

# Michael Lombardo

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## Goals for Today

- Discuss complex needs students face everyday
- Gain understanding of interconnected systems / collaborations / systems of care
  - How these systems support all students to students with highest needs
- Discuss how to create an effective system and team utilizing community partnerships and services
- Discuss the selection process of evidence-based practices that match identified areas of social, emotional, and behavioral need
- Begin conversation regarding how you can create or enhance collaborations for supporting students and families

## Special Acknowledgements

- Midwest PBIS – Integrating Systems - Susan Barrett and Dr. Lucille Eber
- National PBIS Technical Assistance Center - Dr. Rob Horner
- Lucile Packard Foundation for Children’s Health - Kids Data.Org
- West Ed. California’s Healthy Kids Survey
- Center for Disease Control and Adverse Childhood Experience
- California PBIS Coalition
- University of North Carolina - National Implementation Research Network

Be Mindful ~ Take Care of Yourself Too



## Children, Youth and Families Complex Needs

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Depression

*withdrawal*

*Truancy*

*Poor Academic Progress*

*Acting Out*

*Difficulty focusing*

*Attention Seeking*

*Avoidance Behavior*

*Anxiety/worry*



## Children, Youth and Families Complex Needs Require an Integrated Approach

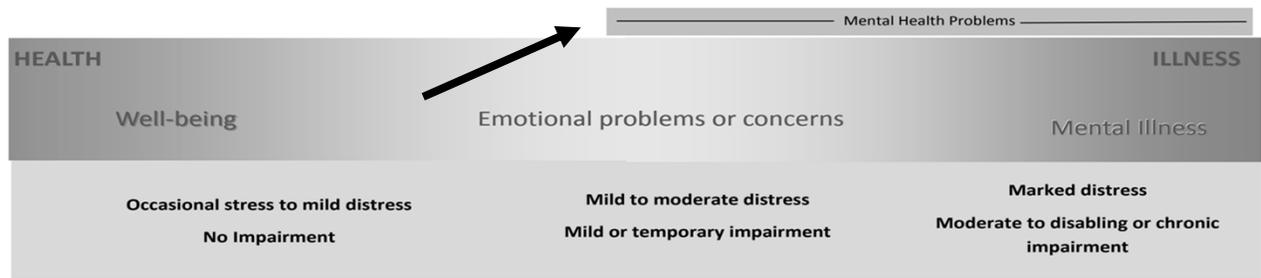
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- Everyone has mental health.
- Mental health challenges are common.
- Most children and youth, even those with insurance, do not have access to services.
- Mental health challenges affect brain development and learning.
- Behavioral symptoms are a big concern of teachers and schools.

# American Psychiatric Association

Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

THE MENTAL HEALTH -MENTAL ILLNESS CONTINUUM



## Children, Youth and Families Complex Needs

**Fact:** 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

National Institute on Mental Health

## Children, Youth and Families Complex Needs

**Fact:** 1 in 5 children ages 13-18 have, or will have a serious mental illness.<sup>1</sup>



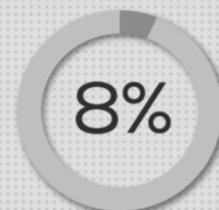
20% of youth ages 13-18 live with a mental health condition<sup>1</sup>



11% of youth have a mood disorder<sup>1</sup>



10% of youth have a behavior or conduct disorder<sup>1</sup>



8% of youth have an anxiety disorder<sup>1</sup>

National Institute on Mental Health

## American Academy of Pediatrics

- February 27, 2018 Recommendation
- All Children 12 Years and Older be Screened for Depression
- Onset of depression and mental health disorder sharp increase in adolescents
- Only 50% of adolescents with depression are diagnosed before reaching adulthood
- 2 in 3 depressed teens don't get any help or care.
- Response to lack of Mental Health Providers

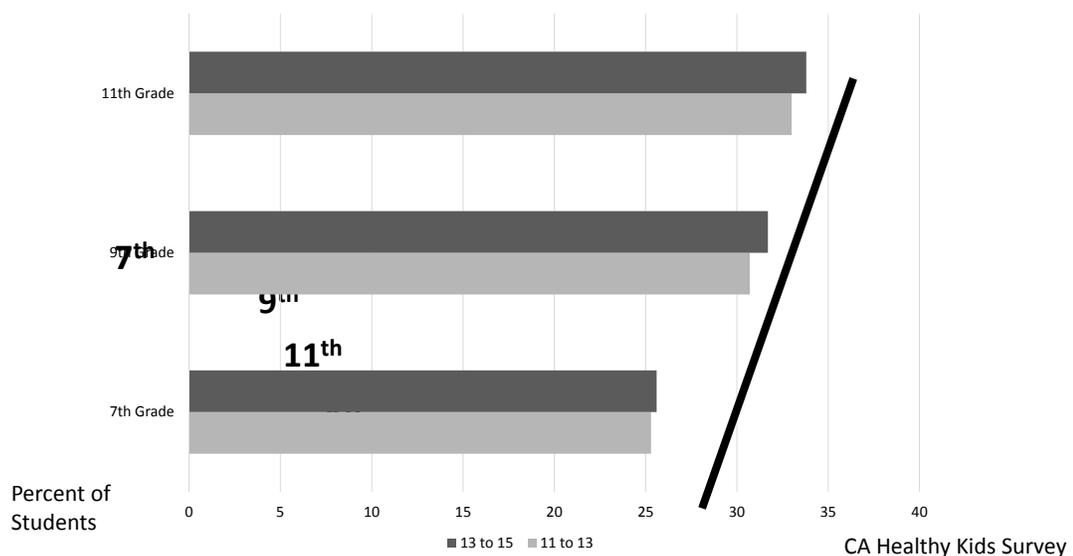
# Children, Youth and Families Complex Needs



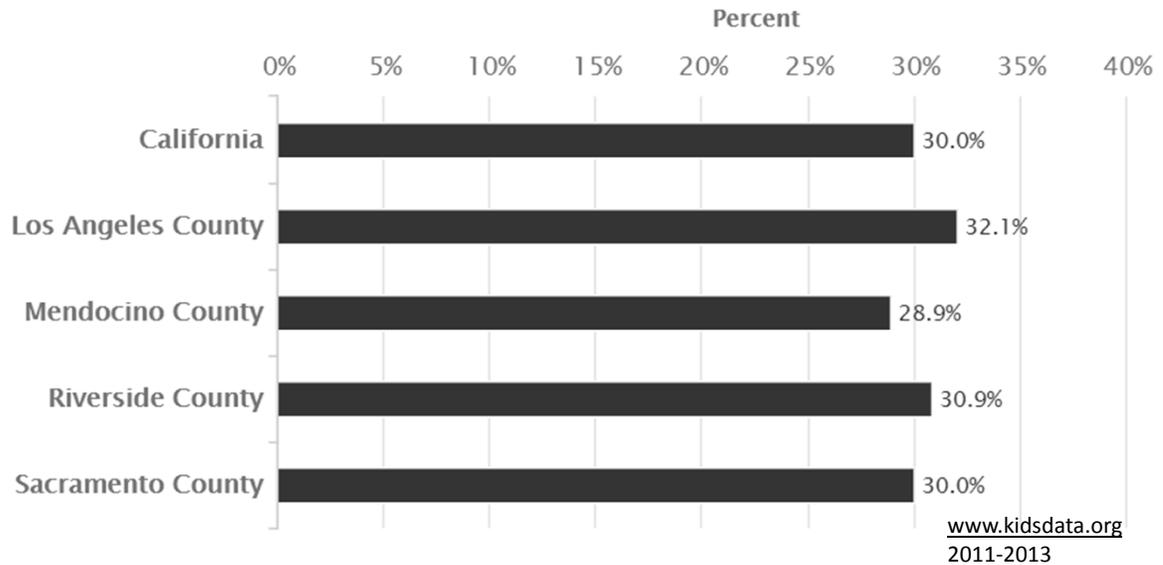
1 in 7 children aged 2-8 years has a mental, behavioral, or developmental disorder.

Center for Disease Control and Prevention

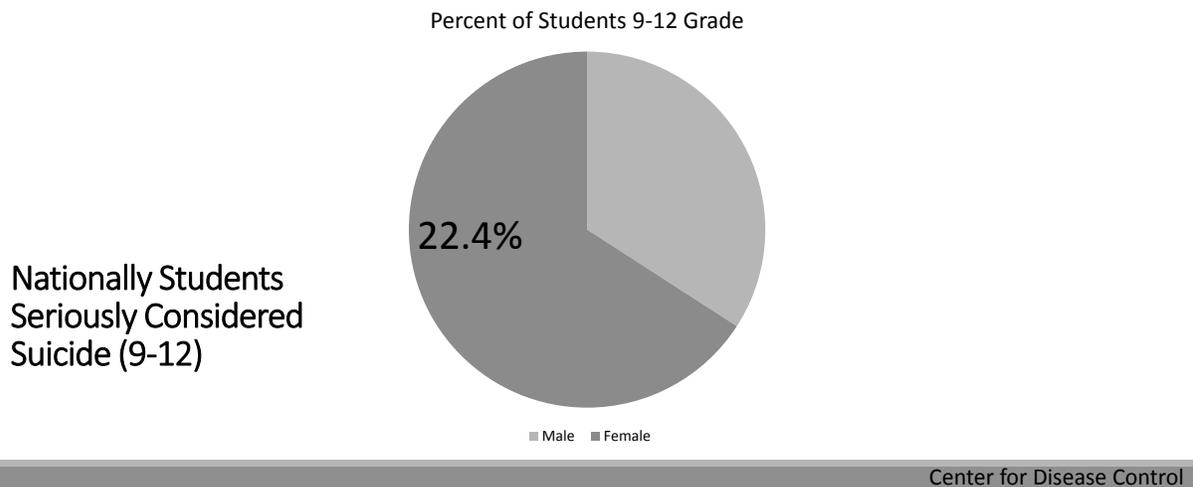
## Depression-Related Feelings (7, 9 & 11)



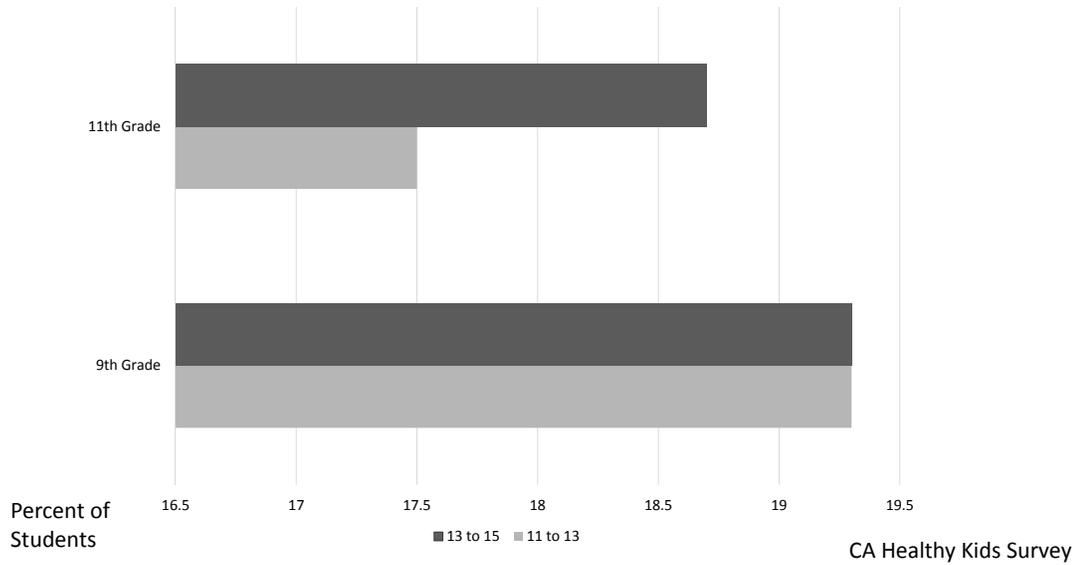
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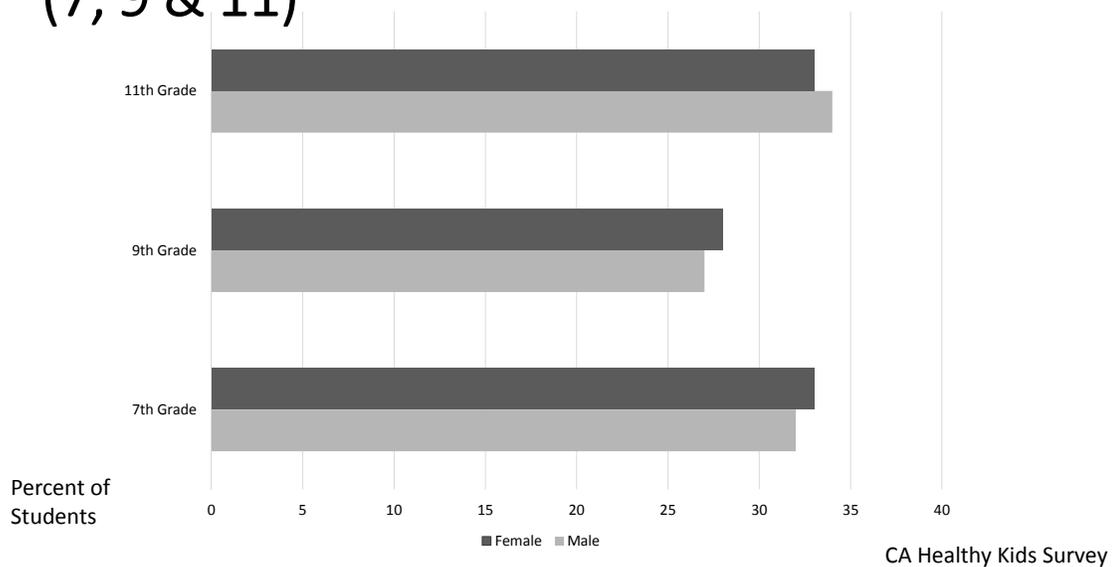
## Children, Youth and Families Complex Needs



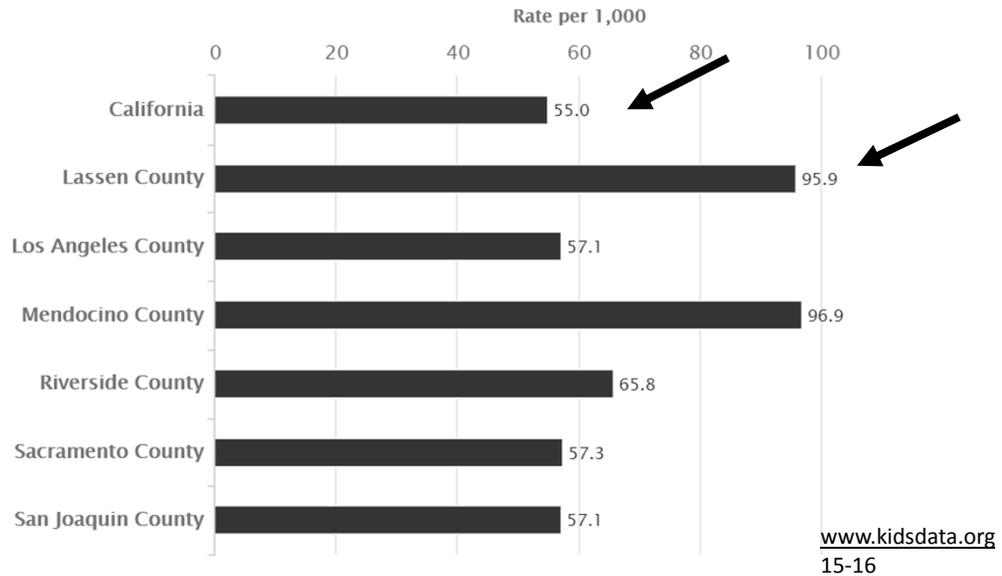
## Seriously Considered Suicide (9 & 11)



## Students Feeling Connected to School (7, 9 & 11)



# Reports of Child Abuse and Neglect



# Adverse Childhood Experience

Center for Disease Control & Kaiser Hospital

- Dr. Felitti Kaiser Hospital
- Dr. Anda Center for Disease Control

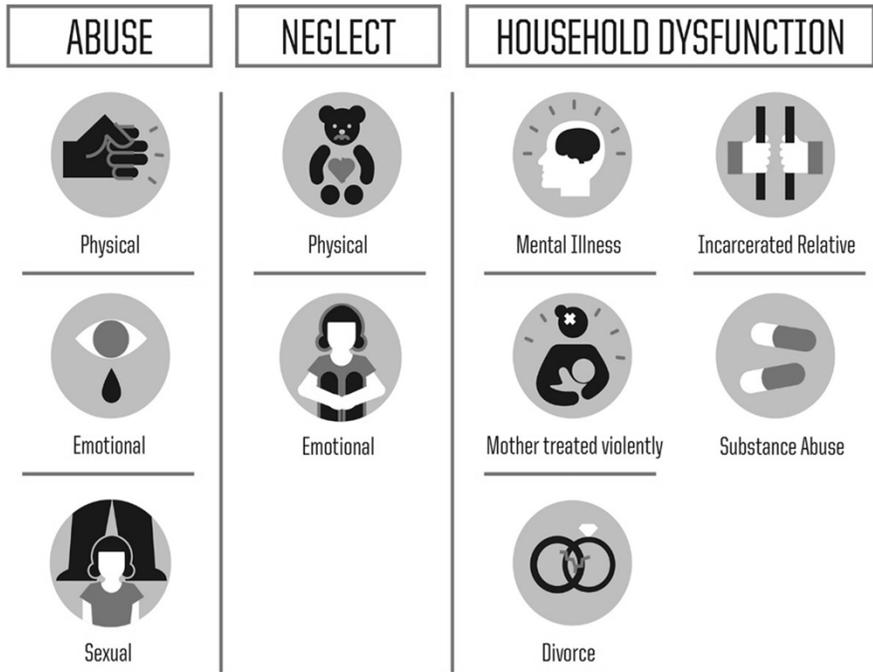
17,000 Patients participated between 1995 & 1997

Measured 10 childhood traumas



<http://acestudy.org/>

# 10 Adverse Childhood Experiences



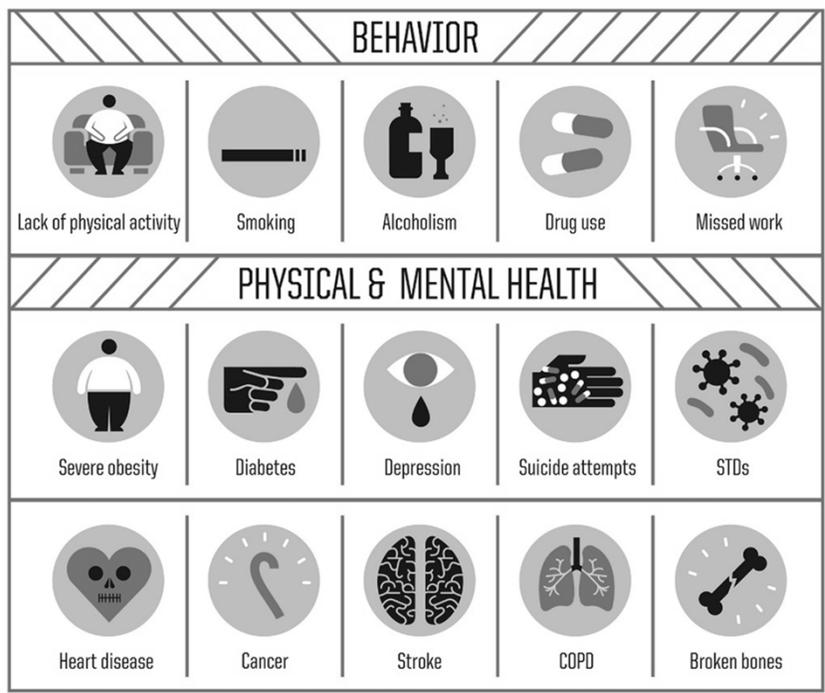
ACE Category*	Women (N = 9,367)	Men (N = 7,970)	Total (N = 17,337)
<b>Abuse (#abuse)</b>			
Emotional Abuse (#1)	13.1	7.6	10.6
Physical Abuse (#2)	27.0	29.9	28.3
Sexual Abuse (#3)	24.7	16.0	20.7
<b>Neglect (#neglect)</b>			
Emotional Neglect (#4) <sup>1</sup>	16.7	12.4	14.8
Physical Neglect (#5) <sup>1</sup>	9.2	10.7	9.9
<b>Household Dysfunction (#dysfunction)</b>			
Mother Treated Violently (#6)	13.7	11.5	12.7
Household Substance Abuse (#7)	29.5	23.8	26.9
Household Mental Illness (#8)	23.3	14.8	19.4
Parental Separation or Divorce (#9)	24.5	21.8	23.3
Incarcerated Household Member (#10)	5.2	4.1	4.7

## Early Childhood Trauma

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

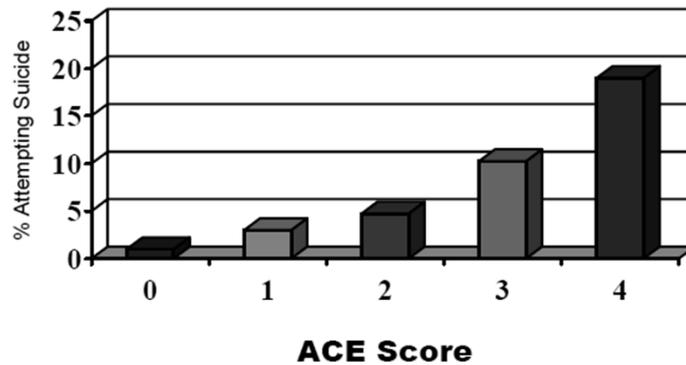
## Adverse Childhood Experience

# Health Effects of High ACE Scores



## Adverse Childhood Experience

**ACE Score vs. Attempted Suicide**



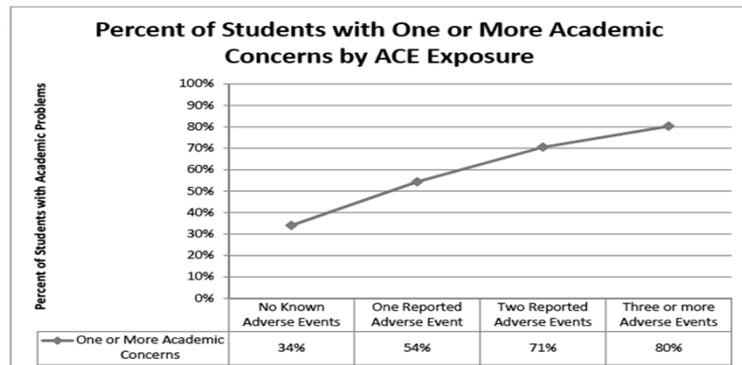
# Spokane ACE Study 2010

2,100 children / 10 elementary schools

248 children (3 or more experiences)

- 3 x rate of academic failure,
- 5 x rate of chronic truancy,
- 6 x rate of behavior problems
- 4 x rate of poor health

Christopher Blodgett, Director of the [Area Health Education Center of Eastern Washington at Washington State University](#)



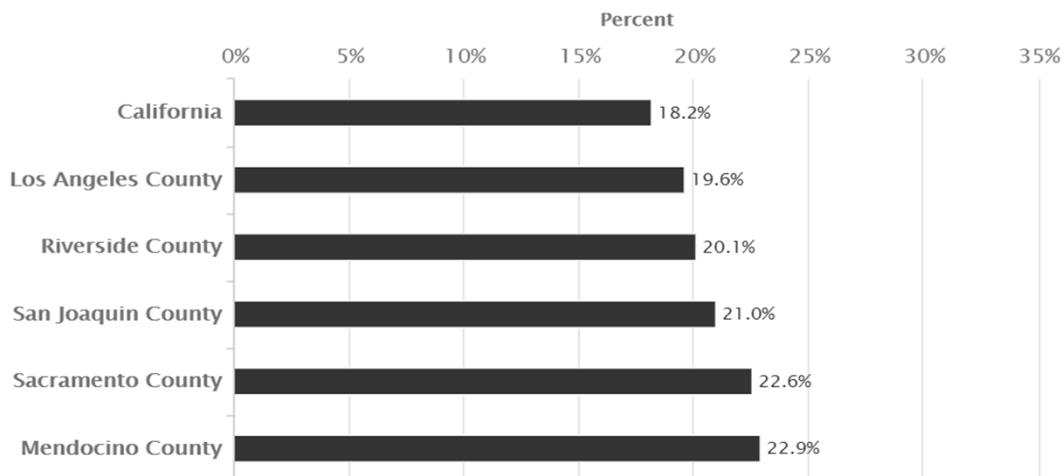
## What Might You Notice?

- **Physical symptoms**
- **Poor emotional control/lashing out**
- **Confrontational/ control battles**
- **Overly protective of personal space/belongings**
- **Over- or underreacting to loud noises or sudden movements**
- **Difficulty with transitions**
- **Emotional response doesn't "match" situation**

## What Might You Notice?

- **Depression/ withdrawal**
- **Anxiety/worry about safety of self and others**
- **Poor or changed school performance/attendance**
- **Avoidance/Attention seeking behaviors**
- **Difficulty focusing, with attention, memory, thinking**
- **Increase in impulsive, risk-taking behaviors**
- **Repetitive thoughts or comments about death or dying**
- **Non-age appropriate behavior**

## Adverse Childhood Experience (2+)



# Organizing & Integrating Systems for Children, Youth & Families



## Local Control and Accountability Plan Education Code section 52060(d)

**Parental involvement**, including efforts the school district makes to seek parent input in making decisions for the school district and each individual school site, and including how the school district will promote parental participation in programs for unduplicated pupils and individuals with exceptional needs.

**Pupil engagement**, as measured by all of the following, as applicable:

- A. School attendance rates.
- B. Chronic absenteeism rates.
- C. Middle school dropout rates.
- D. High school dropout rates.
- E. High school graduation rates.

**School climate**, as measured by all of the following, as applicable:

- A. Pupil suspension rates.
- B. Pupil expulsion rates.
- C. Other local measures, including surveys of pupils, parents, and teachers on the sense of safety and school connectedness.

## USDE Guiding Principles

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- (1) Create positive **climates and focus on prevention**;
- (2) Develop **clear, appropriate, and consistent expectations and consequences** to address **disruptive student behaviors**; and
- (3) Ensure **fairness, equity, and continuous improvement**.

US Department of Education: Guiding Principles: A Resource for Improving School Climate & Discipline, January 2014

## California Professional Standards for Education Leaders (CPSEL)

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**STANDARD 4: FAMILY AND COMMUNITY ENGAGEMENT:** Education leaders collaborate with families and other stakeholders to address diverse student and community interests and mobilize community resources

Element 4A: Parent and Family Engagement

Element 4B: Community Partnerships

Element 4C: Community Resources and Services

Adopted February 2014

## U.S. Surgeon General

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2015 the Surgeon General overarching vision on children's mental health states, "Mental health is a critical component of children's learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority."

## Every Student Succeeds Act & Individuals with Disabilities Education Act

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- Focus on school climate and safety
- Organize through Multi-tier Systems of Supports
- Provide Multi-tier Systems of Supports for educators
- Prevent exclusion and improve educational results

## Assembly Bill 2246 Adopted September 2016

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1. Requires the governing boards of school districts, county offices of education, the state special schools, and charter schools which serve students in grades 7 to 12 to adopt, before the beginning of the 2017-18 school year, a policy on student suicide prevention for students in those grades.
2. Requires that these policies address, at a minimum, procedures relating to suicide prevention, intervention, and postvention.
3. Requires the policies to be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts.

## How Can We Organize Supports For Children and Families

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### **Positive Behavior Interventions & Supports (PBIS)**

A systems approach for establishing the social culture and behavioral supports needed for a school to be an effective learning environment for all students.

### **Multi-tier Systems of Supports (MTSS)**

MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision- making and empower each student to achieve their potential.

# How Can We Organize Supports For Children and Families

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A systems approach for establishing the social culture and behavioral supports needed for a school to be an effective learning environment for all students.

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MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision- making and empower each student to achieve their potential.

### Shoulder partner:

- 1) What do you already know about SW-PBIS?

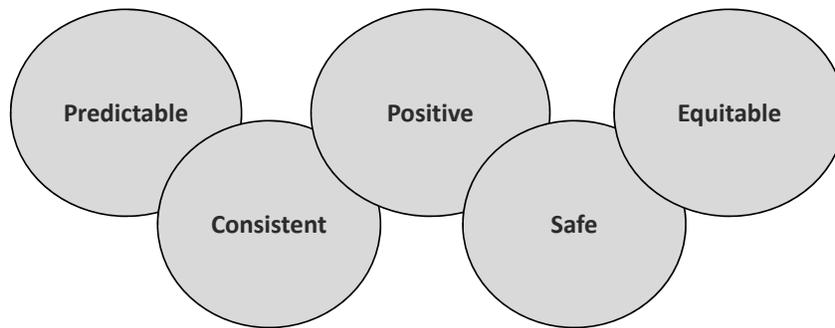


# What is PBIS? Why is it Important?

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

# Purpose of PBIS?

...to make schools more effective and equitable learning environments for ALL students.



## What is Positive Behavior Interventions & Supports?

### PBIS is:

- A systems approach for establishing the **social culture** and behavioral supports needed for a school to be an effective learning environment for all students.

### Evidence-based features of PBIS

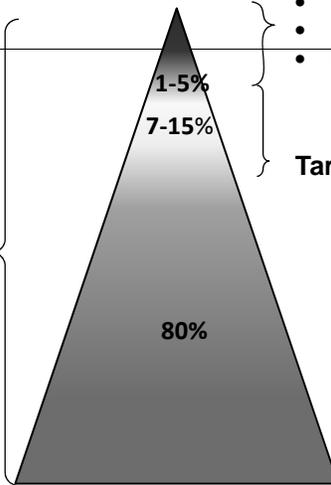
- Prevention
- Define and teach positive social expectations
- Acknowledge positive behavior
- Arrange consistent consequences for problem behavior
- On-going collection and use of data for decision-making
- Continuum of intensive, individual intervention supports.
- Implementation of the systems that support effective practices

# PBIS Framework

## Universal Prevention

### All Students

- Core Instruction
- Preventive
- Proactive
- Common Rules and Expectations
- Common Referral System
- Acknowledgment Based Behavior System



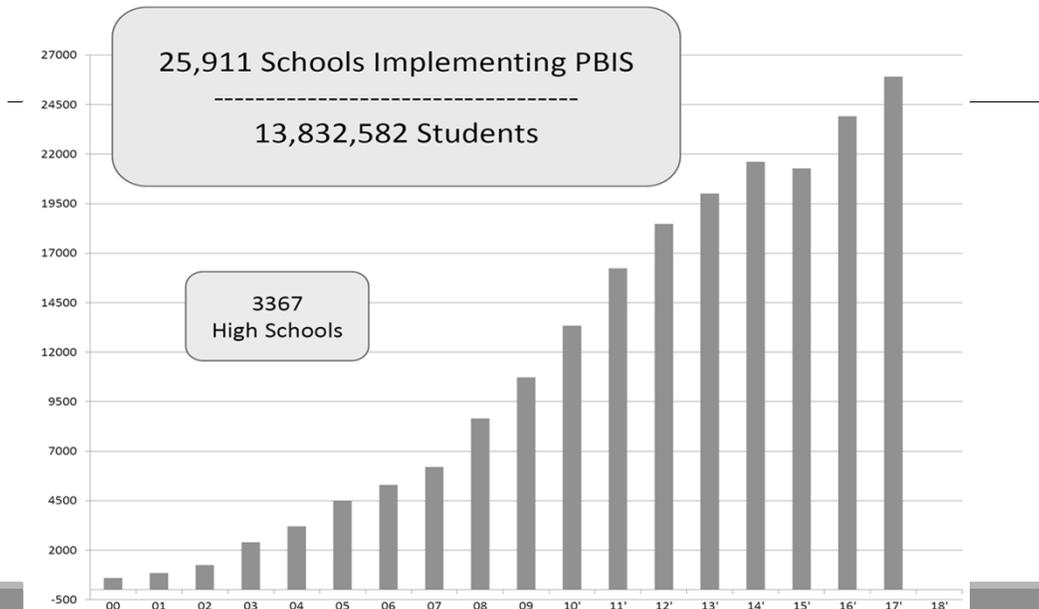
## Intensive Intervention

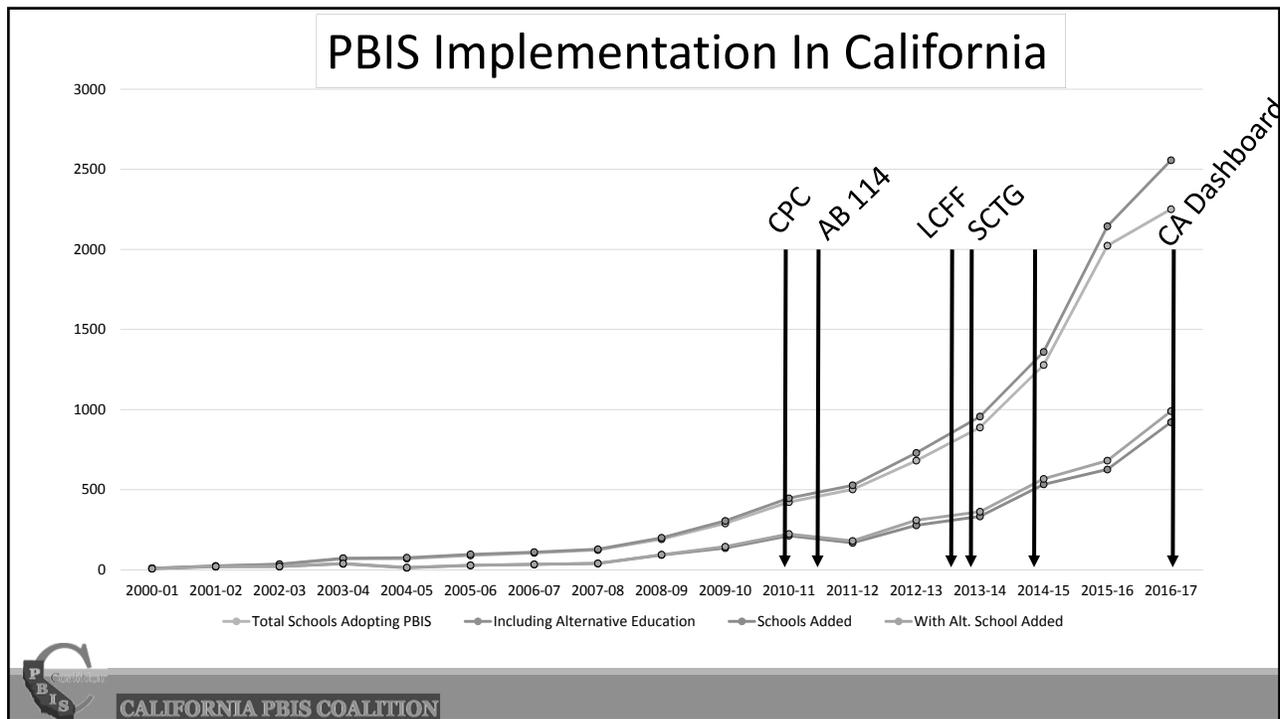
- Individualized
- Function-based
- High intensity

## Targeted Intervention Groups with similar needs

- Preventative
- Easily Accessible
- Academic or Behavioral

## Schools Using PBIS – August, 2017





Complex family and child needs require us to collaborate and integrate.

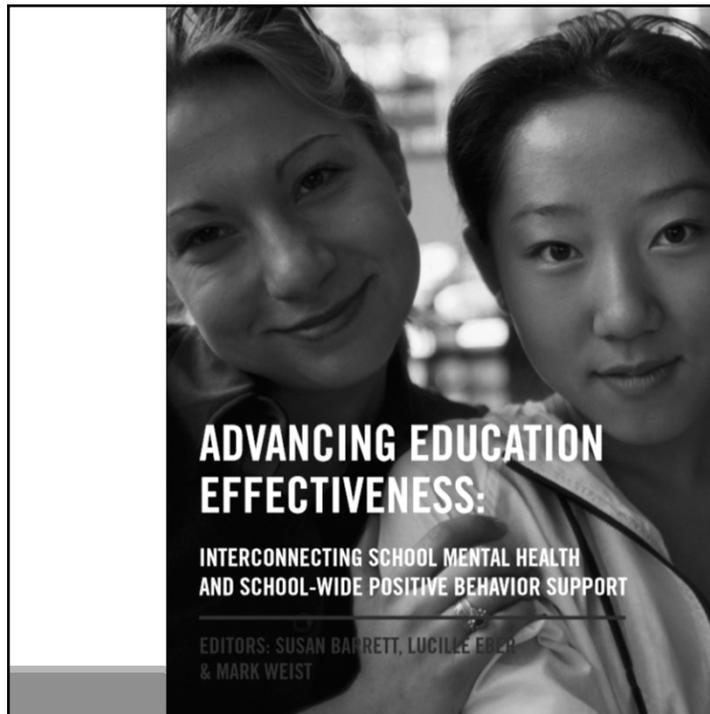
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~INTEGRATED SYSTEMS FRAMEWORK~

## Why in Integrate at Schools?

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- Most children and youth who receive services get them at school.
- Individual and group counseling in schools are linked to more developmental assets for students.
- School-based services increase access and reduce stigma.
- Improvement in mental health links to improvement in behavior, learning, and social skills.



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

*Editors: Susan Barrett,  
Lucille Eber, and Mark Weist*  
[pbis.org](http://pbis.org)  
[csmh.umaryland](http://csmh.umaryland.edu)  
IDEA Partnership NASDSE

## ISF Core Features

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- ✓ Tiered prevention logic and data-based decision making
- ✓ Early access through use of comprehensive screening
- ✓ Effective teams that include community/mental health partners
- ✓ Formal processes, using data, for the selection & implementation of evidence-based practices (EBP)
- ✓ Rigorous progress-monitoring for both fidelity & effectiveness
- ✓ Active involvement by youth, families, and other school and community stakeholders
- ✓ Ongoing coaching at both the systems & practices level

## Key Questions

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1. Can we expand the effectiveness of the school-based continuum if we include a broader group of stakeholders within one integrated behavioral health system (school/community mental health providers, family)?
2. Can we, using local data, enhance the continuum with a greater array of EBPs to meet the needs of more students with greater effectiveness?
3. Can we increase the # of students with data-based improvements in social/emotional & behavioral functioning?

## ISF Defined

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- Structure and process for education and mental health and other systems to interact in most effective and efficient way
- Guided by key stakeholders in education and mental health/community systems
- Who have the authority to reallocate resources, change role and function of staff, and change policy

## MTSS/ISF Core Features

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

# What Does it Mean to Integrate?

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## Change in routines and procedures?

(e.g. who needs to be available to participate in team meetings?)

## Change in how interventions are selected and monitored?

(e.g. team review of data/research vs. individual clinician choice?)

## Change in language we use?

(e.g. identifying specific interventions vs. generic terms such as “counseling” or “supports”?)

## Changes in roles/functions of staff?

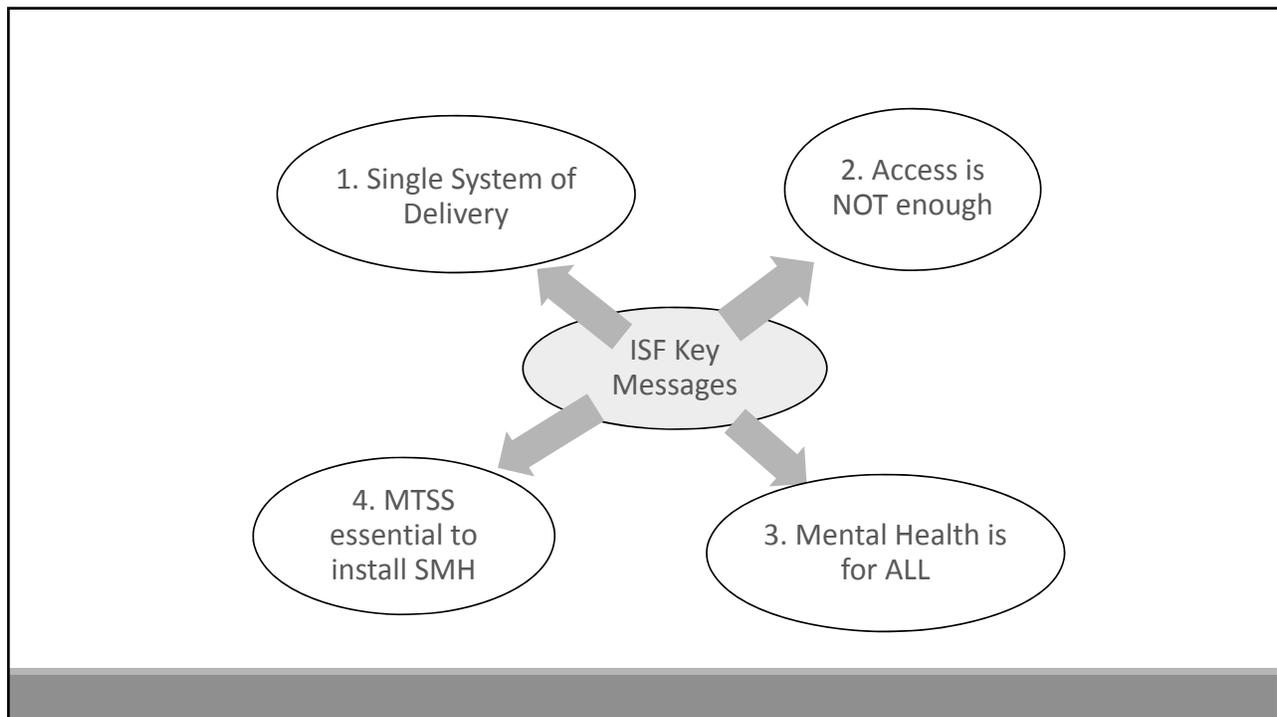
(e.g. clinicians coordinating/overseeing some interventions that non-clinicians deliver?)

# Considerations for Integrated Team

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Meets Regularly  
Databased Decision Making  
Referral/ Nomination Process  
Facilitated Team Structure  
Respect for Members  
Multi-tiered System of Supports  
Defined Structured Social  
Expectations





## 1. Single System of Delivery

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

# 1. Single System of Delivery

Staff know how to use the Nomination or Referral form.

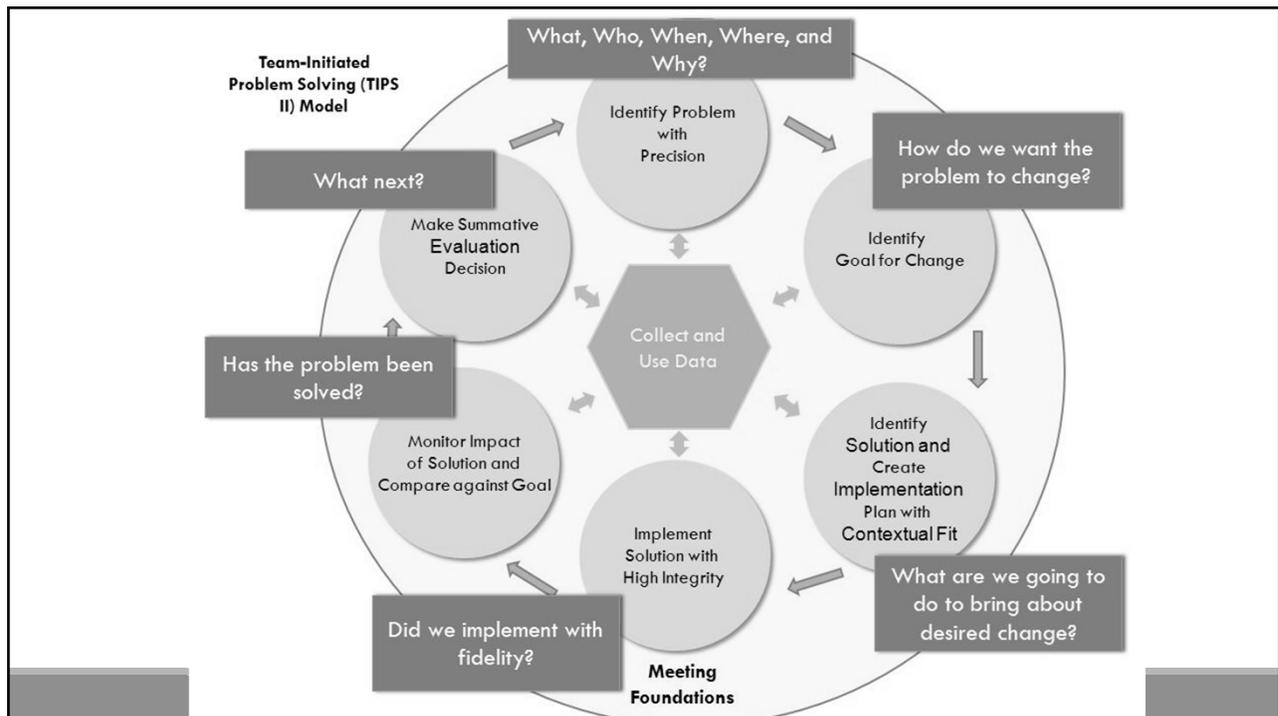
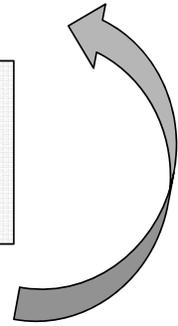
- Can Clearly Define what they believe function of the problem behavior or need.

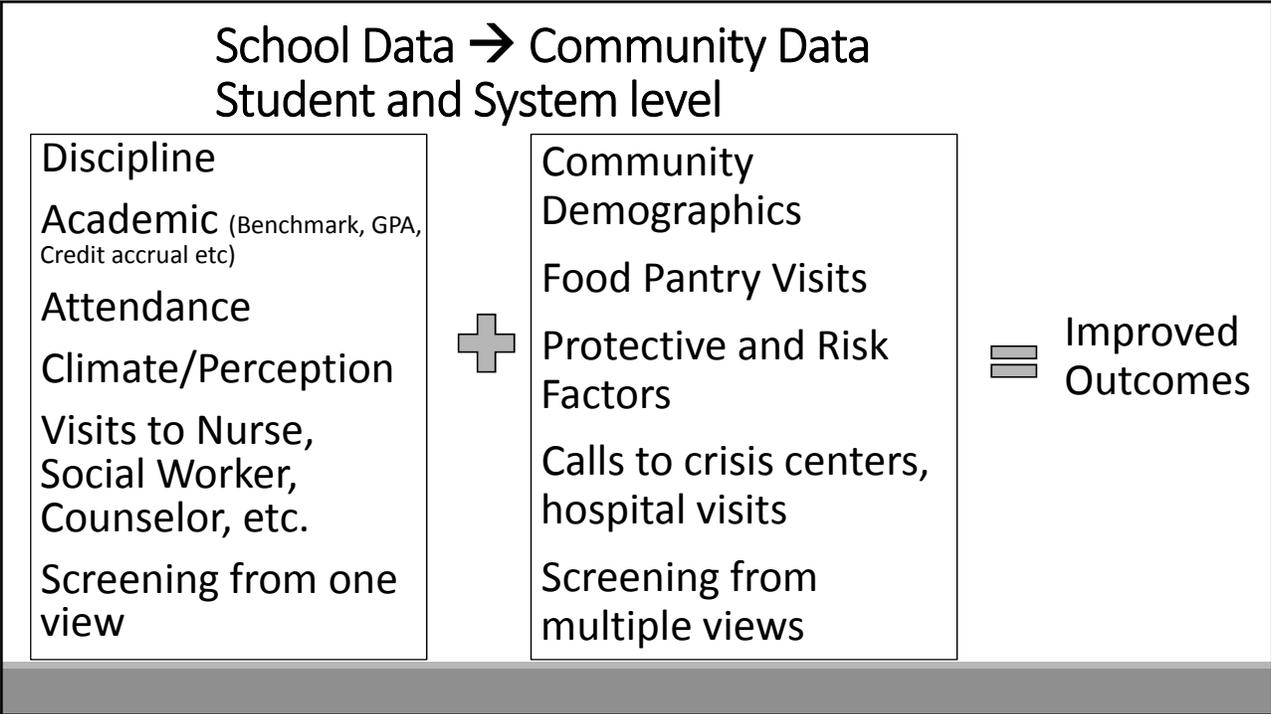
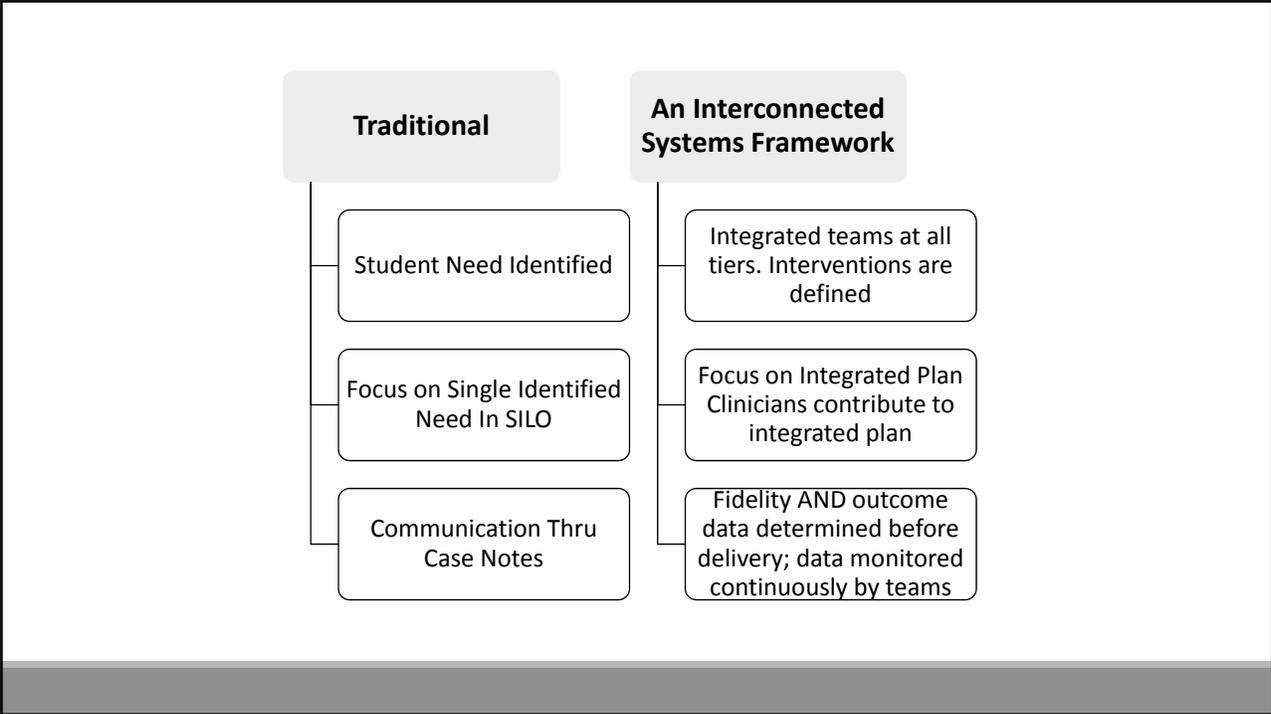
There is a team in place and the team has a strong process for decision making

Example "Team Initiated Problem Solving"

Team-Initiated Problem Solving (TIPS) is a framework to use during meetings (e.g., PBIS, RTI, MTSS) focused on data-based decision making to improve student outcomes.

- Staff are competent and confident in identifying, intervening, and/or referring





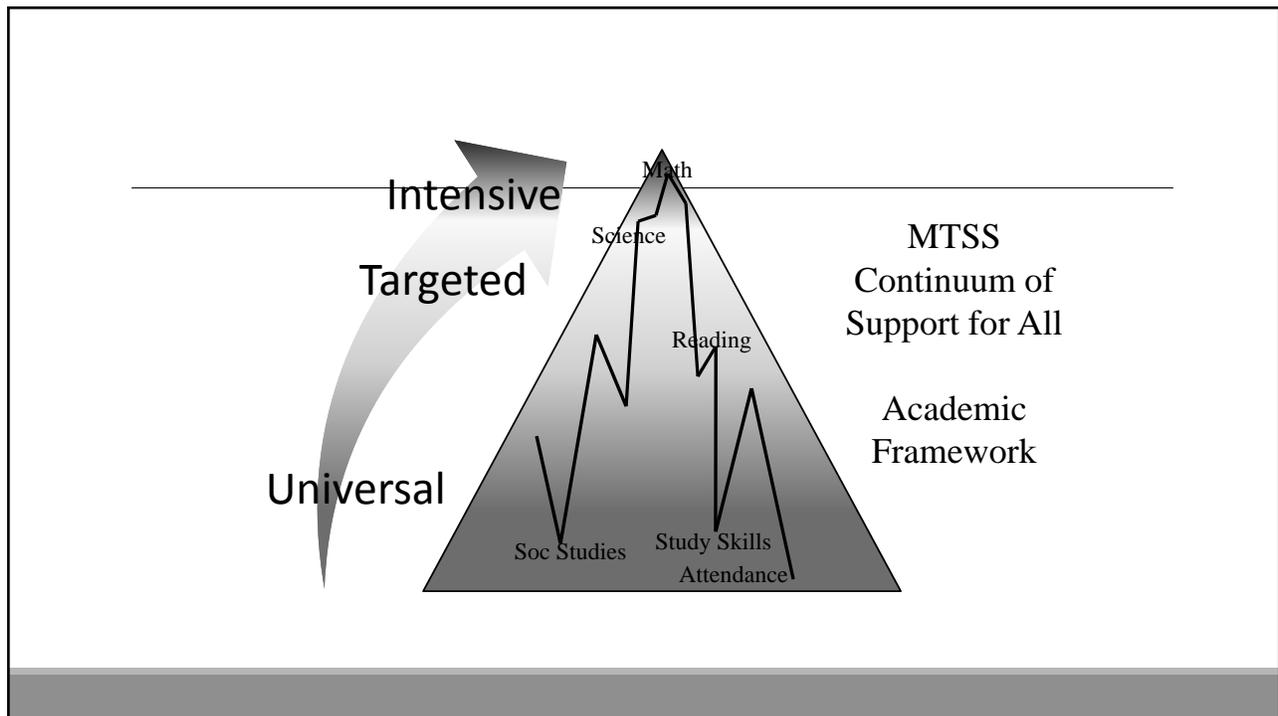
## 2. Access is NOT enough

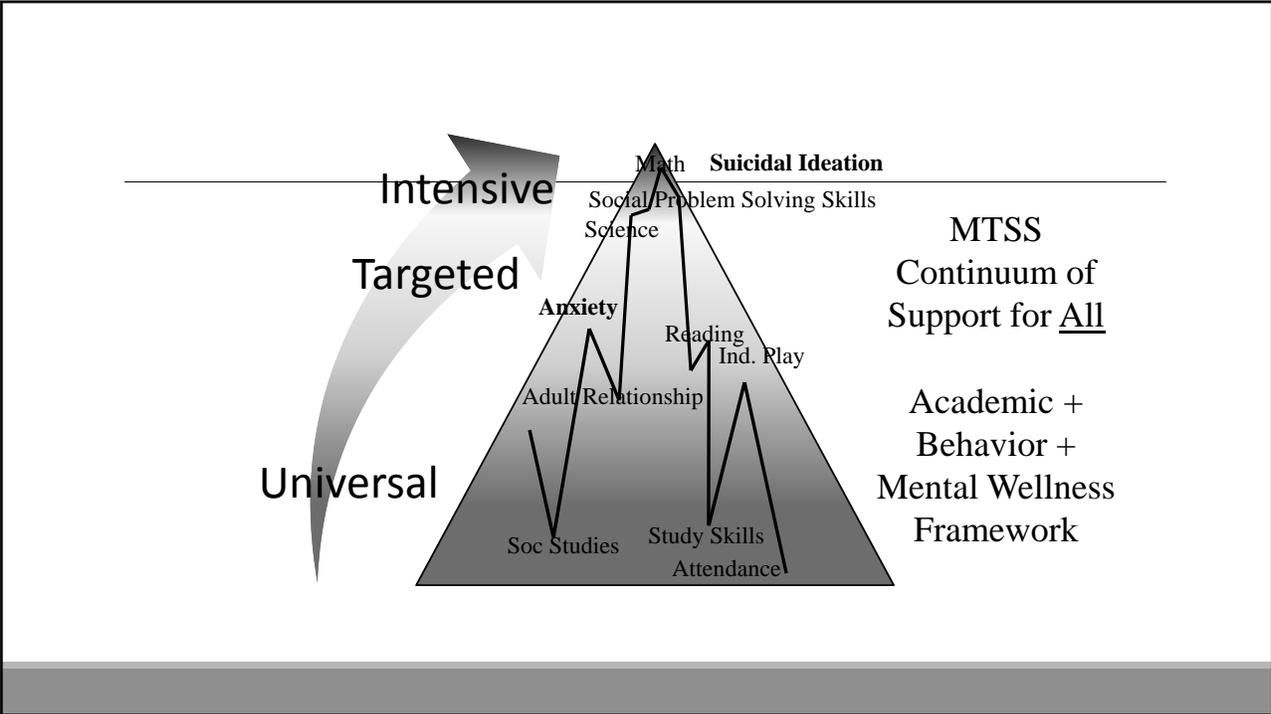
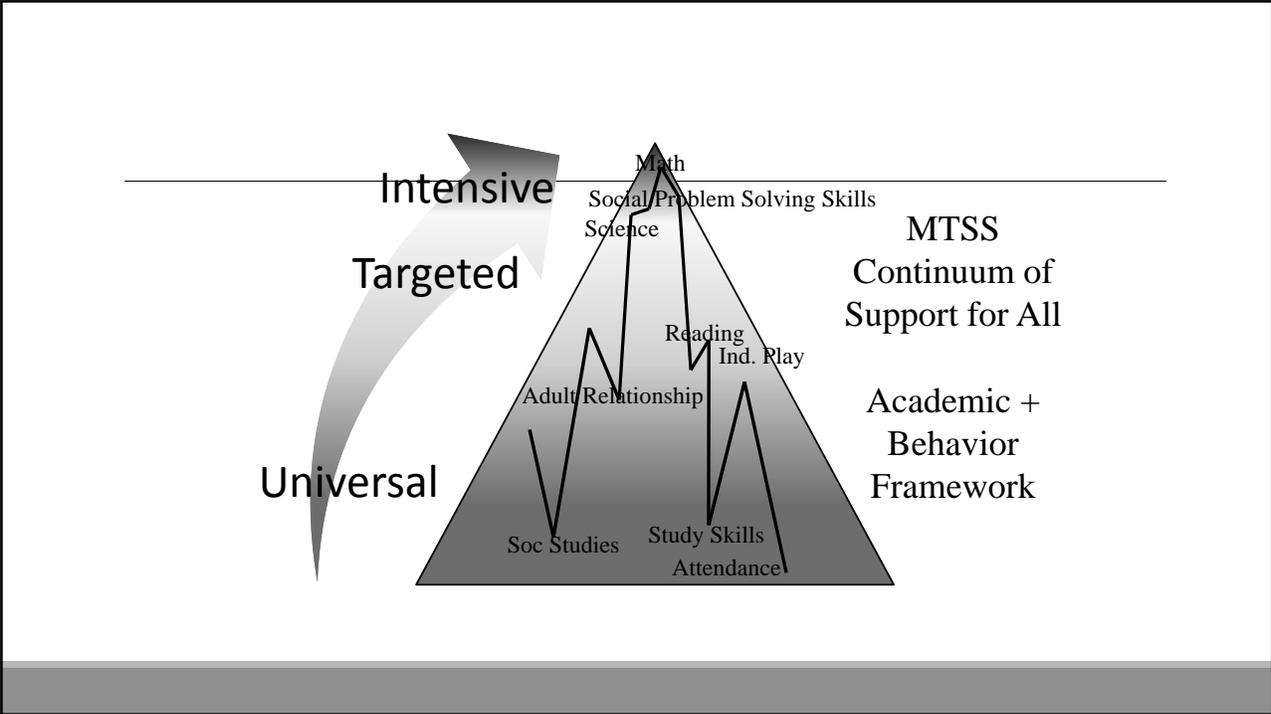
All work is focused on ensuring positive outcomes for ALL children and youth and their families.

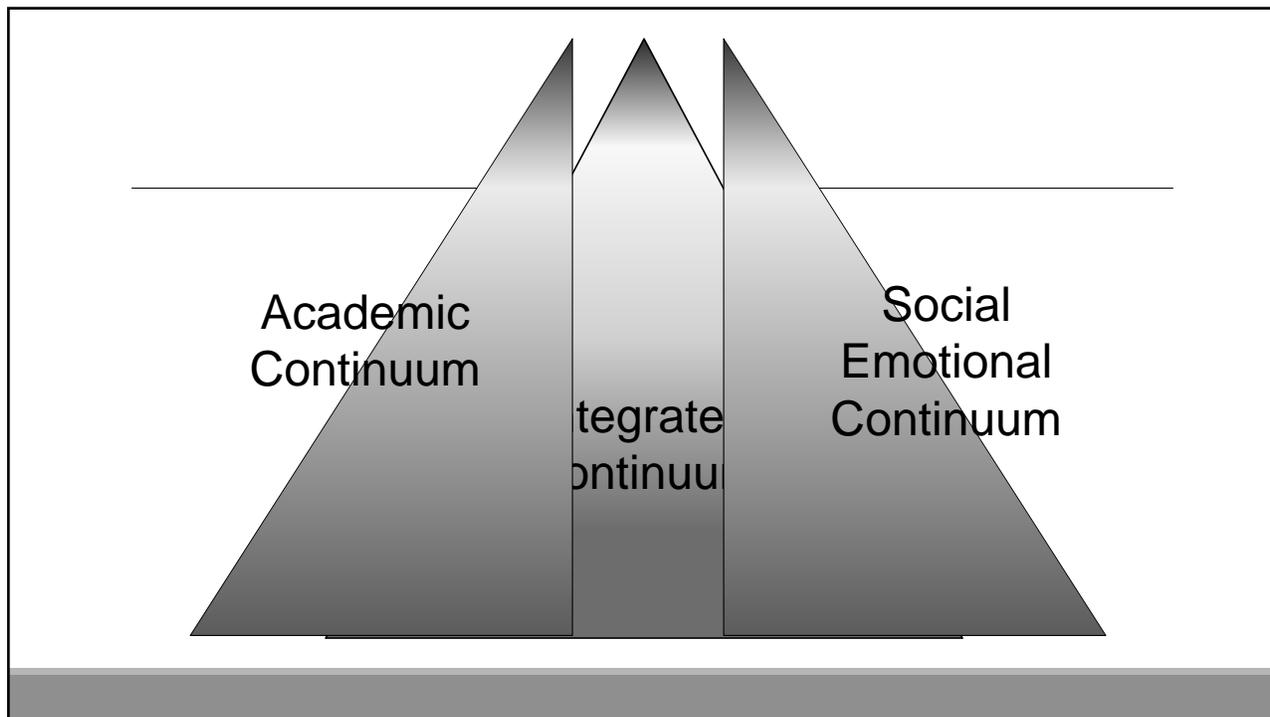
Interventions are matched to presenting problem using data, monitored for fidelity and outcome

Teams and staff are explicit about types of interventions students and youth receive (e.g. from “student receives counseling” to “student receives 4 coping skills group sessions)

Skills acquired during sessions are supported by ALL staff (e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day)







### Daily Progress Report (DPR) Sample

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student's achievement in relation to the following sets of expectations/behaviors.

EXPECTATIONS	1 st block	2 nd block	3 rd block	4 th block
<b>Be Safe</b>	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Respectful</b>	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Responsible</b>	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

Check in Check Out Sample

### Daily Progress Report (DPR) Sample

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student's achievement in relation to the following sets of expectations/behaviors.

**Trauma-Informed  
Add Specific Skill**

EXPECTATIONS	1 st block	2nd block	3 rd block	4 th block
<b>Be Safe</b> Self-Check Use calming strategy	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Respectful</b> Use your words Use safe hands	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Responsible</b> Ask for help Connect with safe person	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

### Daily Progress Report (DPR) Sample

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Teachers please indicate YES (2), SO-SO (1), or NO (0) regarding the student's achievement in relation to the following sets of expectations/behaviors.

**Trauma-Informed  
Add Specific Skill**

EXPECTATIONS	1 st block	2 nd block	3 rd block	4 th block
<b>Be Safe</b> SOS (slow down, orient, self-check) Use mindfulness	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Respectful</b> Distract & Self- Soothe Let 'M Go	2 1 0	2 1 0	2 1 0	2 1 0
<b>Be Responsible</b> Make A Link Make Meaning	2 1 0	2 1 0	2 1 0	2 1 0
Total Points				
Teacher Initials				

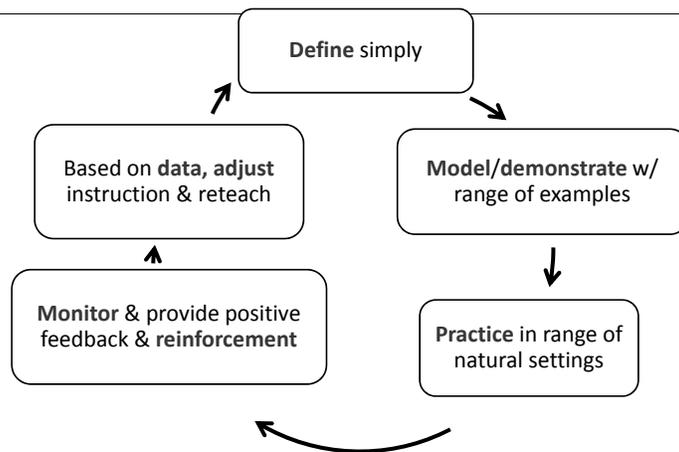
### 3. Mental Health is for ALL

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

### EBP = Teaching Skills (same for social/emotional as for academics)

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Teaching Matrix		INCORPORATE Trauma-Informed Strategies						
		All Settings	Halls	Playgrounds	Classroom	Library/ Computer Lab	Assembly	Bus
Expectations	Respectful	Be on task. Give your best effort. Be prepared.	Walk. Have a plan.		Use your words. Use safe hands.	Study, read, compute.	Sit in one spot.	Watch for your stop.
	Safe	Be kind. Hands/feet to self. Help/share with others.	Use normal voice volume. Walk to right.	Share equipment. Include others.	Self Check. Use Calming Strategy.	Whisper. Return books.	Listen/watch. Use appropriate applause.	Use a soft voice. Stay in your seat.
	Responsible	Recycle. Clean up after self.	Pick up litter. Maintain physical space.	Use equipment properly. Put litter in garbage can.	Ask for help. Connect with Safe Person.	Push in chairs. Treat books carefully.	Pick up. Treat chairs carefully.	Wipe your feet.

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

- Teams
- Data-based decision-making
- Continuum of linked EBPs
- Screening
- Progress monitoring
- Ongoing PD/coaching

## Designing Your Team

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Should reflect the school and community:

- Expertise in academic, behavior, social emotional, family voice, community supports – match your environment
- Should consist of individuals who have ability to access services

### **Four Question to Ask in Building a Community of Practice**

1. Who cares about this issue and why?
2. What work is already underway separately?
3. What shared work could unite us?
4. How can we deepen our connections?



Page 134 Interconnected System Framework

## Activity ~ Building Community of Practice

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1. In your school team or with a partner
2. Answer questions from Monograph from pages 134 and 134

### **Four Question to Ask in Building a Community of Practice**

1. Who cares about this issue and why?
2. What work is already underway separately?
3. What shared work could unite us?
4. How can we deepen our connections?

# Selecting and Monitoring Programs

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## Selection of Evidence Based Practices:

1. Identify need and data source for determining Tier EBPs Practice
2. Use care in selecting practice model
3. Track Initiatives and how they link to district LCAP and to Each Other

# Multiple Evidence-Based Interventions of Varying Intensity

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Install foundational interventions school-wide

Ensure identification, monitoring, and selection process are in place

Identify additional interventions that might be needed such as:

- Trauma-informed interventions
- Coping Cat
- Check and Connect
- Incredible Years
- Functional Family Therapy

## MTSS: A Continuum of Evidence-Based Practices (EBPs) Linked Across Tiers

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A formal process for selecting and implementing evidence-based practices

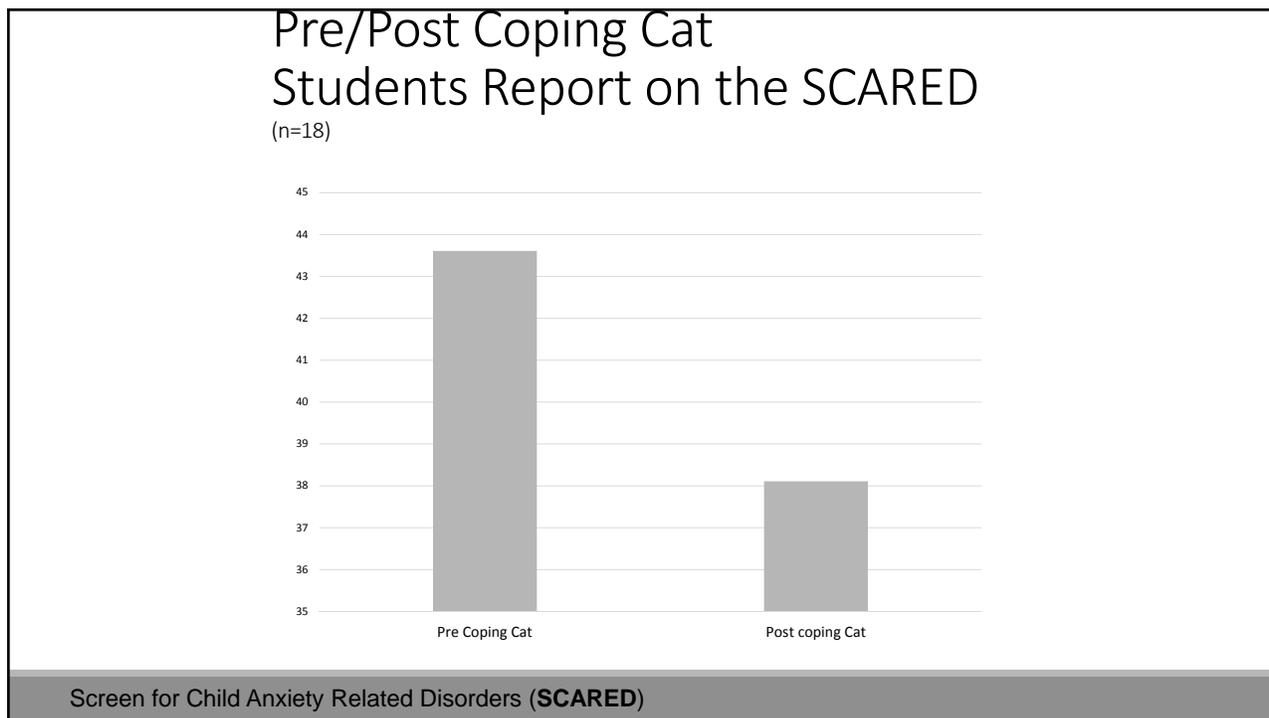
Team process (not individual clinicians)

Interventions linked across tiers with dosage and specificity of interventions increasing from lower to higher tiers

(See Resource Page for Practices)

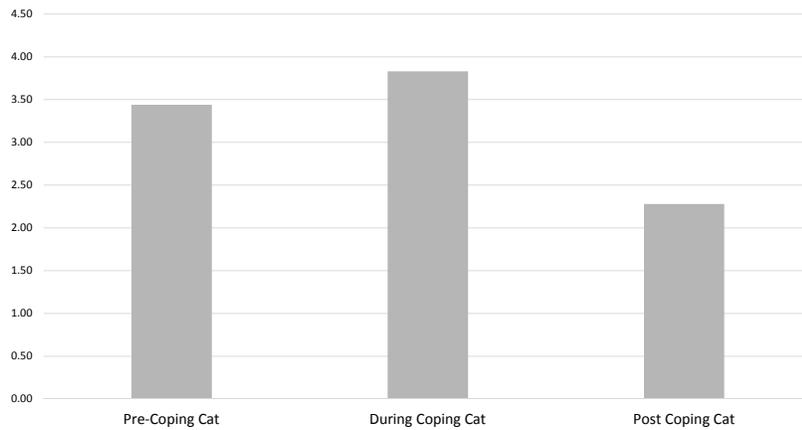
<b>Tier Intervention</b>	<b>Define</b> What the Problem is? Data Source/Evidence	<b>Analyze</b> Why it is Occurring?	<b>Implement</b> What are we going to do about it? G=Gap C= Community F= Family S= School	<b>Evaluate</b> Is the solution working?
Tier I				
<b>Tier Intervention</b>	<b>Define</b> What the Problem is? Data Source/Evidence	<b>Analyze</b> Why it is Occurring?	<b>Implement</b> What are we going to do about it?	<b>Evaluate</b> Is the solution working?
Tier II				
<b>Tier Intervention</b>	<b>Define</b> What the Problem is?	<b>Analyze</b> Why it is Occurring?	<b>Implement</b> What are we going to do about it?	<b>Evaluate</b> Is the solution working?
Tier III				

Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it? G=Gap C= Community F= Family S= School	Evaluate Is the solution working?
Tier I				
Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier II	A small group of students (15) who were asking to go to the office on a daily basis or were frequently absent	Most behaviors were internalizing: anxiety, withdrawal, avoidance of others These were students who performed academically, not special education eligible	<i>Coping CAT is a Cognitive Behavioral Intervention that helps students recognize &amp; analyze feelings related to stress &amp; develop strategies to cope with stress provoking situations. It is an 8-week group intervention that meets on a weekly basis for 45 minutes.</i>	Evaluate Every Four Weeks Student data and group data



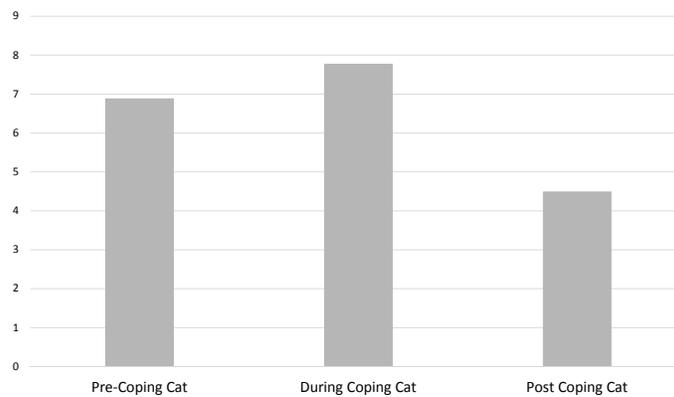
## Average Number of Absences per Student (Full Days)

Pre (7 weeks prior to group); During (8 school weeks of intervention); Post (7 weeks after group)



## Average Number of Visits to the Nurse (per week)

Pre (7 weeks prior to group); During (8 school weeks of intervention); Post (7 weeks after group)



# Selecting and Monitoring Programs

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Selection of Evidence Based Practices:

1. Identify need and data source for determining Tier EBPs Practice
2. Use care in selecting practice model
3. Track Initiatives and how they link to district LCAP and to Each Other

## Programs are not always right for you... Take Care in Selection – Hexagon Tool

---

**Needs** of students; how well the program or practice might meet identified needs.

**Fit** with current initiatives, priorities, structures and supports, and parent/community values.

**Resource Availability** for training, staffing, technology supports, curricula, data systems and administration.

**Evidence** indicating the outcomes that might be expected if the program or practices are implemented well.

**Readiness for Replication** of the program, including expert assistance available, number of replications accomplished, exemplars available for observation, and how well the program is operationalized

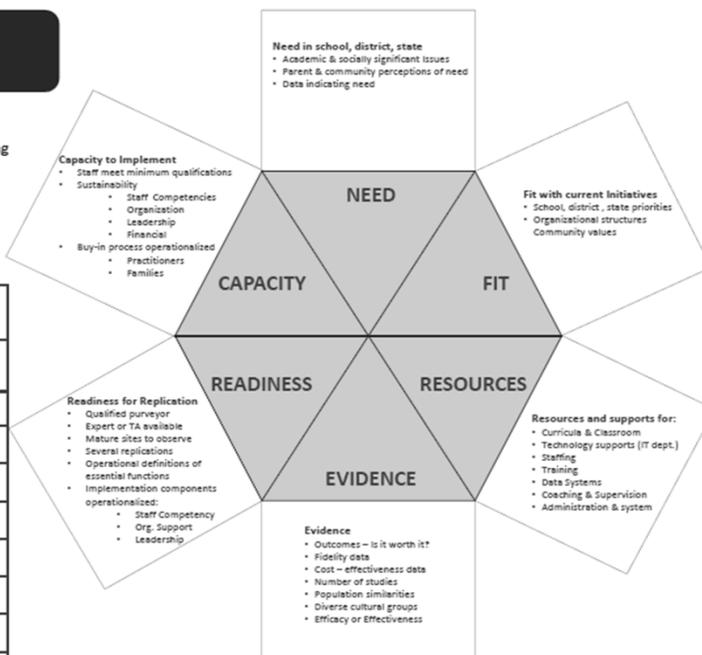
**Capacity to Implement** as intended and to sustain and improve implementation over time.

## The Hexagon Tool Exploring Context

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

See the AI Modules Resource Library  
<http://implementation.fpg.unc.edu>

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



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Adapted from work by Laurel J. Kiser, Michelle Zobel, Albert A. Zachik, and Joan Smith at the University of Maryland



# Monitoring Your Interventions Initiative Inventory

## Initiative Inventory



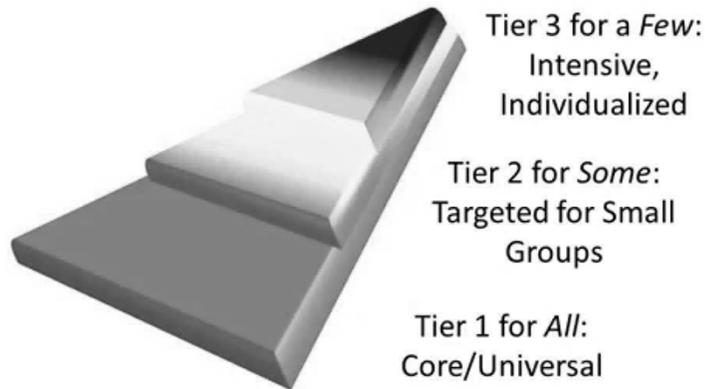
This tool can be used to guide your team's review of past and current programs to get a clear picture of existing initiatives, mandates, and resource commitments. Information and data collected can be used by the organization when exploring the fit of additional initiatives with current work, guide decision making to make room for new work, and assist with alignment of initiatives.

### Date of Inventory:

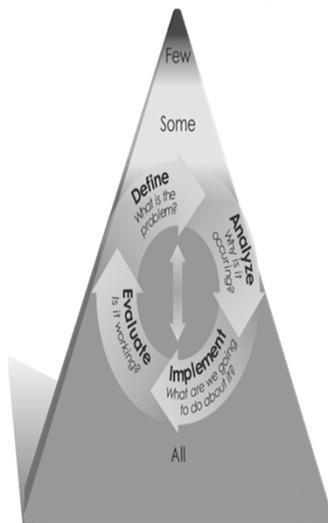
Name of Initiative	Leadership of Initiative (Team and/or Coordinator: Name and Department)	Expected Outcome	Scale of Intended Use (National, regional, targeted population)	Start and End Date	Financial Commitment and Source of Funding (federal, state, grant, or other)	Relation to Organization Priorities & Strategic Plan	Measures of Outcomes	Evidence of Outcomes  What has happened thus far?

# Key to Integration is Organizing Supports

## Continuum of Academic & Social Behavior Support



## Multi-tier System of Support for Student Wellness (School Supports)

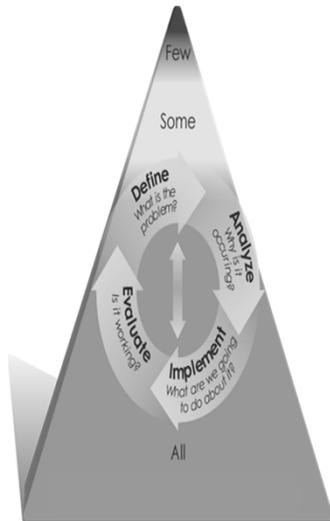


**Tier III: Individual Practical Behavior Plan**  
Wraparound Applied Suicide  
Intervention Training  
Incredible Years Special Education  
Reconnecting Youth

**Tier II: Check In Check Out**  
Check and Connect Coping and  
Support Training  
Second Step Teaching Pro-Social Skills  
Steps to Respect  
Mental Health First Aid  
Signs of Suicide

**Tier I: Universal Interventions – All Students**  
Second Step Kognito At Risk  
Simulation Steps to Respect  
Eliminating Barriers to Learning  
NAMI On Campus High School

## Multi-tier System of Support for Student Wellness (Community Supports)

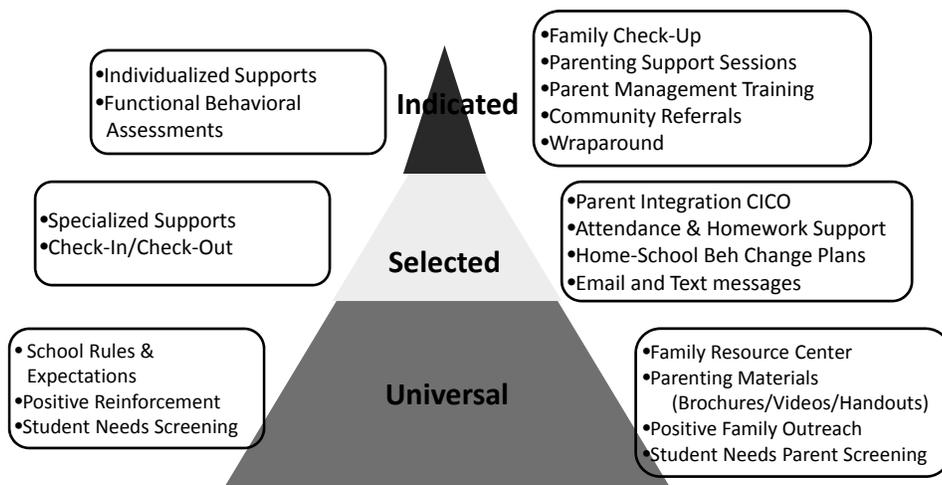


**Tier III: Functional Family Therapy**  
**Wraparound**  
**Parent Child Interactive Therapy**  
**Incredible Years Maternal Depression**  
**Trauma Focus Cognitive Behavior Therapy**

**Tier II: A2Y Mentor Program**  
**Active Parenting**      **Diversion**  
**Teaching Pro-Social Skills**  
**White Bison**  
**Native Art/Drumming**  
**Parent Project/Parent Project Latino**

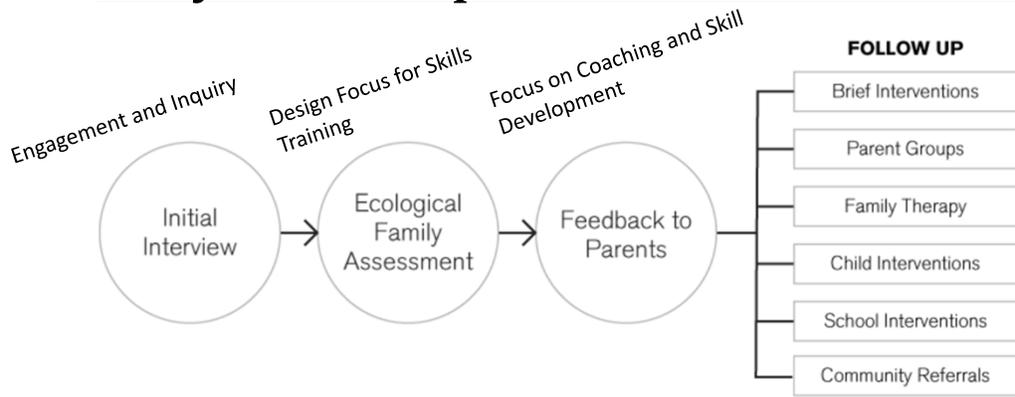
**Tier I: Universal Interventions – All Students**  
**Network of Care**  
**Sierra Native Alliance**  
**Latino Leadership Counsel**

## Integration of Positive Family Support into PBIS & RTI (Tom Dishon and Kevin Moore)

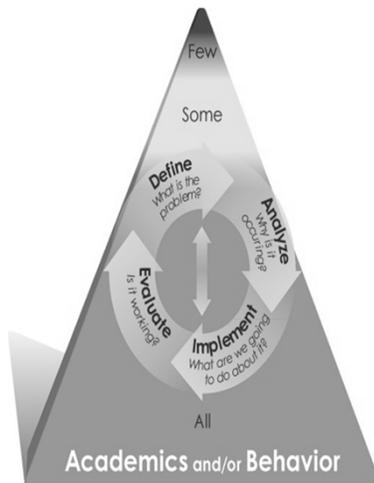


(<http://fcu.cfc.uoregon.edu/>)

# Family Check Up



## School Based Supports



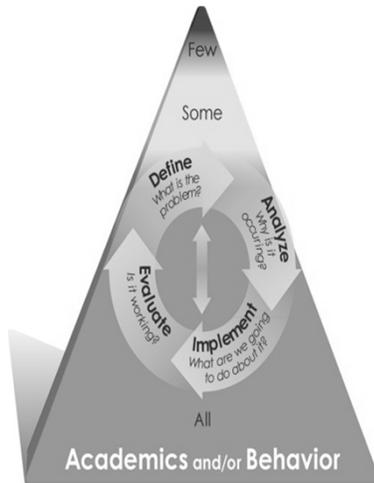
Tier III: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tier II: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tier I: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Multi-tier System of Support for Student Wellness

## Community Supports



Tier III: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tier II: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

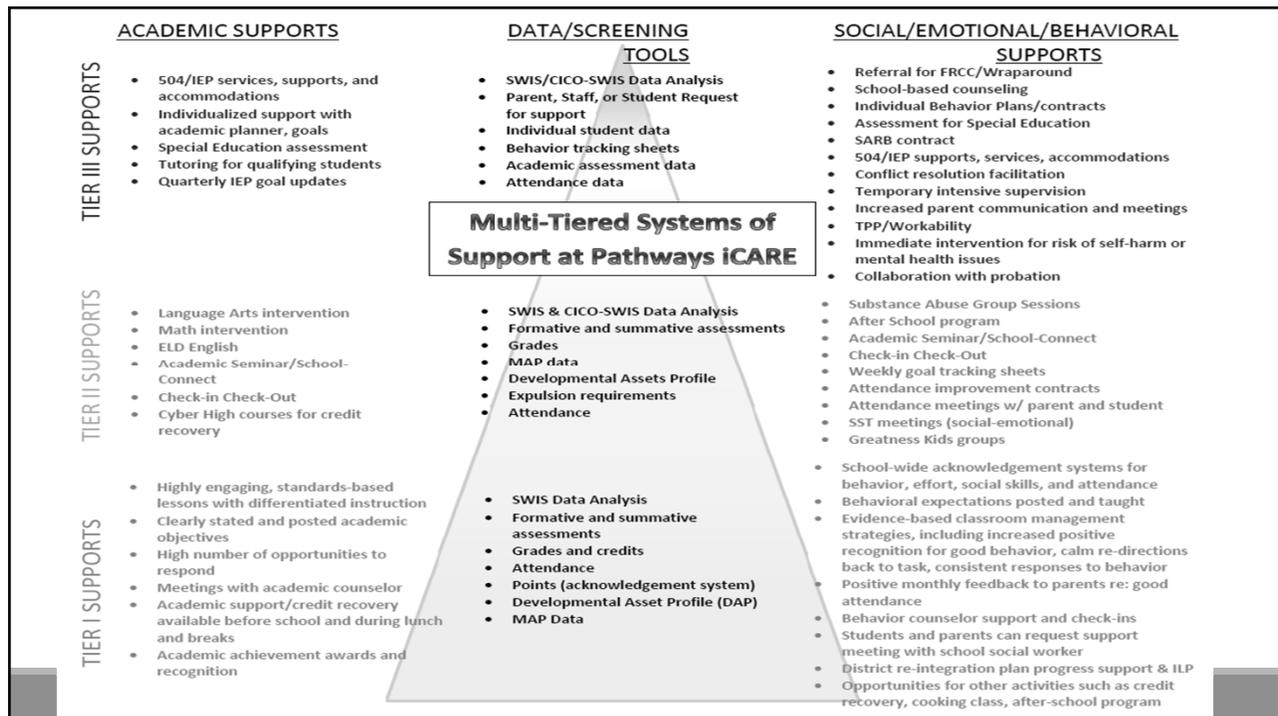
Tier I: \_\_\_\_\_

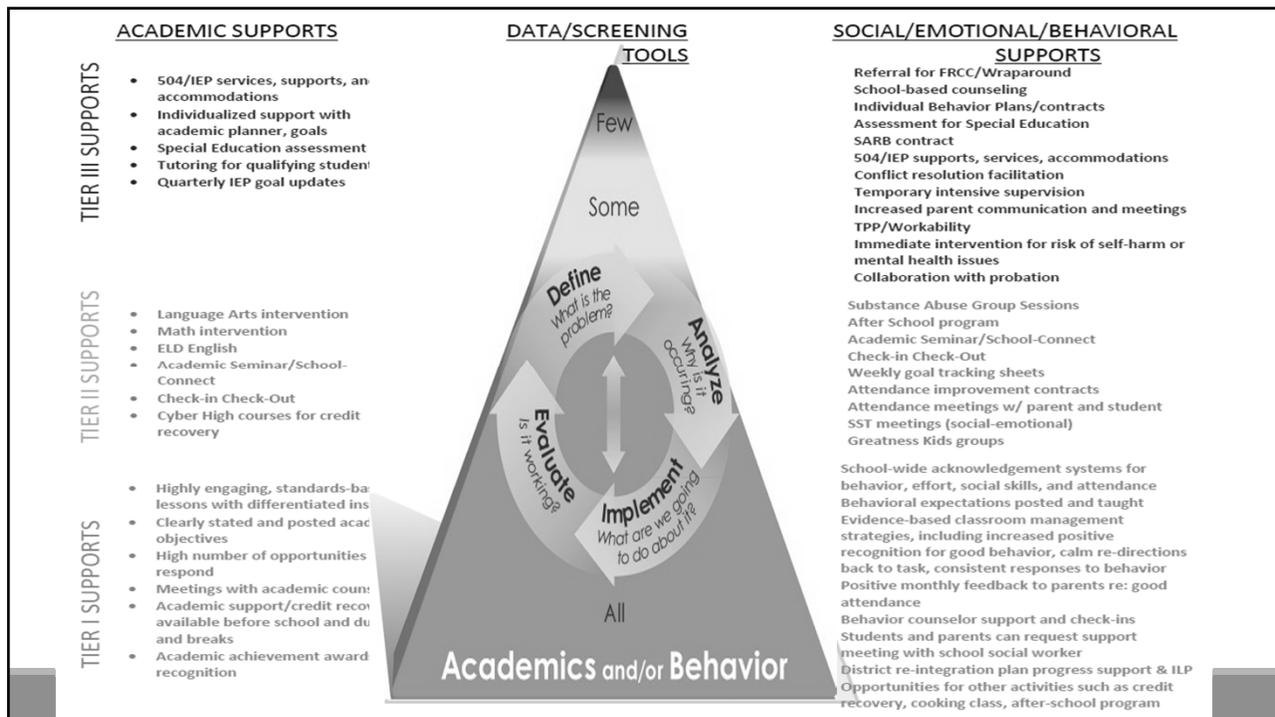
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Multi-tier System of Support for Student Wellness





## Summary ~ Key Points

- Student face complex situations that require us to collaborate and integrate
- Schools need to have strong systems of support in place.
  - Data based decision making
  - Continuum of support
  - An environment that is explicit and defined
- Teams should be formed to reflect the need in our community and school
- Schools should base their continuum of support on evidence there is a need, determine the underlying function of that need, and select programs based on a process.



## Activity ~ Building Community of Practice

1. In your school team or with a partner
2. Answer questions from Monograph from pages 134 and 134

### Four Question to Ask in Building a Community of Practice

1. Who cares about this issue and why?
2. What work is already underway separately?
3. What shared work could unite us?
4. How can we deepen our connections?

### Additional Resources:

SMHI Clearinghouse [www.regionalk12smhi.org](http://www.regionalk12smhi.org)

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

NREPP: [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

CEBC: [www.cebc4cw.org](http://www.cebc4cw.org)

Colorado Blueprints: [www.colorado.edu/cspv/blueprints/](http://www.colorado.edu/cspv/blueprints/)

OJJDP: [www.ojjdp.gov/MPG](http://www.ojjdp.gov/MPG)

Active Implementation: <http://implementation.fpg.unc.edu>

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

California MHSA: <http://calmhsa.org/>

California PBIS: [www.pbisca.org](http://www.pbisca.org)

SAMSHA: [www.samhsa.gov](http://www.samhsa.gov)