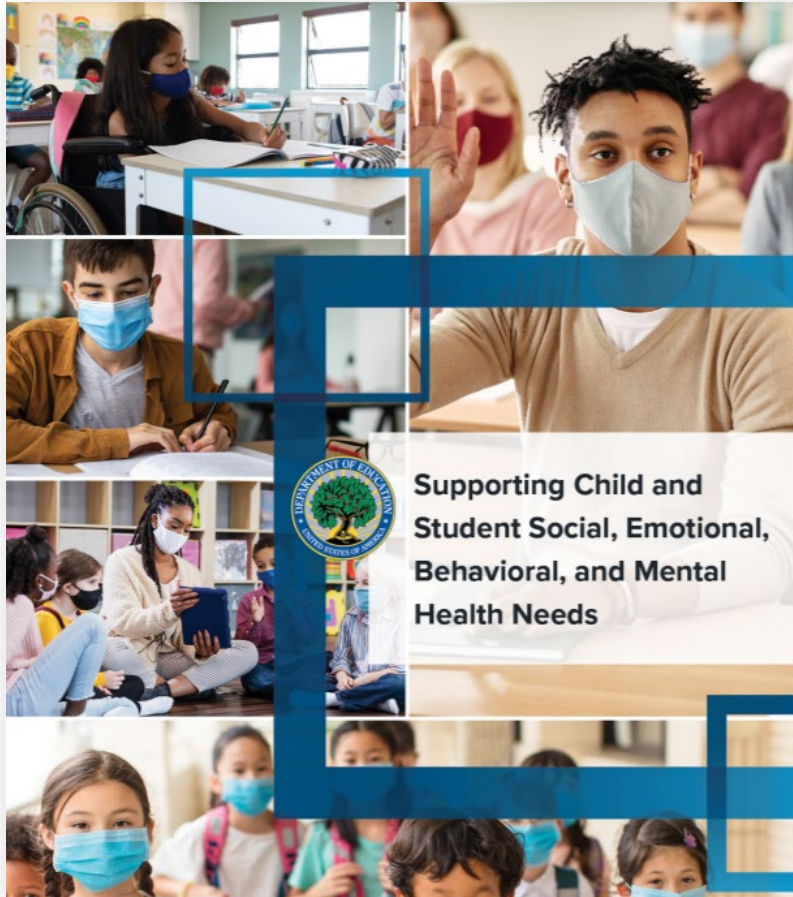
-Reviews how many interventions are in
place, how many students are supported
through each intervention, and how
many of the students are responding to
interventions

-Creates data decision rules for Tier 3
Interventions

-Identify areas of need for Professional
Development

GOAL of ALL TEAMS: Equal Voice and Equitable Implementation

New Resource from US Department of Education



<https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>



Challenges
1. Rising Mental Health Needs and Disparities Among Children and Student Groups
2. Perceived Stigma is a Barrier to Access
3. Ineffective Implementation of Practices
4. Fragmented Delivery Systems
5. Policy and Funding Gaps
6. Gaps in Professional Development and Support
7. Lack of Access to Usable Data to Guide Implementation Decisions

Recommendations
1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Implement Continuum of Evidence-Based Prevention Practices
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Leverage Policy and Funding
6. Enhance Workforce Capacity
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

**Appendix A: Implementation Examples
by Recommendation - pg. 53**



Equity has been a key focus of the Central School District's Pandemic response as we have worked to consistently include staff, family, and student voices that truly represent our community and work to support every single student. We are partnering with Western Oregon University to embed equity into every aspect of our professional learning".

— Jennifer Kubista
Superintendent



Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs



**Dr. Jennifer Kubista, Superintendent
Britta Centoni, Whole Child Coordinator
Central School District (Oregon)**

APPENDIX A. Implementation Examples by Recommendation (Page 53-54)



Mental Health For ALL: Strengthening Community Partnerships

"Using the Interconnected Systems Framework (ISF), the Central School District in Oregon has strengthened and relied upon its community partnerships to prioritize the social and emotional needs of students, staff, and families during the Pandemic..."

Polk County Role Clarification for Helping Professionals in Schools



How are we the same or different? (scope & roles)	Polk County School District SCHOOL COUNSELORS:	Polk County Family & Community Outreach SCHOOL BASED STAFF:	Polk County Behavioral Health THERAPISTS:
Individual's description:	School District Employee Masters Level	County employee, hired by FCO with school input Bachelor or Masters level	County Employee Masters Level Includes: Youth & Family Program Therapists & Crisis Team Therapists
How are services initiated?	Initiates support services at school, student or parent request per role.	Initiates services at school/parent/student request with written consent	Initiates services with youth/parent informed, written consent.
What is the professional's "scope of practice"?	Scope of practice includes school/college/career guidance; daily support of students including individual support, skill building, skills groups, prevention presentations, referrals to community services,, consultation with agencies and school staff, 504 case management; referrals to other educational services Conduct Level 1 Suicide Screening Protocol; participate in Level 1 and 2 Threat Assessments.	Scope of practice is daily support of students including individual support, skill building, skills groups, prevention presentations, referrals to community services, case management, consultation with agencies and school staff, training for school staff Assist schools with Level 1 Suicide Screening protocol and Level 1 and Level 2 threat assessments. Provide Flight Team response (immediate grief support) in aftermath of tragedies.	Scope of practice is direct clinical services for individual youth & family, case management & coordination of care with additional mental health driven needs including psychiatric medication management, higher levels of MH care, medical, DD, entitlements. Clinical management of care for Psychiatric Hospitalization, Psy. Res or Day Treatment for all OHP, and all DHS Children from Polk Co. in statewide placements.

Central Community's Multi-tiered System of Supports (High School)



School or teacher decision mapping

	Tier 1 – School-wide: All Students	Tier 2 – Some Students	Tier 3 – Few Students
Mental Health	Central Health and Wellness Centered Tiered Services <ul style="list-style-type: none"> Health Promotion and Prevention Education Screening: <ul style="list-style-type: none"> Substance Abuse Screening (CRAFT screening tool) Screenings may also be done at the initial visit if they come in for a special reason Health Education Curriculum Advisory Social Emotional Learning Education 	Polk County School-Based Mental Health <ul style="list-style-type: none"> Skills training and groups Identify resources Therapeutic interventions Central Health and Wellness Center <ul style="list-style-type: none"> Follow-up screening based on substance abuse (CRAFT) screening results: Depression screening (PHQ9), Anxiety screening (GAD), Alcohol screening (AUDIT) , Drug Screening (DAST) 	Central Health and Wellness Center <ul style="list-style-type: none"> Nurse Practitioner addresses or refers to addiction counseling or Polk County Behavioral Health Polk County Behavioral Health <ul style="list-style-type: none"> Family, individual or group therapy EASA – early assessment and treatment for psychosis Crisis intervention / mobile response Intensive children's services – care coordination Suicide prevention Wraparound program – intensive coordination Psychiatric medication evaluation and services
Physical Health	Central High School/District <ul style="list-style-type: none"> Assure or provide required vision/hearing screenings Health Education Curriculum Advisory Social Emotional Learning Education Central Health and Wellness Center Tiered Services <ul style="list-style-type: none"> Oral Health Visual Inspection, Education, and Counseling Well-Child Exam and Immunizations ACEs and Resilience Screening 	Central Health and Wellness Center <ul style="list-style-type: none"> Evaluation and treatment of non-urgent, acute, and chronic conditions Follow-up screening based on CRAFT results: PHQ9 (Depression), GAD (Anxiety), AUDIT (Alcohol), DAST (Drug) 	Central High School/District <ul style="list-style-type: none"> School nurse, Occupational Therapy, Physical Therapy Central Health and Wellness Center <ul style="list-style-type: none"> Evaluation and treatment of acute, and chronic conditions Prescriptions Referrals to specialty providers
Behavior	Central High School <ul style="list-style-type: none"> Health Education Curriculum Advisory Social Emotional Learning Education School-wide Trauma Informed/Whole Child Approaches <ul style="list-style-type: none"> Brain Science Greeting at door Community Building POWER matrix/expectations Restorative Justice Circles 	Central High School <ul style="list-style-type: none"> (Referral) Care Team identify potential issues and address or refer (Referral) Student Services Team to assess for higher level services (Referral) Wellness Room - Resilience Skills 9th on track Central Health and Wellness Center <ul style="list-style-type: none"> Refer to Care Team and/or Wellness Center Services 	Central High School <ul style="list-style-type: none"> Seek assistance from Central Service Integration (Polk County SIT) Referral to additional outside resources Follow school district protocol for discipline, or 504 or IEP support Central Health and Wellness Center <ul style="list-style-type: none"> Provide mental/behavioral health services or refer
Attendance	2020-21 Attendance Interventions <ul style="list-style-type: none"> Health Education Curriculum Advisory Social Emotional Learning Education Atten Team monitor for drop below 95% and/or patterned skips Importance of Attendance Letter and PSP Postcards School wide interventions Attendance campaign across partners 	2020-21 Attendance Interventions <ul style="list-style-type: none"> If attendance drops below 90%, academics and behavior will also be evaluated <ul style="list-style-type: none"> Referral to Care Team Teacher connection Nudge letter Student think sheet Call home Home visit Check in/check out Conference with guardian 	2020-21 Attendance Interventions <ul style="list-style-type: none"> Possible referral to Student Services Team (SST) <ul style="list-style-type: none"> SST will use targeted interventions and data to determine possible referral for higher level services Truancy Conversations with Polk Co/MH/SIT as appropriate Warning Meeting with Barlow Follow school district protocol for discipline, or 504 or IEP support
2018-19 Care Team Menu of Interventions		<ul style="list-style-type: none"> Can be referred by any staff member or if attendance drops below 90%, academics and behavior will also be evaluated Student data evaluated Mentoring After school enrichment SE Group Sessions Check in/check out Academic Scaffolding Behavioral contract or support plan Conference with guardian Phone call to guardian/parent think sheet Referral to Care Team Attendance Team Monitoring 	<ul style="list-style-type: none"> Student Services Team will use targeted interventions and data to determine higher-level services Refer to Central Health and Wellness Center, Polk County Mental Health, or Service Integration Team as appropriate Intensive Interventions



District Equity Team

Superintendent & Admin

Central Community Partners

Elementary SEL TEam

DSFI TEAM

Handle With Care Team

Suicide Prevention Planning Team

District PBIS Team

District SEL/Mental Health/Behavior Team

District Admin, Whole Child, ISF Coaches

District Admin & Whole Child

Whole Child & Building Admin

Student Services Mental Health Planning

Student Services Program Asst. & Admin

CDL SEL/Mental Health Subcommittee

Current Teams (Great work being done)

Central Whole Child Framework

**Whole
Child/Whole
System Support**
3-Tiered Continuum of culturally
relevant, evidence-based
interventions

**Staff
Development**
(Supporting culturally knowledgeable
staff behavior, staff wellness, training,
coaching, and content expertise)

**Identifying
Student Needs**
(Gathering and evaluating formal
and informal student data for
decision-making)



**ISF-District
Community
Leadership
Team**

District Team Structures

Central Whole Child Framework

Whole Child/Whole System Support

3-tiered continuum of culturally relevant, evidence-based interventions

As needed, work groups will join the DCLT for focused planning...

Staff Development

Example Focus: Building a 3-year professional development plan

ISF-District Community Leadership Team

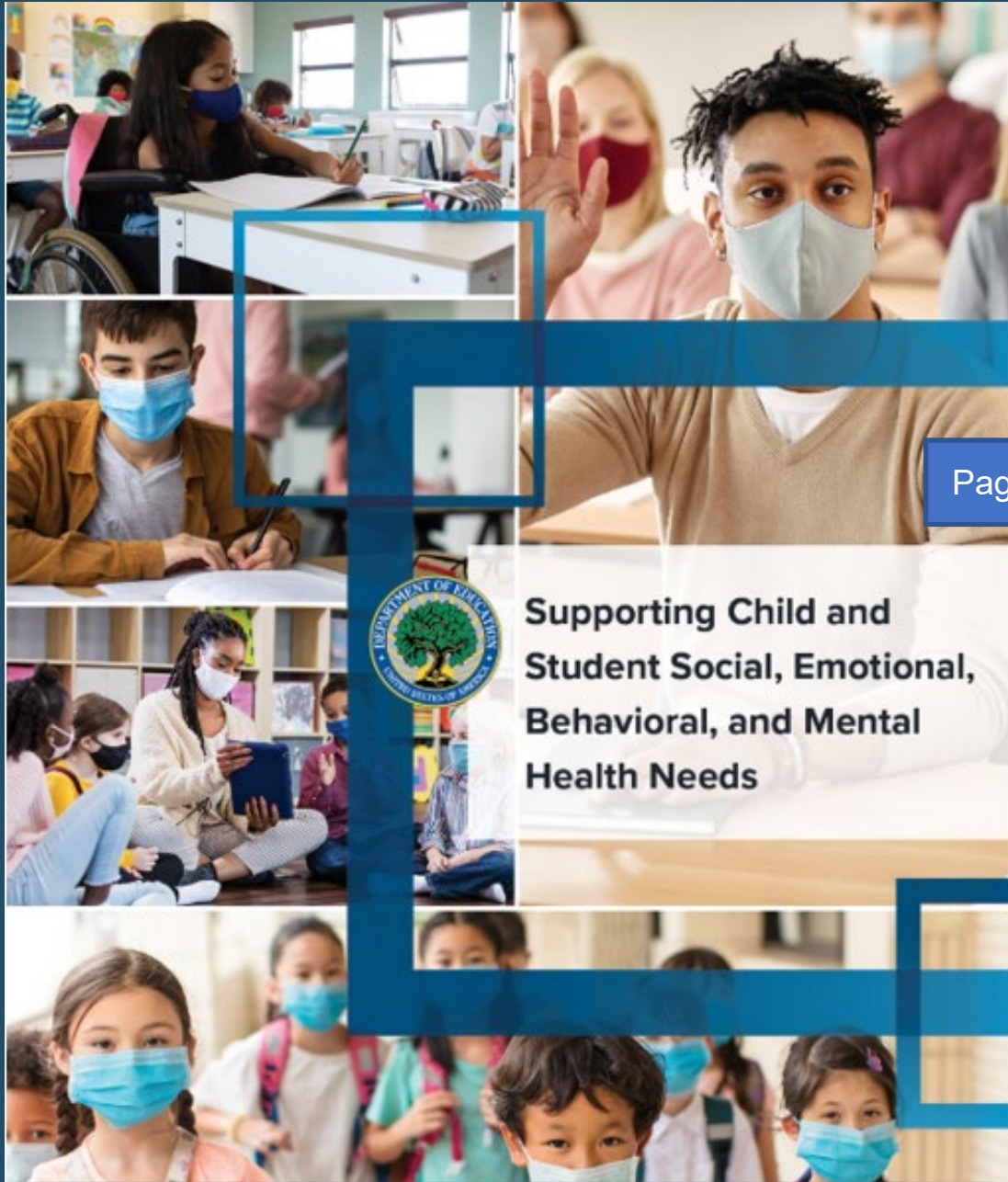
Identifying Student Needs

(Gathering and evaluating formal and informal student data for decision-making)

District Team Structures

Hear more from the Central School District Team

<https://www.pbis.org/video/session-e2-pbis-forum-2021-district-level-implementation-of-isf-expand-your-team-expand-your-results>



4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All



Building an Interconnected Systems Framework

Monterey County in California began the journey of building an Interconnected Systems Framework (ISF) in 2016, shortly after learning about the model at the PBIS National Leadership Forum in Chicago. As a recipient of a School Climate Transformation Grant to address alarming levels of trauma and community violence, the Monterey County Office of Education (MCOE) had an established Leadership Team to coordinate efforts in PBIS implementation comprised of participating school districts and various community and county members, including Monterey County Behavioral Health (MCBH). Given that MCBH had existing memoranda of understanding to serve students in both general education and special education with all PBIS school districts along with robust staffing and executive leadership buy-in to support changes needed to implement ISF, this county agency was well positioned to incorporate necessary changes into their service model for success. As the leadership team's collaboration and partnerships deepened and the need for mental health integration into PBIS became increasingly

school campuses, most were itinerant and providing only individual therapy with no coordination with the PBIS teams at the school sites they were serving. Additionally, the MCBH Services to Education program was divided into two separate teams serving students in either general education or special education, which further reinforced the existing siloed ways of working. As PBIS informs us that relationships and consistency are essential ingredients in cultivating a positive climate and culture, critical adjustments to the program model included assigning clinicians to specific school sites and expanding PBIS teams at the school sites to include them so that they could become part of the decision-making process and share their expertise in identifying mental health interventions for students. MCBH also established a full continuum of mental health services and supports that aligns with the PBIS framework and allows time for clinicians to provide Tier 2 groups in collaboration with school counselors, as well as Tier 1 training and consultation that will build capacity of all staff for responding to the mental health needs of students.

Along with changes to the MCBH program model and clinician involvement with the PBIS teaming process that supported ISF implementation, MCBH clinicians were also included in district PBIS trainings provided by MCOE. Initially, school staff and MCBH clinicians had difficulty

1 BEFORE ISF

- MCBH staffing separated by funding (Special Education and General Education) and serving on different “teams”
- MCBH clinicians only providing Tier 3 services
- Limited coordination of mental health services with school staff and disconnection from student progress with service
- School sites implementing PBIS with no MCBH involvement in teaming process
- MCBH programs serving other youth systems working in silos with minimal internal coordination of care

2

PROGRAM REDESIGN & SYSTEMS INTEGRATION

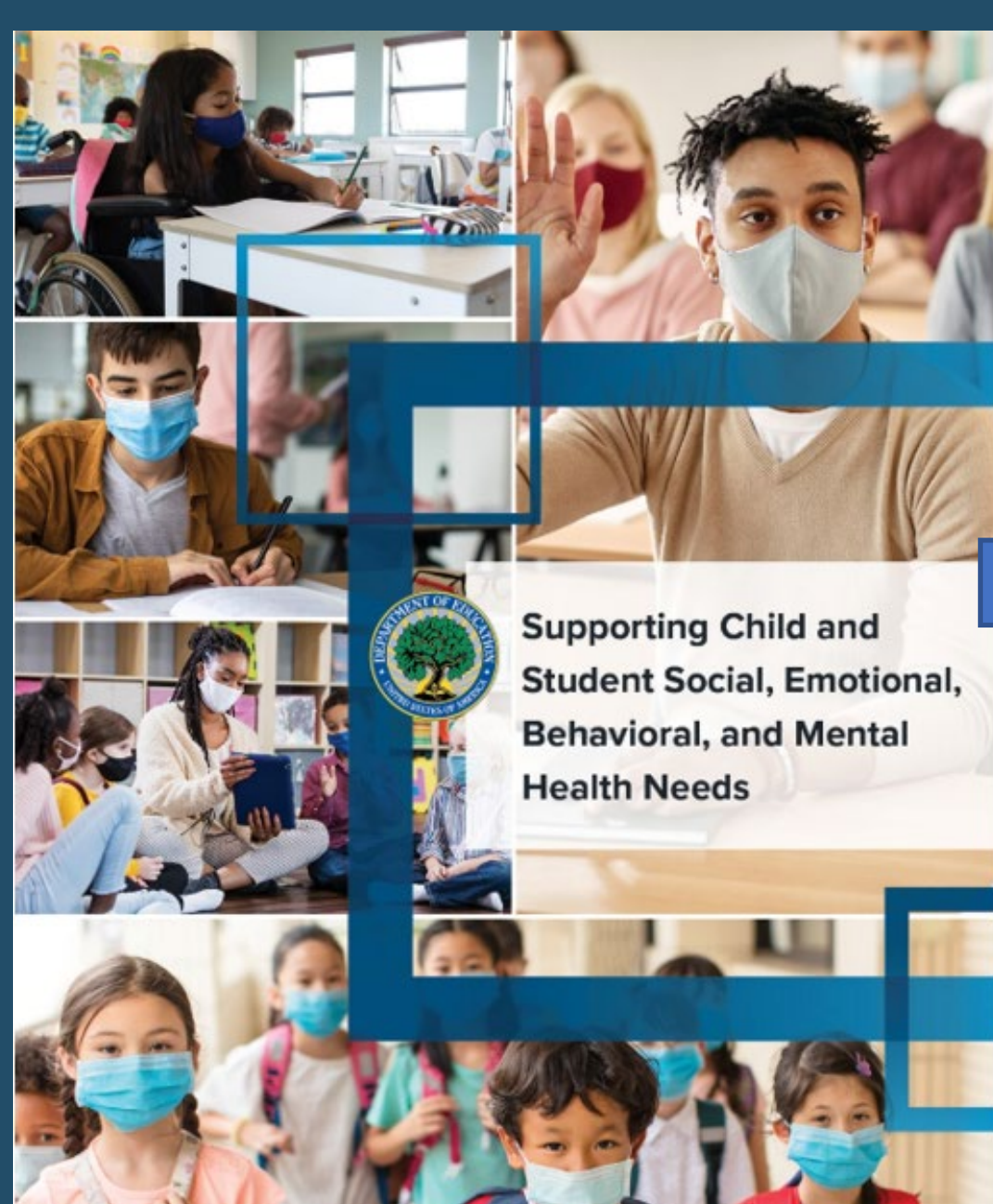
- MCBH Continuum of School -based Services and Supports designed to align with PBIS framework
- Special Education and General Education funding streams blended, and MCBH clinicians assigned to specific school sites serving both student populations
- MCBH joins School Climate Transformation Leadership Team and partners with MC Office of Ed (MCOE) to braid funding for shared training opportunities
- MCBH clinicians integrated into PBIS teams at the school sites to contribute mental health expertise and inform decision-making process

3

NOW

- MCBH clinicians are embedded into fabric of school climate and culture and work in collaboration with school teams to support mental health needs of the learning communities
- MCBH clinicians and support staff provide services and supports in all three Tiers of the PBIS framework
- MCBH internal programs are integrated, and Services to Education clinicians provide support to students at school sites where needed
- MCBH and MCOE work in collaboration to support school sites with ISF implementation and co-facilitate monthly meetings for participating sites
- ISF Main Virtual Training Calendar in development to include MCOE, MCBH and community partner trainings accessible for any school district staff or parent/caregiver to attend based on need, interest and availability

<https://www.co.monterey.ca.us/government/departments -a-h/health/behavioral -health/bh -home>



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Removing the Funding Barrier

Lake Washington School District is located in Redmond, Washington east of Seattle serving over 32,000 students. As a strategic priority, Lake Washington School District has worked with national and local experts to support the implementation of mental health and well-being supports within a Multi-Tiered Systems of Support framework throughout 55 schools. Through district directed and local dollars, about 1 million dollars, Lake Washington has worked to remove barriers for timely mental health supports for students and families. By removing eligibility requirements such as insurance and diagnostic assessments, students and schools can mobilize supports and interventions earlier than later.

The collaborative partnership with community mental health partners focuses on an integrated approach that embeds the providers so that they are part of the school community. Students and staff see them regularly in the building. Through a memorandum of understanding the community mental health partners also support prevention and promotion efforts that enhance Tier 1 supports. Each secondary building has a mental health provider 20–40 hours a week and their middle schools are building a framework to support mental health providers. During COVID-19 they have been able to adjust the mental health providers hours to reach more families—something they will continue through and after the pandemic.

About Lake Washington School District

Lake Washington School District 2021-22

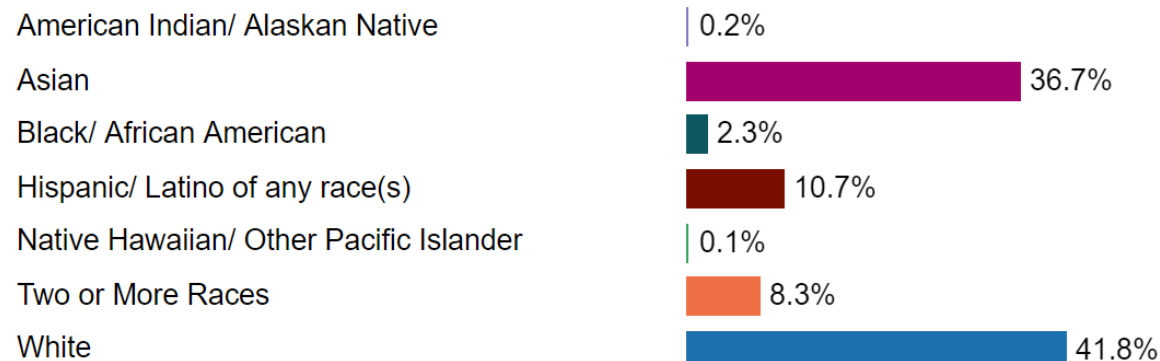
Total Student Enrollment

30,965

Gender



Race/Ethnicity



Behavioral Health Support Specialist Access

1Fte at
comprehensive
middle schools

Integrated and
Informed within
building wellbeing
and overall goals

Collaboration and
Cross Training
opp. w/staff,
admin,
counselors, etc.

Access to
Students and
School Systems

Dedicated
Confidential
Space

Tier 1 Universal Prevention Supports

YES BHSS are available to provide presentations and education in classrooms and virtually, as well as through newsletters, school tv, Instagram etc. for students, staff, parents on various topics including (but not limited to):

- Mental Health/Wellness: Stress & Resiliency, Depression, Anxiety, Suicidal Ideation, How to Support a Friend
- Substance Use: Nicotine/E-Cigarettes, Alcohol, Marijuana, Opioids, Other Drugs
- Healthy Sleep Habits
- Bullying Prevention & Intervention

YES BHSS may also contribute to **universal wellness** in the following (but not limited to) ways :

- Participation in MTSS Teams
- Supporting School Climate initiatives
- Student Wellness/Prevention Group
- Coordination of substance Abuse Prevention Week
- Student Wellness Campaigns
- Info/Resource Tabling at Lunch or remote channels



Tier 2 Targeted Prevention Supports

- YES BHSS can facilitate various support/ psychoeducation/ and counseling groups utilizing a variety of EBP such as CBITS, Trails-CBT, DBT Skills for Schools, SOS, MI, Botvin LifeSkills, Affected Others.
Groups can be offered on site at Schools or virtually to accommodate students from multiple schools and parents.
- Short to Medium Term Individual Counseling for students utilizing EBP modalities such as CBT and BRISC
- Provide Resources and Referrals with connection to Community Providers
- Participate in School Based Interventions as needed i.e. Check and Connect and SEL activities

Tier 3 Intensive, Individualized Prevention Supports

- YES BHSS are available for school day crisis intervention with individual students and for Suicide Risk Assessments, Safety Planning, Reintegration post hospital/tx
- Consultation for staff and parents re: individual students
- Substance Use, Nicotine, and other screening and assessment
- Mental Health Screening and Assessment
- Longer Term therapy utilizing EBPs for students who cannot access in the community or from other providers at school

Creating the Structure

2019-2020 Contract

- a. Screening and assessments of students
- b. Short-term treatment and intervention services for students individually or in groups
- c. Assistance in connecting students with area resources
- d. Staff training and education
- e. As needed, screening and assessment of elementary students identified as expressing suicidal ideation



2021-2022 Contract

- a. Assistance with referrals and in connecting students/families with area resources
- b. Provide and offer psychoeducation in consultation with designated school counselors and staff.
- c. **consultation with school staff and families as needed**
- d. Screening and assessment of students
- e. Provide individual and group Behavioral Health intervention services for students this and g are repetitive use one or the other
- f. Provide individual and group brief short-term behavioral health interventions
- g. Support the implementation of SBIRT best starts for kids grant within designated middle and choice schools.
- h. Provide as needed, screening, assessment, and safety plan in conjunction with elementary and middle school staff and family when student is expressing suicidal ideation during the designated school hours (8-4pm).
- i. Regularly meet with and collaborate with school counselors/CORE team and monitor student interventions and the implementation of the Integrated Service Plan.
- j. Record service delivery in accordance with HIPPA laws to facilitate determining impact of services on student educational progress in related areas of academic, behavior, and/or course work.
- k. Collaboratively monitor progress towards educational and behavioral health goals of students being served with school team (counselor, admin, guidance team, and/or sit teams.)
- m. Each BHSS and PI will sign Non-Employee Agreement to access student information system
- n. BHSS/PI will participate in required district trainings and other as needed trainings
- o. BHSS/PI work schedules will be established and communicated with any updates frequently to schools
- p. Supports offered in-person with remote services as needed or if determined to benefit student, school, and family.

NDA-Student Information Access

- Why was an NDA important?
- What were some of the challenges?
- How did we overcome some initial barriers?
 - Timely access
 - Communication
 - Teaming/Trust

Non-Employee Information Access

Non-Disclosure of Confidential Information Agreement

As a partner with the Lake Washington School District (LWSD), serving in your role as _____ (title), I _____ (name) understand that I will be working directly or indirectly with confidential information and that the term “confidential information” means any and all information obtained by or created for LWSD which is exempt from mandatory disclosure pursuant to the state Public Records Act, RCW 42.56; the Federal Educational Rights and Privacy Act (FERPA); or student privacy laws including the Children’s Online Privacy Protection Act (“COPPA”), 15 U.S.C. § 6501-6506 and Student User Privacy in Education Rights (“SUPER”) 28A.604.010 *et seq.*, as well as RCW 19.255.010 *et seq.* and RCW 42.56.590; which information may include, but is not limited to:

Lake Washington School District hereby grants permission to the aforementioned individual to have access to the following systems and student information in order to perform official duties:

System Access Guideline for approved areas: **Circle accesses that are needed**

System	Grant/Project/Organization	
Account		
LWSD Network ID		
Skyward		
-Demographics		
-Grades		
-Assessment		
-Attendance		
-Discipline		
-Health/Nurse		

Integration Plans

1. Helpful Tips:

1. Lean in on existing MTSS framework
2. Create clarity through ongoing conversation not one-time PL
3. Test the tool before scaling up

2. Challenges:

1. Different practices at buildings
2. Communication of schedules
3. Progress monitoring

Strategic Integration Plan for 2021-2022 School Year (Due Date 5/1/2022)

School:	Completed:	
Behavior/Health Support Specialist:	Follow Up Date:	
Contact Information:		
Conversations & Communication:		
Summary of Strengths & Services Identified in the 2020-2021 School Year	Proposed key actions for 2021-2022 (What can the TEB staff do to increase/maintain connection and collaboration?)	Proposed support actions for 2021-2022 (What can the district/school staff do to increase/maintain connection and collaboration?)

Tier 2 Services: Small Group Interventions

Example: short term individual goal & skill development counseling, group interventions (e.g. trauma, anxiety, depression, grief and loss, social skills, stress management, emotional skills, life skills, decision-making and problem-solving, substance use, recovery support), consultation with staff regarding general issues, book study or other ongoing supports for staff and parents, participation in interdisciplinary student support teams, etc.

Summary of Services 2020-2021 School Year	Plan for 2021-2022 School Year	Proposed TEB Actions for 2021-2022	School Commitment 2021-2022	Team Commitment (TEB and NIS/DO)
	<input type="checkbox"/> Increase level of services <input type="checkbox"/> Maintain level of services <input type="checkbox"/> Decrease level of services			

Components of ISF MOU Checklist



Amended Interconnected Systems Framework Memorandum of Understanding (MOU) Checklist

This Memorandum of Understanding (MOU) checklist provides districts/schools and mental health/community providers with a tool to assess if the necessary components are included in their agreement between district/schools and mental health/community agencies. Included in the checklist are components related to an Interconnected Systems Framework. This document was developed utilizing the MOU Component Checklist developed by Perales, Barrett, Eber, & Pohman (2019).

MOU Components

Component 1: Intention, goals and outcomes for alignment are clearly stated.

Explanation of the ISF includes:

- ☐ Alignment with MTSS/PBIS
- ☐ Concepts of social emotional learning (SEL) as Tier 1
- ☐ Mental health programming
- ☐ Preventative versus tertiary response
- ☐ Mental health programming, services, and activities

Expanded view of stakeholder includes:

- ☐ Mental health
- ☐ Family representation
- ☐ Student voice
- ☐ Stakeholders are full partners

Program purpose includes:

- ☐ Mental health for all
- ☐ Mental health services are delivered within an MTSS framework
- ☐ One delivery system
- ☐ Early identification and access; Defined mental health intervention with specific

Component 2: Organizations involved and time period of MOU are defined.

MOU explicitly names:

- ☐ Participants
- ☐ Time Period

Component 3: Logistics for shared space, supplies, etc. are clearly defined

MOU explicitly states:

- ☐ Who is responsible for allocating space?
- ☐ How much and what type of space is needed?
- ☐ If the agency or district is responsible for supplies for clinicians

Component 4: Expectations for teaming are defined

MOU includes:

- ☐ Executive leaders from district and community systems
- ☐ Family and student representatives

MOU identifies/requires the completion of the following to inform installation of teams:

Intention, goals & outcomes clearly stated

Organizations involved and time period of MOU defined

Logistics for shared space & supplies clearly defined

Teaming expectations defined

Communications expectations defined

Supervision, coaching, PD expectation

Roles & Responsibilities clearly defined

Routines and procedures for data collection and monitoring defined

Confidentiality policies and procedures defined

Crisis response policies & procedures defined

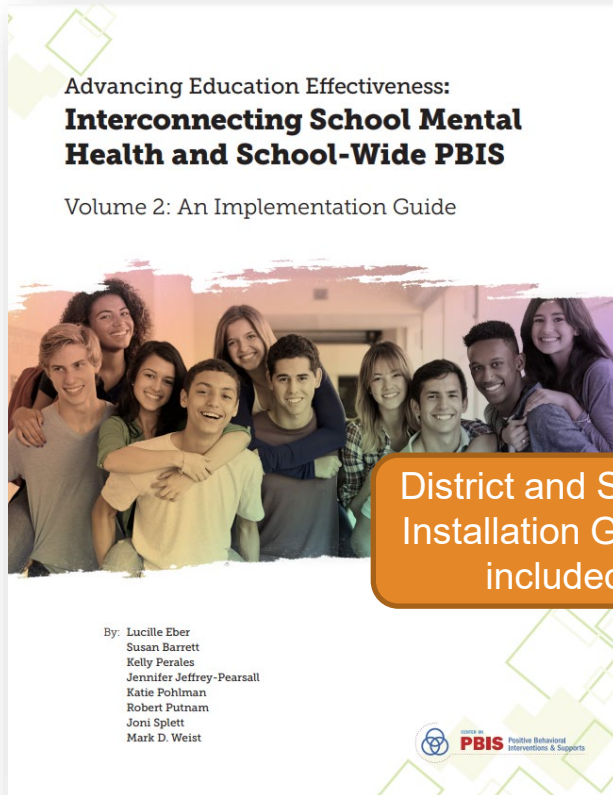
Request for Assistance procedures defined

Terms and responsibilities for funding defined

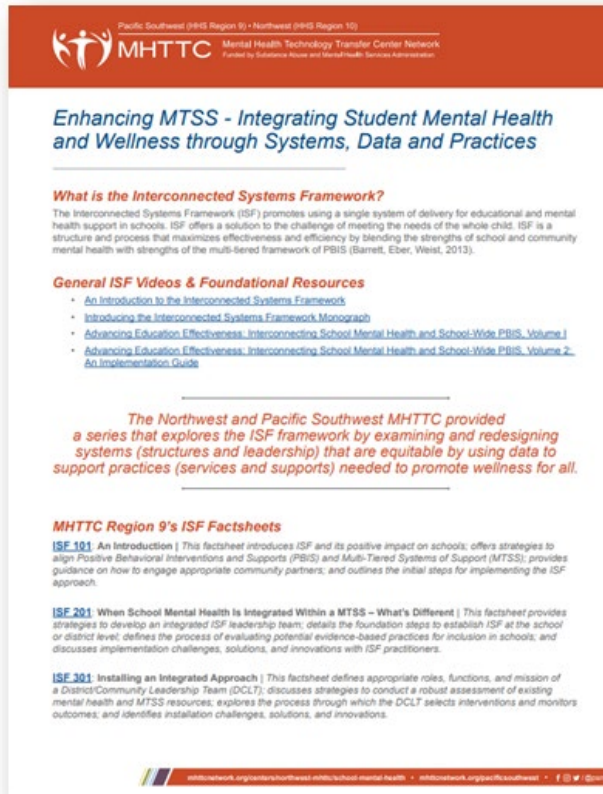
Disclaimers

Terms and responsibilities of risk sharing defined

Key ISF Resources



<https://www.pbis.org/resource/interconnecting-school-mental-health-and-pbis-volume-2>



<https://bit.ly/ISFSeriesResource21>



<http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/SMH-Framework-and-Tool-Alignment-Guidance-Document-11.29.20.pdf>



What
SQUARED
with your
thinking?

What
questions
are still
circling?

3
key
takeaways

Share your responses in the chat!



Reflection & Q&A

About the UW SMART Center

A national leader in developing and supporting implementation of evidence-based practices (EBPs) in schools, including prevention, early intervention, and intensive supports.

- Research & Evaluation
- Training and Technical Assistance
- Community Partnering and Outreach



SCHOOL MENTAL HEALTH ASSESSMENT,
RESEARCH, & TRAINING CENTER



COLLEGE OF EDUCATION
UNIVERSITY of WASHINGTON



UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

The overarching mission of the School Mental Health Assessment, Research, and Training (SMART) Center is to promote high-quality, culturally-responsive programs, practices, and policies to meet the full range of social, emotional, and behavioral (SEB) needs of students in both general and special education contexts.

