

School Mental Health Leadership Convening: Leveraging MTSS to Build Capacity

Susan Barrett and Kimberly Yanek

Learning & Wellness Expectations

EXPECTATION	Today	Today & Beyond
We are Responsible & Safe	<ul style="list-style-type: none"> ▪ Make yourself comfortable ▪ Take care of your needs (water, food, restroom, etc.) ▪ Action plan to implement what you are learning ▪ Follow through on your action items 	<ul style="list-style-type: none"> • Create an emotional support team • Check on friends • Utilize Employee Assistance Program Resources • Reach out if you need help and support: <ul style="list-style-type: none"> • Mental Health and Suicide Prevention: 988
We are Respectful	<ul style="list-style-type: none"> ▪ Keep cell phones silenced ▪ Listen attentively while others are speaking ▪ Have only the training materials up on your computer/tablet/phone ▪ Return from break on time ▪ Provide room for every voice 	<ul style="list-style-type: none"> • Nurture your body with healthy food • Build calming routines for sleep • Build routine for daily exercise
We are Engaged	<ul style="list-style-type: none"> ▪ Ask what you need to know to understand and contribute ▪ Contribute to the group by sharing relevant information and ideas ▪ Return from break on time 	<ul style="list-style-type: none"> • Be aware of your stress level and in tune to feelings of calm or anxiousness • Recognize and name the emotions you are experiencing • Pay attention to joy • Recognize and validate grief • Do a body check for areas of tightness, discomfort • Take movement breaks, hydrate

Session Objectives

1

Learn proven strategies for addressing mental health in schools using MTSS

2

Deepen understanding to better leverage existing resources and strengthen effectiveness across systems

3

Compare Delaware landscape with national progress

4

Share successes, ask questions, and seek clarity to improve mental health outcomes for Delaware students

Acronyms & Abbreviations

Acronym/Abbreviation	Meaning
CICO	Check-in/Check-Out
DSFI	District System Fidelity Inventory
EBP	Evidence-Based Practice
FBA-BIP	Functional Behavior Assessment – Behavior Intervention Plan
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

Let's Get
Connected!
What is
your 5?

Get Beyond "I'm Fine."

On a regular basis, ask yourself and those around you how things are going with these five aspects of life. It's an easy and effective way to keep tabs on your mental wellness.





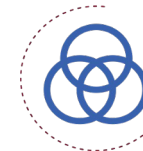
Current Context

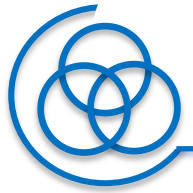
Across the board, teachers struggling to feel that they are effectively and appropriately supporting students with intensive behaviors.

Administrators struggling to feel that they are effectively supporting staff with well-being.

Early childhood and primary buildings, rates of behaviors such as biting (others and self), hitting (others and self), anxiety, withdrawal, etc. program-wide that are unprecedented.

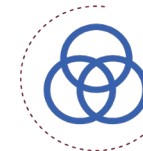
At Secondary level, increase suicide ideation, drug and alcohol misuse/abuse





National Trends

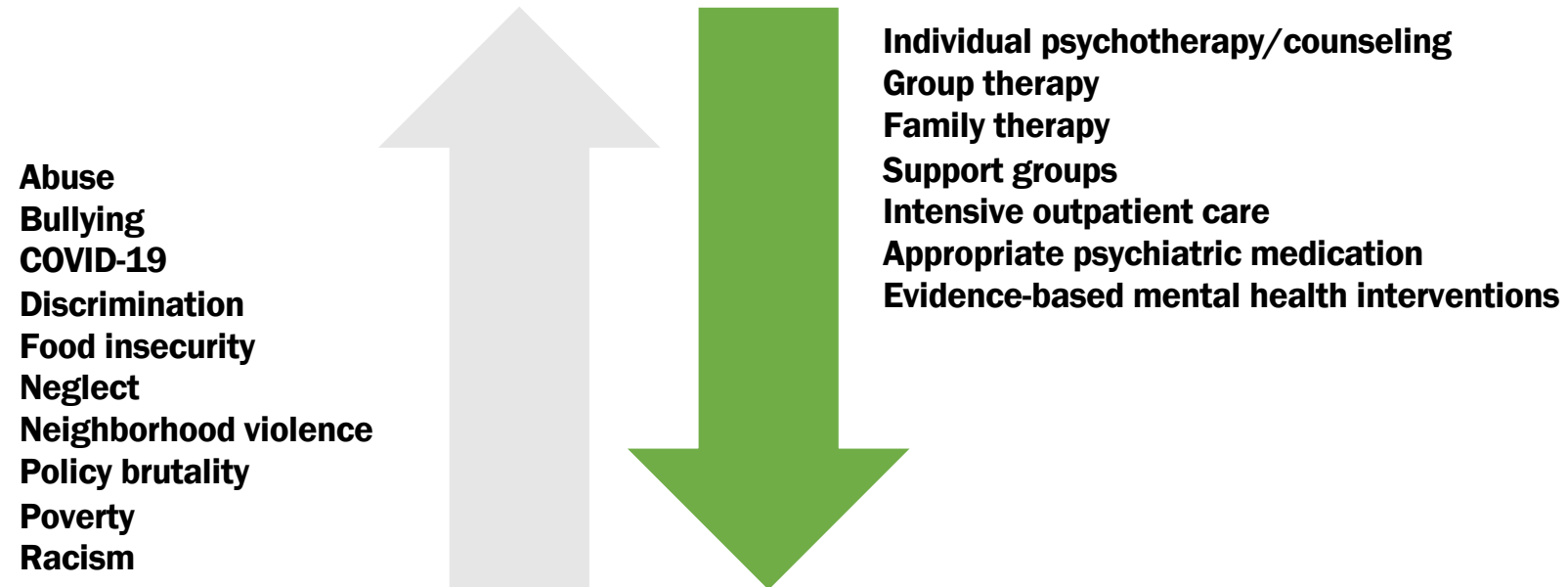
- Increased SEB and MH have been on an increasing trends for over a decade
- Majority of students/staff with anxiety, depression, trauma, generational trauma
 - Racism is an adverse childhood experience- major long term health implications
- Social Determinants of Health and larger community context that impact student success
- Staff shortages- increasing and expected prior to pandemic
- 1:1 service delivery will not be enough
- Impact of healthy, positive, predictable, consistent nurturing environments – significantly impact wellbeing and academic achievement



Teacher Stress

- Relative to professionals in other sectors, educators experience significantly more stress and suffer more often from mental health problems. In fact, 61 percent of educators reported that their work is “always” or “often” stressful. Failing to address the mental health needs of teachers (concurrent with our focus on student stress and trauma) may affect their ability to address critical needs among students
- What are your sources of stress?

Children of color are disproportionately exposed to trauma and less likely to have access to mental health services



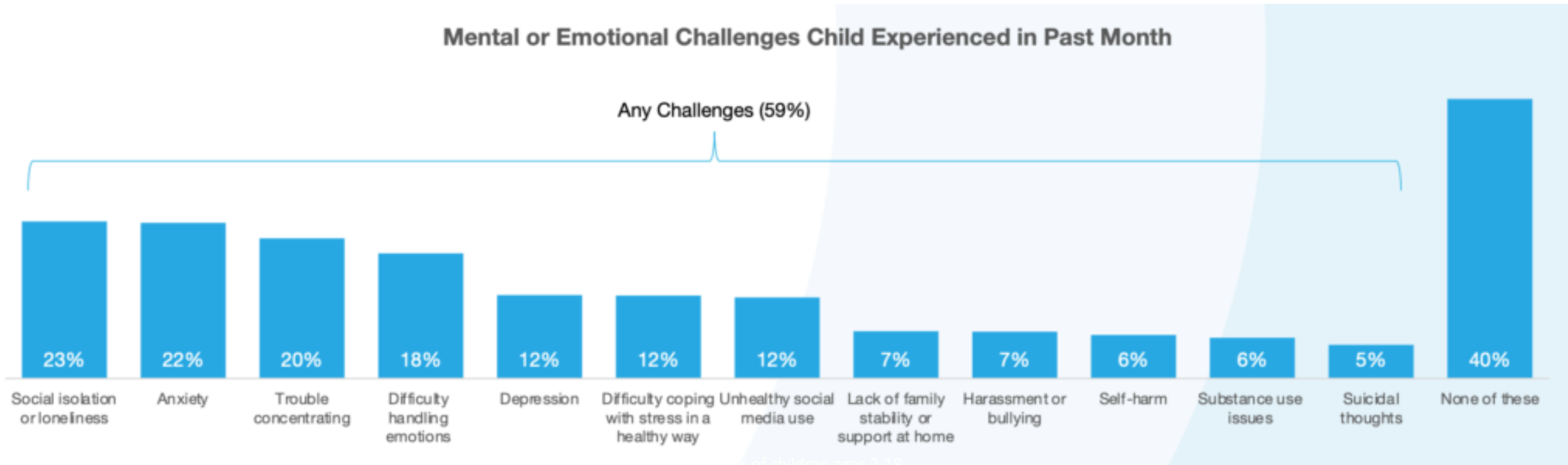
Sources: CDC, 2016; SAMHSA, 2015; Larson et al., 2017; Slopen et al., 2016; Alegria et al., 2010

Schools are the primary providers of mental health services but are schools emotionally safe places? For everyone?

For Black LGBTQ students, schools can be terrifying and hostile spaces. They are **five times** more likely to be bullied than those assumed to be heterosexual.”



COVID-19 has increased mental health problems among children



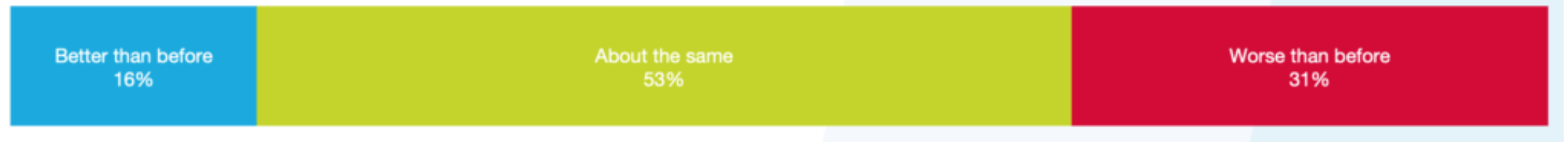
Source: <https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/>

COVID-19 has increased mental health problems among teens

DE Data connection that demonstrates need for Tier 1 response. -

Based on 2022 DE School Survey, about half of eighth graders (44%) and two-thirds of eleventh graders (65%) reported being bothered by feeling down, depressed, or hopeless in the past two weeks

Child's Current Emotional/Mental Health Compared to Before the COVID-19 Outbreak



Source: <https://jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/>

We know schools are primary providers of SMH

Why Mental Health in Schools?

School-based mental health services reach children in typical, every-day environments. The natural, non-stigmatizing location offers an early and effective environment for intervention.

Through the 2022 Delaware School Survey 37% of 8th graders and 46% of 11th graders shared more mental health support in school can make them feel safer

A photograph of several salmon swimming upstream in a turbulent, white-water river. The fish are silvery with hints of orange and pink, and they are positioned at various points in the frame, all moving towards the upper left. The water is churning with white foam and bubbles.





Upstream

How do we stay focused on upstream when we are in crisis mode?

“So often in life, we get stuck in a cycle of response. We put out fires. We deal with emergencies. We handle one problem after another, but never get around to fixing the systems that caused the problems.”

Dan Heath, Upstream

WE CAN NOT HIRE OR BUY OUR WAY OUT OF THIS

Simple responses to increases in funding won't be enough	<i>AND</i>	Redesign how we do school using MTSS logic
Hire social emotional behavior and mental health experts		<p>Participate in teams across tiers: Strengthen Tier 1 and focus on Tier 2 System.</p> <p>Adapt role to be fully embedded members of the community and to help build capacity of ALL staff.</p>
Select and Buy Social Emotional Behavioral (SEB) curriculum		<p>Formal process, team-based decision. (same as academic curriculum) Data used to prioritize skills.</p> <p>All instructional staff model, teach alongside academic content.</p>
Train staff on trauma-informed practices		<p>Team based training. Time to embed new learning. Time to develop evaluation plan.</p>
Strengthen partnerships with families and community providers.		<p>Normalize having families, youth, community members participate in teams and co-design effort</p> <p>Expanded Team use school AND community data to inform efforts across all tiers.</p>

Suspensions
do more harm
than good...
So why are we
continuing
that practice?

“The findings underscore that suspending students does little to reduce future misbehavior for the disciplined students or their peers, nor did it result in improved academic achievement for peers or perceptions of positive school climate. Plus, the more severe the exclusionary discipline, the greater its negative effects were on a student’s future academic performance, attendance, and behavior.”

Theme: Supportive People

Students spoke about the importance of having supportive people in their life and mentioned the following.

- Friends, family (sometimes parents, sometimes other family members such as grandparents or cousins).
- School counselors or psychologists.
- Teachers who care.

“For me personally, I like to surround myself with people that don’t irritate me, or that I know for a fact that won’t mess with my mental when it comes to feeling depressed, or sad, or any of that.”

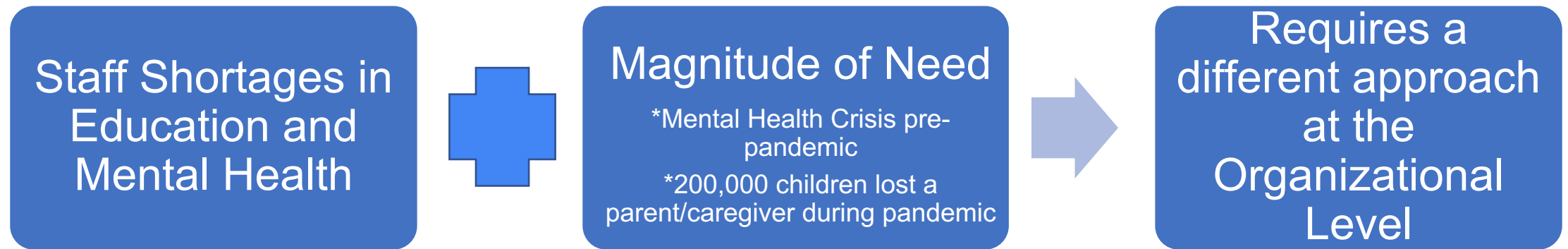
Spring 2022 Focus Groups

Themes – Barriers

- Students had concerns about confidentiality and privacy.
- Not knowing who to ask.
- Fear of being labeled or being considered weird.
- Parents may not be open to hearing about mental health.
- Not enough time to get work done and do self-care.
- Time off for mental health conflicted with demands of schoolwork.

“Reaching out to somebody at the school, you’re scared that the school’s gonna tell your parents, so you just don’t really want to do anything.”

Spring 2022 Focus Groups



MTSS offers the roadmap for integration and equity. ISF offers the directions to embed mental health, include family and youth AND involve other community child serving agencies.


The Way Forward

How do we use an interconnected approach to build a single system?

Expanding the utilization of PBIS to include other child serving systems and bringing youth/family/community to co-lead, co-design and adapt to fit culture/context/values.



Clarifying Terms

- RTI
 - PBIS
 - MTSS
 - ISF
- 

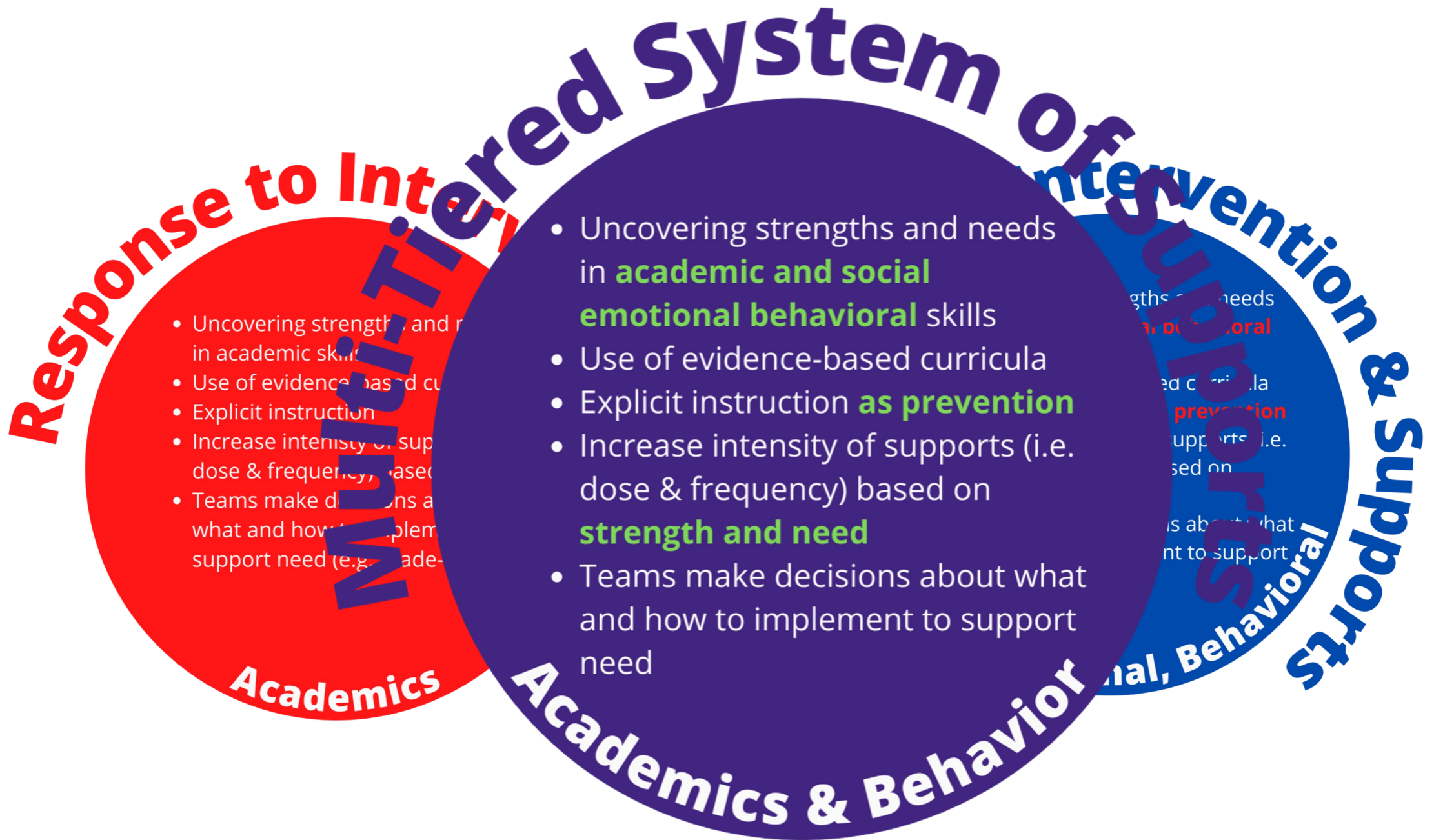
MTSS and PBIS are widely used. How can we enhance to fit mental health needs?



“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 approach.

PBIS + Larger Community Services=ISF





Response to Intervention

- Uncovering strengths and needs in academic skills
- Use of evidence-based curricula
- Explicit instruction
- Increase intensity of supports (i.e. dose & frequency) based on need
- Teams make decisions about what and how to implement to support need (e.g. grade-level)

Academics

Positive Behavior Intervention & Supports

- Uncovering strengths and needs in **social emotional behavioral** skills
- Use of evidence-based curricula
- Explicit instruction **as prevention**
- Increase intensity of supports (i.e. dose & frequency) based on **strength** and need
- Teams make decisions about what and how to implement to support need

School Mental Health

- Uncovering strengths and needs in **mental health** skills
- Use of evidence-based **mental health** curricula
- Explicit instruction--**Wellness is a skill too!**
- Increase intensity of supports (i.e. dose & frequency) based on strength and need
- **Expanded team includes youth, family and clinicians making decisions** about what how to implement to support need across all tiers

Single System of Delivery

RtI

- Uncovering strengths and needs in academic skills
- Use of evidence-based curricula
- Explicit instruction
- Increase intensity of supports (i.e. dose & frequency) based on need
- Teams make decisions about what and how to implement to support need (e.g. grade-level)

Academics

PBIS

- Uncovering strengths and needs in **social emotional behavioral** skills
- Use of evidence-based curricula
- Explicit instruction **as prevention**
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Social, Emotional, Behavioral

SMH

- Uncovering strengths and needs in **mental health** skills
- Use of evidence-based **mental health** curricula
- Explicit instruction--**Wellness is a skill too!**
- Increase intensity of supports (i.e. dose & frequency) based on strength and need
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Single System of Delivery

Core Features

Formal **team** process for selection & implementation of **evidence-based practices** across tiers

Progress Monitoring fidelity & effectiveness **regardless who delivers**

Effective **teams co-design with youth, family & community**

Data-based decision making with school and **community data**

Comprehensive **Screening (Internalizing & Externalizing)**

Ongoing system and practice **coaching** for school **and community professionals**

Break Out Discussion to Unpack and Large Group Share



What are your goals around integration and/or alignment?

How will you know when you have arrived- what will people be doing and saying differently?

What is the real challenge with alignment and integration work?

If you are saying yes to silos, then what are you saying no to?



“Do the best you can
until you know better.
Then when you know
better, do better.”-
~Maya Angelou



Improved Student Outcomes

academic achievement

(Angus & Nelson, 2021; Horner et al., 2009; Lassen et al., 2006; Nelson et al., 2002)

prosocial behavior

(Metzler et al., 2001; Nelson et al., 2002)

attendance

(Flannery et al., 2020; Freeman et al., 2015*)*

emotional regulation

(Bradshaw, Waasdorp, & Leaf, 2012)

reduced bullying behaviors

(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of drug/alcohol use

(Bastable et al., 2015; Bradshaw et al., 2012)*

social & academic outcomes for SWDs

(Lewis, 2017; Tobin, Horner, Vincent, & Swain-Bradway, 2012)



Reduced Exclusionary Discipline

office discipline referrals

(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Bradshaw et al., 2021
Elrod et al., 2022*; Flannery et al., 2014*; Freeman et al., 2015*; Horner et al., 2005;
Horner et al., 2009; Metzler et al., 2001; Nelson et al., 2002; Solomon et al., 2012)*

suspensions

(Bradshaw, Mitchell, & Leaf, 2010; Freeman et al., 2015; *Gage et al., 2018; Gage et al., 2019; Nelson, 1996; Nelson et al., 2002; Solomon et al., 2012)*

restraint and seclusion

(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)

racial inequities

*(Fox et al., 2021; Gion et al., 2022; McIntosh et al., 2018; McIntosh et al., 2021a;
McIntosh et al., 2021b; Muldrew & Miller, 2021; Payno-Simmons, 2021; Swain-Bradway et al., 2019)*



Improved Teacher Outcomes

teacher efficacy & well-being

(Kelm & McIntosh, 2012; Ross & Horner, 2006; Ross, Romer, & Horner, 2012)

teacher-student relationships

(Condliffe et al., 2022)

student engagement & instructional time

(Algozzine & Algozzine, 2007; Condliffe et al., 2022; Flannery et al., 2020)*

school culture & organizational health


(Bradshaw et al., 2008; Bradshaw et al., 2009; McIntosh et al., 2021; Meng et al., 2016)

climate & safety

(Elrod et al., 2022; Horner et al., 2009; McIntosh et al., 2021)*

When Implementing Positive Behavior Interventions and Supports (PBIS) with Fidelity

MTSS B Trial: Key Takeaways



IES MTSS-B Trial: Key Takeaways for District and State Leaders


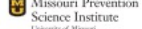



Authors: Kent McIntosh, Keith Herman, Catherine Bradshaw, & Brandi Simonsen **JANUARY 2023**

The purpose of this brief is to review the latest randomized controlled trial (RCT) examining effects of positive behavioral interventions and supports (PBIS), an example of a multi-tiered system of support for behavior (MTSS-B), on a range of student outcomes. The study explored one approach to implementing PBIS and focused on students' behavioral and academic outcomes. Although it did not identify positive behavioral and academic effects for all students, students with the most behavior needs saw improved reading scores and decreased rates of disruptive behavior. Other important outcomes, including those related to classroom management and school climate, also saw some improvements. We share findings and key takeaways from this new study, in the context of the broader research literature, to guide local educational agency (LEAs) and state educational agencies (SEAs) in their use of MTSS to improve student outcomes.

Key Takeaways

- ▶ Multiple rigorous studies show that PBIS has the potential to improve a range of student outcomes.
- ▶ Tier 1 PBIS can be most effective for the students who need it most.
- ▶ Don't expect PBIS to improve academic achievement without a focus on improving the quality of academic instruction.
- ▶ Supporting teachers' implementation of classroom PBIS practices is critical for improving student outcomes.
- ▶ Establishing district capacity may be necessary for sustainable improvement in outcomes.

The authors would like to thank NCES Commissioner Matthew Soldner for his useful feedback on this brief.

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- Establishing district capacity may be necessary for sustainable improvement in outcomes.

<https://www.pbis.org/resource/ies-mtss-b-trial-key-takeaways-for-district-and-state-leaders>

Addressing Limitations of MTSS and Inequitable Learning Conditions

- Not enough staff and resources, especially students of color who are more likely to attend a school with an SRO, but not a school counselor, than white students (U.S. Department of Education, 2016).
- Schools struggle to implement effective interventions at Tiers 2 and 3 with a “wait to fail” model.
- Many systems have challenges aligning multiple social, emotional, and behavioral initiatives.
- Youth, family voice are put on hold, muted or tokenized.
- Youth with “internalizing” issues may go undetected/ “externalizing” issues are punished

Addressing Limitations of MTSS and Inequitable Learning Conditions

To what extent do we have an experienced, diverse & stable teaching workforce ?

- **Schools serving mostly students of color are more likely to be taught by out-of-field and novice teachers (Bromberg, 2016; U.S. Department of Education, 2016).**
- **Students of color are more likely to attend schools where more than 50% of teachers were absent for more than 10 days (U.S. Department of Education, 2016).**

Embedding Equity Into All Aspects of MTSS

At the Delaware Positive Behavior Support Project, we are committed to improving outcomes for each student. Educational systems cannot be considered effective until they are *effective for all students*. A Multi-Tiered System of Support (MTSS) can be a force for dismantling systemic racism and promoting equity or serve to perpetuate oppression. In recognition that black lives matter and given centuries of oppression, violence, and segregation, we must increase our commitment to improving outcomes for Black, Indigenous, and other Students of Color. PBIS teams embed equity into their implementation of all aspects of MTSS. Learn more about our community beliefs and practices [here](#).

Interconnected Systems Framework (ISF)

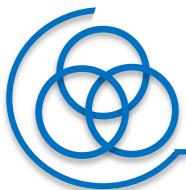


- Deliberate application of the multi-tiered PBIS Framework for all social-emotional-behavioral (SEB) interventions *(e.g. Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention, etc.)*
- Aligning all SEB related initiatives through one system at the state/regional,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

What are the ways we are enhancing PBIS?

Interconnecting PBIS + MH (ISF) =PBIS 2.0

- **Effective teams** that include **youth, family and community mental health providers** (expand opportunity and access for members who historically have been excluded)
- **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 and equitable approach to screening, which
- **includes uncovering strengths, story & 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** (e.g., continuously examining the “health” of the system and the strengths and needs of the caregivers and helpers in the system)



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.

Changing Role of Staff

Educators are not mental health professionals, but they have a role to play (and may require professional learning, coaching, support to carry out that role)

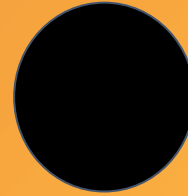
There are simple classroom strategies that when used regularly, can enhance student mental health



THREE takeaways-
what are you
seeing from
another angle



What SQUARED
with your
thinking



Any
QUESTIONS
still circling

Break Out Discussion

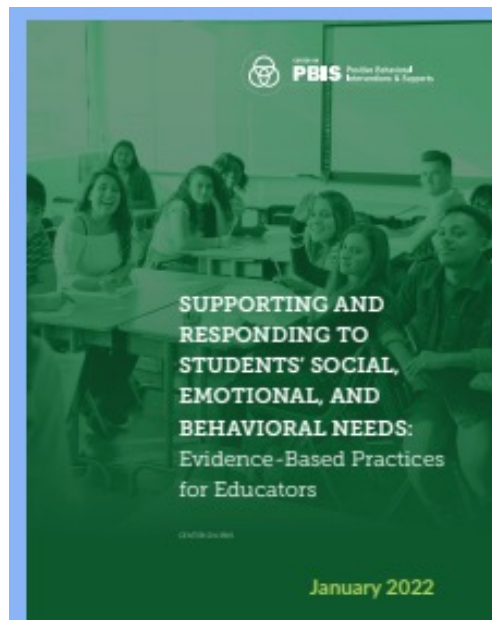
What if we harness the power of a positive, healthy, nurturing environment?



Love, Joy, Fun, Belonging- EVERYONE, EVERY SETTING, EVERY DAY

“ I feel seen, valued, connected to a trusted adult, connected to peers. I can take risks and know when I make a mistake or am struggling, someone will support me”

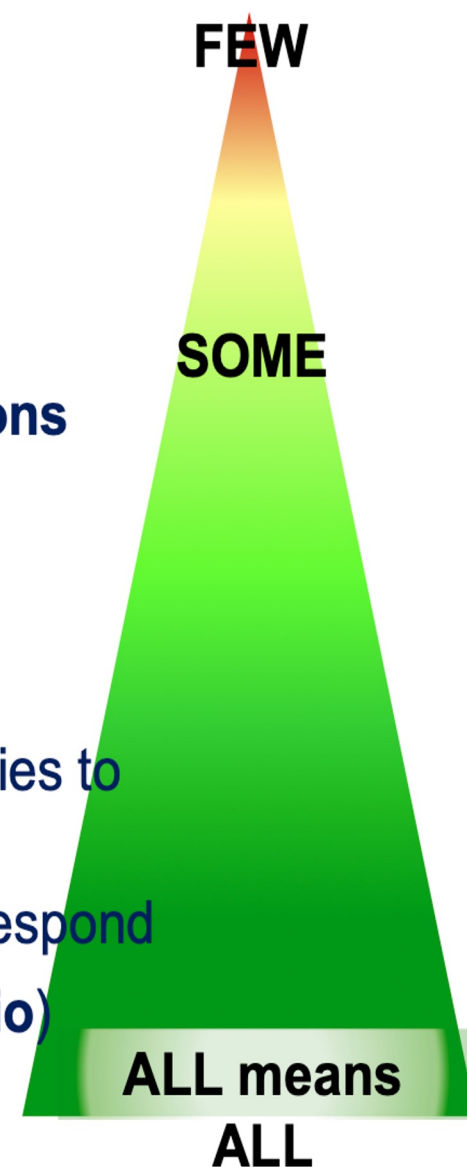
What are the skills and competencies required to make that happen in every classroom. How does the system support that?



<https://www.pbis.org/resource/supporting-students-with-disabilities-in-the-classroom-within-a-pbis-framework>

Top Ten Tier 1 Practices to Support *ALL* Students' Social, Emotional, and Behavioral Wellbeing

1. Design & adapt the **physical environment**
2. Develop & explicitly teach **routines**
3. Post, define, & teach 3-5 positive **expectations**
4. Promote active **engagement**
5. Provide **prompts**
6. Actively **supervise**
7. Use behavior-specific **praise** & other strategies to acknowledge
8. Use **error correction** & other strategies to respond
9. Use more positives than correctives (**5:1 ratio**)
10. Collect & use **data**





How do you know? How can you find out?

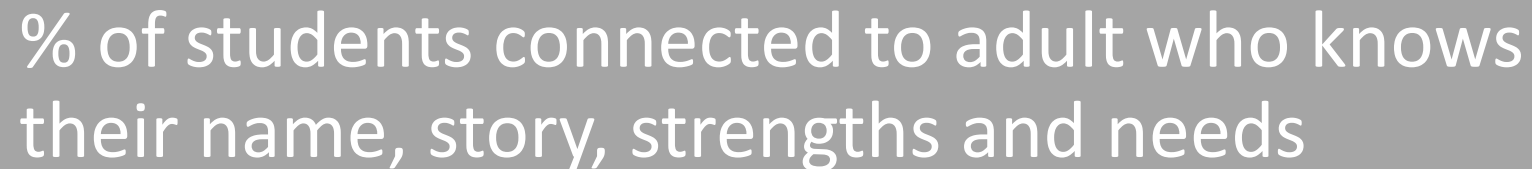
% of students who feel like they belong (climate survey, walk through)

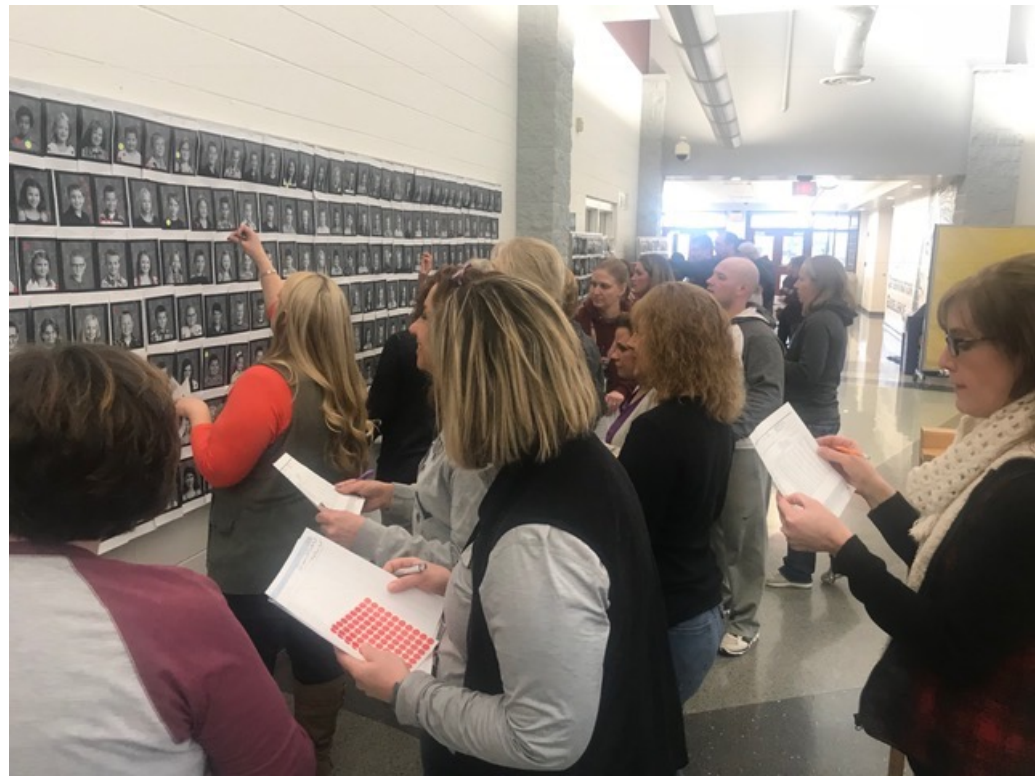
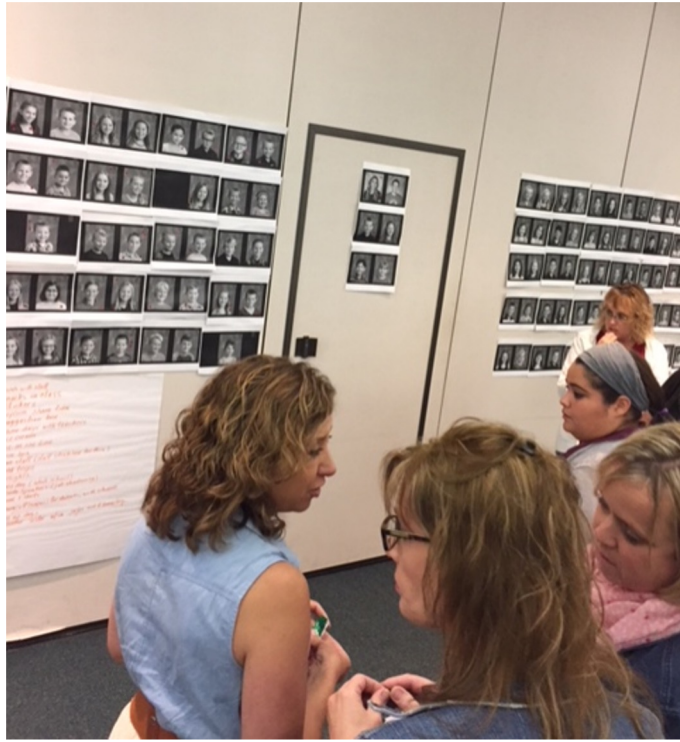


% of students who belong to club, sport, social aspect of school



% of students connected to adult who knows their name, story, strengths and needs





How do we ensure the basics are in place?

- Is every student known? (name, identity, strength, story, needs)
- Does everyone feel connected?
- Does everyone have at least one “Person” at school?
- Do we use evidence based high leverage instructional practices?
- Do we spend time to build community, deepen connections?
- Do we harness the strengths of our families and communities?

Break out Discussion: Unpacking Tier 1

- How do you know the health of your tier 1?
- What are the implications of an unhealthy tier 1?
- What else are you thinking about for Tier 1?



What about staff wellbeing?

% of staff who feel connected

% of staff who meet attendance requirements

% of staff who feel like they can manage their workload

% of staff who feel like they have skills to manage student academic and social emotional behavior needs.

Observations

- Students are eager to be listened to and to be respected.
- Students are not using the language of mental health practices – mindfulness, restorative practices, trauma-informed, healing, triggers.
- Students recognized that teachers were struggling through COVID and with balancing work and self-care.

Commitment from Leadership

Kacey Rodenbush, Monterey

As staff have been extremely stressed and the rates of anxiety, burnout and compassion are at an all time high, it is essential that we destigmatize the need for taking leave time to practice self-care!

Our Services to Education Leadership team engages in the following practices:

We encourage long weekend sandwiches (Friday and Monday off) where possible

When staff request leave time for self-care, we say “THANK YOU for taking care of yourself!” so that this is reinforced, and staff do not feel shame for needing rest and a reset.

We recognize staff for large and small wins in their work- when we hear about their great work, send an email, text or tell them in person how much you appreciate their great work. It lets them know we are paying attention and that they matter.

We develop specialized consultation groups so they can connect through their clinical passions and be energized through the experience of collaboration and learning of new ideas that foster their professional growth and development

We hold staff gatherings with food and fun where they can connect with one another and just be, without any expectations or pressures to do anything

We encourage staff to access EAP or their own personal therapy to support with any issues they are experiencing that are impacting their stress and anxiety levels.



If you are in leadership, I highly encourage you to meet 1:1 with your staff where possible so that you can get to know them, and they know who you are as their leader. Most of us work in systems of hierarchy and there is a disconnect with those who are on the ground doing the work and those who make the decisions that impact them. When our voices are heard and validated this fosters deeper meaning and connection to our “Why”

Crosswalk Tier I and Social Emotional and Behavior Competencies including Trauma Features, UDL, inclusive Practices				
Tier 1 Components	How is Tier 1 component trauma-informed? How it connects with SEB skill?			
	Creates Safe, Predictable, & Consistent Environment	Building Community or Relationships	Teaching/ Reinforcing Skills	Supports Regulation
Co design, define and teach school-wide expectations <ul style="list-style-type: none"> ●Expand teaching to include coping skills (e.g., identifying feelings, expressing feelings, & managing feelings) ●Teach social-emotional and behavior lessons, embed with academic lessons <ul style="list-style-type: none"> • Use positive behavior game strategy to build fluency ●Use morning circle routine across all classrooms to practice new skills and build classroom community <ul style="list-style-type: none"> ▪ Use biology breaks to get up and move. 	X	X	X	X
Feedback and acknowledgement system <ul style="list-style-type: none"> ·Use feedback to increase the use of new skills across locations ·Teachers model calm response when providing feedback ·Use prompts for staff to increase positive greetings and positive social interactions across the day 	X	X	X	X
Active Supervision (scan, move and interact with students during transitions and non-classroom locations) <ul style="list-style-type: none"> ·Team members and coaches conduct direct observations and collect counts of staff interacting with students and during transitions and cafeteria – provide data to staff during grade-level meetings. 	X	X		

How have you organized resources to consider adult well-being (e.g., initiative mapping)?

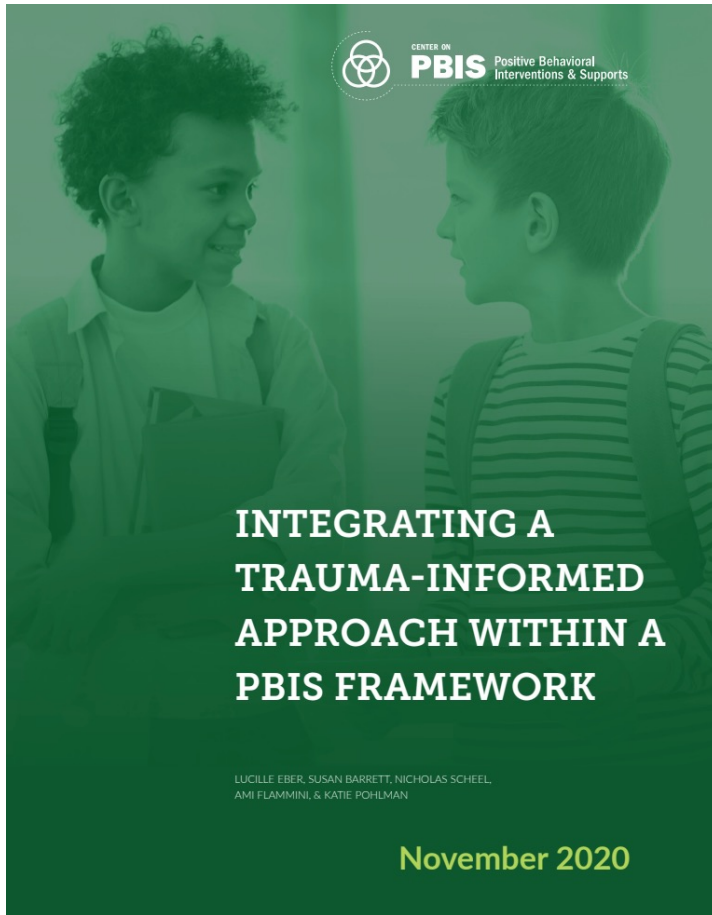
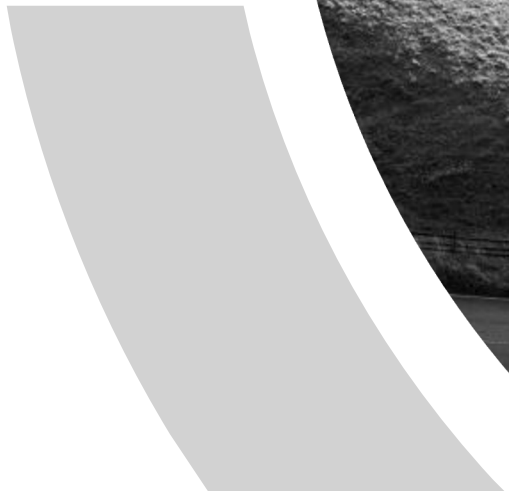
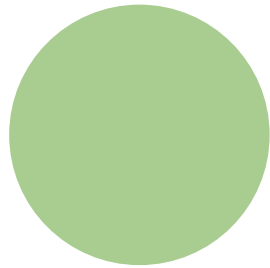


Table 1. Trauma-Informed MTSS Core Features

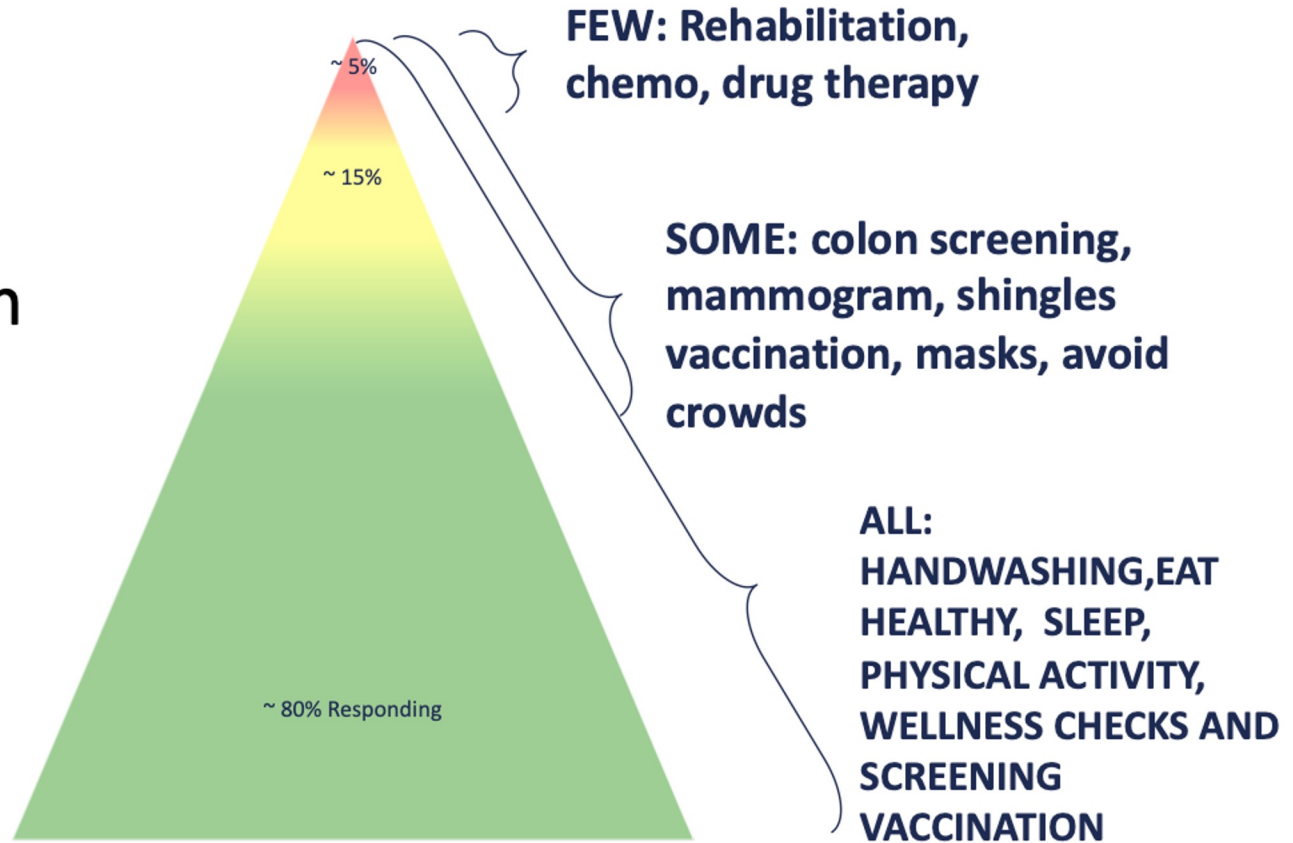
MTSS Core Feature	Trauma Enhancement
1. Teams	Do district and school-based teams include an individual who has knowledge, expertise, and the ability to provide coaching/support about the impact of trauma?
2. Use of data	Do all staff know what data sources to use to determine which trauma-informed interventions are needed at which tier (i.e., all, some, few)? Is community data and student and family perception data used to provide cultural context?
3. Ensuring early access	Does the team use a formal screening process to identify children and youth needing additional support? Does the team review community/neighborhood data to determine the magnitude of needs?
4. A formal process for selecting interventions	Does the team use a formal process to select trauma-informed evidence-based practices, and determine if they can be implemented effectively?
5. Measuring fidelity and outcomes	When trauma-informed practices are added to the menu of available supports, does the team use the progress monitoring system to inform fidelity, effectiveness, and to guide improvement to implementation?
6. On-going professional development and coaching	Does the District MTSS professional development plan include opportunities for all staff to learn about trauma, its impact on youth, and the evidence-based practices that will be integrated across tiers? What types of supports are available for staff who have experienced trauma or are experiencing secondary trauma?

District Example



Public Health Model

- Prevention
- Focus on Specific Behaviors across population
- Ensure widespread adoption
- Layered and connected
- Ensure vast majority are healthy- data system and modify as needed





What are the teams
in place that support
our students Social,
Emotional,
Behavioral and
Academic needs?

- MTSS
- PBIS
- SEL
- SAFETY
- Inclusionary Practices
- UDL
- Mental Health
- Trauma Informed
- Restorative Practices
- Equity
- Family and Community Engagement
- Youth Voice

Current Teams
Doing Great work, but....

Mental Health

District Equity Team

SEL Team

District PBIS Leadership Team

Superintendent and Admin

Climate and Culture Workgroup

UDL

Teaching and Learning

Midtown Community Partners

Restorative Practices

District Whole Child Committee

District MTSS Leadership Team

Suicide Prevention Planning Team

Threat Assessment

Safety Committee

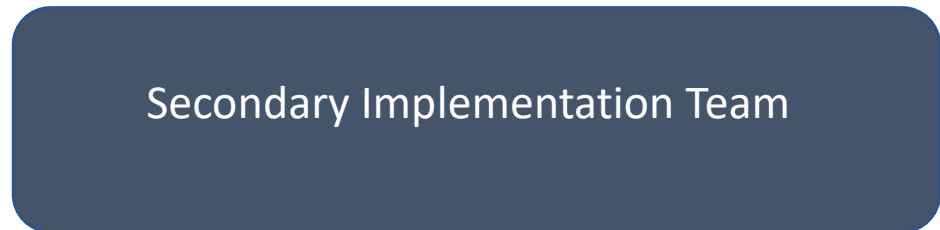
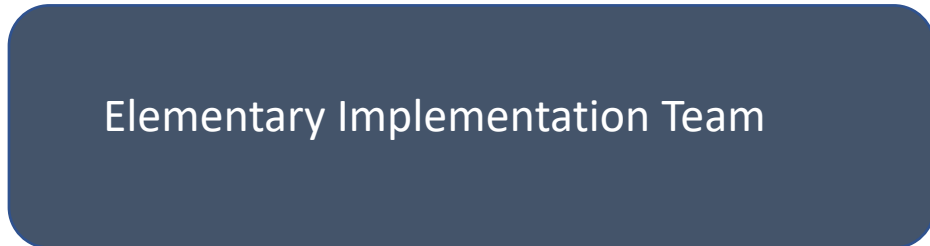
Inclusion Committee

District Discipline Team

Attendance Team



WELLBEING-ACADEMIC SUCCESS-SAFETY-COMMUNITY ENGAGEMENT-ACCOUNTABILITY



- Workgroup 1: SEL Adoption (Wellbeing)
- Workgroup 2: Data Dashboard (Accountability)
- Workgroup 3: Threat Assessment (Safety)
- Workgroup 4: ESA roles and functions (Wellbeing)



Midtown School District

Accountability

Goal One:
Wellbeing

Funding Source

Create a Culture of Wellness (Students and Staff) Healthy Environment, Sense of Belonging, Screener, Early Warning System, Evidence Based Core SEB curriculum, Explicit Instruction, Connections to Adults and Social Clubs/Activities

Goal Two:
Academic
Success

Funding Source

Create the conditions for learning and achievement
Evidence-based core curriculum, universal screening, explicit instruction, differentiation, workforce development, opportunity equity, indicators of success/early warning system

Goal Three:
Safety

Funding Source

Ensure Physical and Emotional Safety
Perception, partnerships, relationships, cyber safety, environmental arrangements

Goal Four:
Community
Engagement

Funding Source

Build An Inclusive Community
Recruitment, Transparency, Trust, Communication and Feedback Loops,

Strategic Plan Goals and Resources

Start with the end in mind, and then backward design the system of support.

Establish a Nurturing Culture of Wellbeing for ALL

- What do we want our children and youth to experience every day in every classroom/context ?
- What should staff say/do to ensure that experience and what do the adults say/do to support all children and youth?
- How is the school community organized to support staff?
- How is the district community organized to support school communities?

Strategic Plan

Goal 1:

**Establish a Culture
of Wellbeing
(Students and Staff)**

- How will we know when we have achieved the goal?
- What are the activities we invest in to achieve goal?
- What are the resources needed?
- How will we provide training, coaching and support to each other?
- How will we ensure meaningful bi-directional feedback loops?

Midtown School District Goal 1: Creating a Culture of Wellness

Indicators of Success	Measure	Considerations
20% annual increase in number of building level staff who report feeling supported by school and district leaders. (Goal of 100% by 2025)	Climate Survey	
20 % annual increase in number of staff who report positive job satisfaction (Goal 100% by 2025) 20% annual increase in number of staff who report they have skills and competencies to manage student SEBA needs by March 2024. (70% by March 2023)	Professional Quality of Life	
Increase Staff Retention Rate by 20% by March 2023		
20% annual increase in number of of students who report feeling a sense of belonging by April 2023.	Healthy Kids Survey	
20% of students can identify trusted adult at school by December 2022.	Climate Survey, TFI walk through	How do we build capacity to do walk throughs?
80% of students are connected to social club/activity by March 2023, 100% by March 2024.	Club Roster	How do we add more clubs, how much will it cost?
10% decrease in students in elevated and highly elevated risk range between Fall and Spring SY 2022-23.	BIMAS	How much does it cost to install a screener responsibility? Cost of instrument, staff to respond
All schools report 70% fidelity of PBIS implementation indicating a consistent, positive, predictable SW environment by March 2024. (current rate is 50% of schools with 70%)	Tiered Fidelity Inventory/SET	How do we scale PBIS? What is the cost of training and coaching?
Decrease use in exclusionary discipline by 30% by March 2023, 50% by March 2024	SWIS	What is the cost of SWIS?
Risk Ratio= 1 across all race and ability subgroups by March 2025.	SWIS	

How can we maximize
our investment?

Can we
identify high
leverage moves
that result in
achieving most
of our goals?



Improved Student Outcomes

academic achievement

(Angus & Nelson, 2021; Horner et al., 2009; Lassen et al., 2006; Nelson et al., 2002)

prosocial behavior

(Metzler et al., 2001; Nelson et al., 2002)

attendance

(Flannery et al., 2020; Freeman et al., 2015*)*

emotional regulation

(Bradshaw, Waasdorp, & Leaf, 2012)

reduced bullying behaviors

(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of drug/alcohol use

(Bastable et al., 2015; Bradshaw et al., 2012)*

social & academic outcomes for SWDs

(Lewis, 2017; Tobin, Horner, Vincent, & Swain-Bradway, 2012)



Reduced Exclusionary Discipline

office discipline referrals

(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Bradshaw et al., 2021
Elrod et al., 2022*; Flannery et al., 2014*; Freeman et al., 2015*; Horner et al., 2005;
Horner et al., 2009; Metzler et al., 2001; Nelson et al., 2002; Solomon et al., 2012)*

suspensions

(Bradshaw, Mitchell, & Leaf, 2010; Freeman et al., 2015; *Gage et al., 2018; Gage et al., 2019; Nelson, 1996; Nelson et al., 2002; Solomon et al., 2012)*

restraint and seclusion

(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)

racial inequities

*(Fox et al., 2021; Gion et al., 2022; McIntosh et al., 2018; McIntosh et al., 2021a;
McIntosh et al., 2021b; Muldrew & Miller, 2021; Payno-Simmons, 2021; Swain-Bradway et al., 2019)*



Improved Teacher Outcomes

teacher efficacy & well-being

(Kelm & McIntosh, 2012; Ross & Horner, 2006; Ross, Romer, & Horner, 2012)

teacher-student relationships

(Condliffe et al., 2022)

student engagement & instructional time

(Algozzine & Algozzine, 2007; Condliffe et al., 2022; Flannery et al., 2020)*

school culture & organizational health

(Bradshaw et al., 2008; Bradshaw et al., 2009; McIntosh et al., 2021; Meng et al., 2016)

climate & safety

(Elrod et al., 2022; Horner et al., 2009; McIntosh et al., 2021)*

When Implementing Positive Behavior Interventions and Supports (PBIS) with Fidelity

Midtown School District Goal 1: Creating a Culture of Wellness

Indicators of Success	Measure	Considerations
20% annual increase in number of building level staff who report feeling supported by school and district leaders. (Goal of 100% by 2025)	School Climate Survey	
20 % annual increase in number of staff who report positive job satisfaction (Goal 100% by 2025) 20% annual increase in number of staff who report they have skills and competencies to manage student SEBA needs by March 2024. (70% by March 2023)	Professional Quality of Life	
Increase Staff Retention Rate by 20% by March 2023		
20% annual increase in number of of students who report feeling a sense of belonging by April 2023.	School Climate Survey	
20% of students can identify trusted adult at school by December 2022.	School Climate Survey, TFI walk through	How do we build capacity to do walk throughs?
80% of students are connected to social club/activity by March 2023, 100% by March 2024.	Club Roster	How do we add more clubs, how much will it cost?
10% decrease in students in elevated and highly elevated risk range between Fall and Spring SY 2022-23.	BIMAS	How much does it cost to install a screener responsibility? Cost of instrument, staff to respond
All schools report 70% fidelity of PBIS implementation indicating a consistent, positive, predictable SW environment by March 2024. (current rate is 50% of schools with 70%)	Tiered Fidelity Inventory/SET	How do scale PBIS? What is the cost of training and coaching?
Decrease use in exclusionary discipline by 30% by March 2025, 50% by March 2026.	SWIS/ODR	
Risk Ratio= 1 across all race and ability subgroups by March 2026.	SWIS/ODR/Classroom	

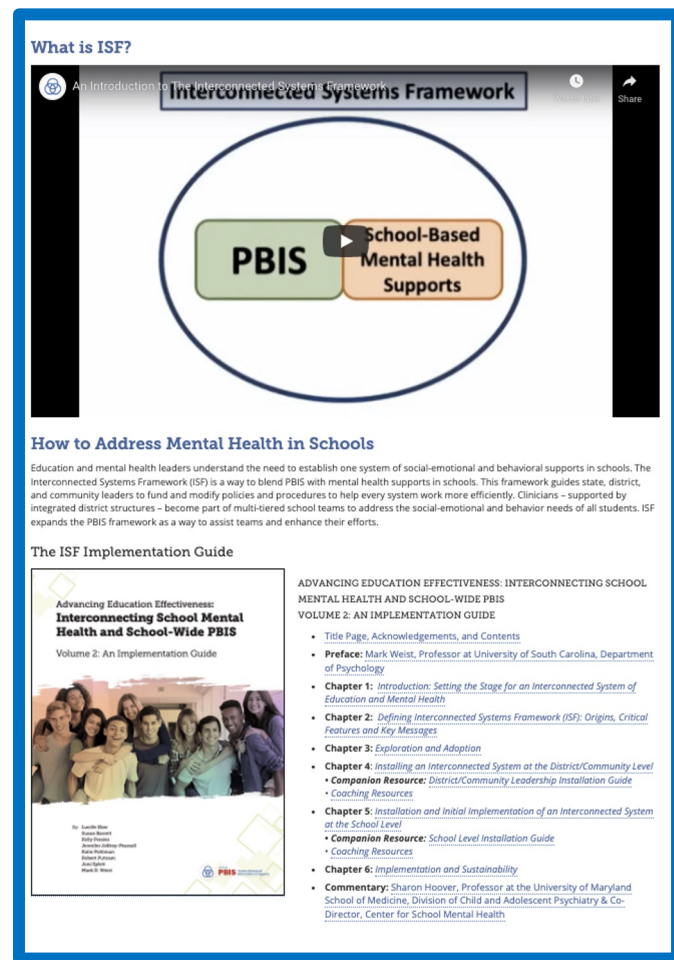
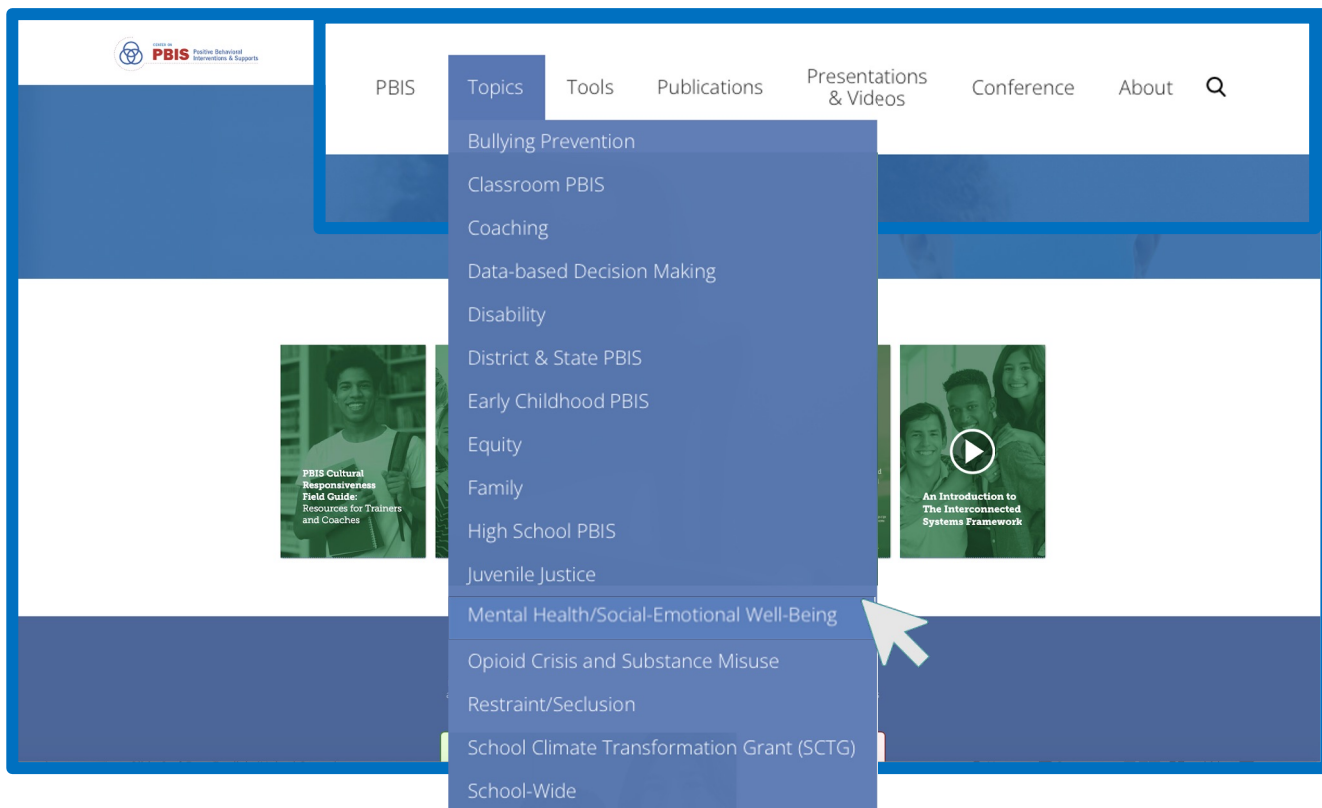
Break out Discussion:

- How are we organized to support all staff, students?
- What are the roles/function of the District ?
- What are the roles of school communities?
- What would happen if we examined the way we are currently organized with a focus on a culture of wellness ?



Center on Positive Behavioral Interventions and Supports (PBIS)

Overview of Resources to Support Students Social, Emotional, and Behavioral Wellbeing & Mental Health



Check out our Practice Brief on *Building a Culture of Staff Wellness Through a Multi- Tiered System of Support*

<https://www.pbis.org/resource/building-a-culture-of-staff-wellness-through-multi-tiered-system-of-supports>



Building a Culture of Staff Wellness Through Multi-Tiered System of Supports

Schools everywhere are facing teacher shortages due to a shrinking pool of applicants and a growing number of teachers leaving the profession. If we are going to attract and retain highly qualified effective teachers, we will need to be more intentional in designing systems that support a healthy workforce. PBIS has a long tradition of creating effective teaching and learning environments by focusing on supporting adult behavior through (a) ongoing staff input and feedback, (b) ongoing professional learning, and (c) a phased based approach to implementation. The purpose of this brief is to provide recommendations to district and school leadership teams on how the components of the Positive Behavioral Interventions and Supports (PBIS) can be used to prioritize staff health and wellbeing.

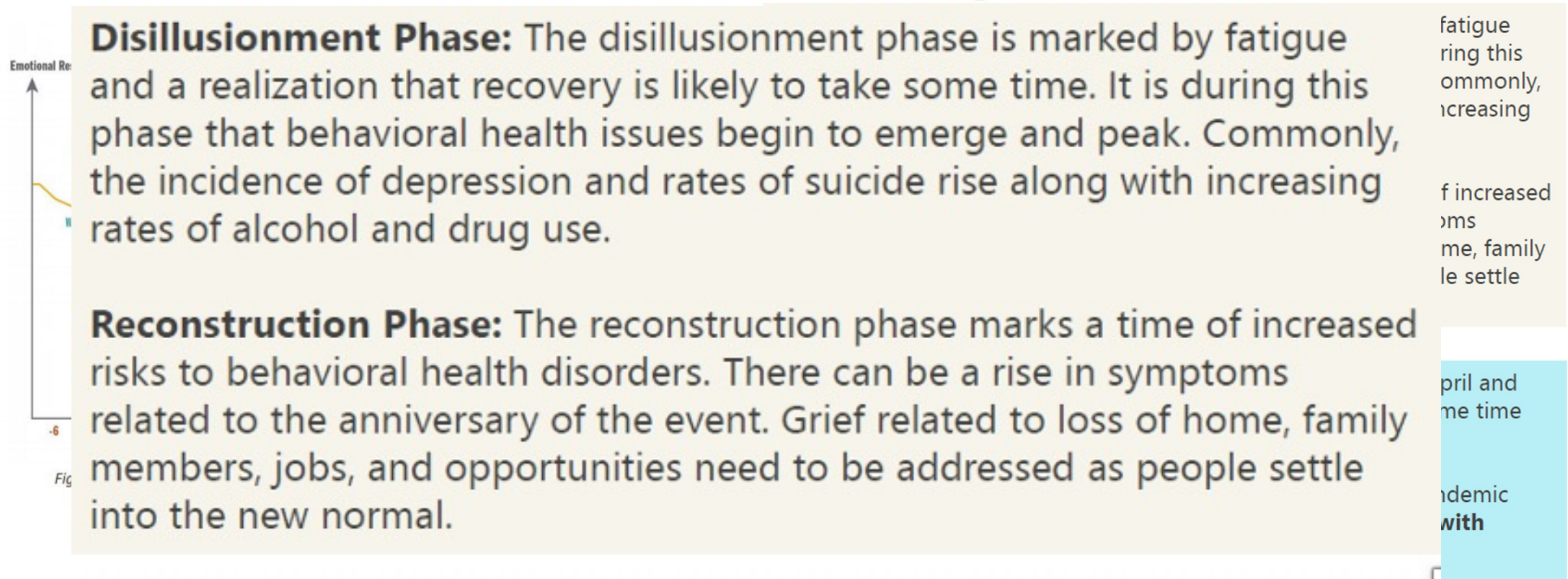
Implementation of PBIS has been shown to improve overall organizational health with the most significant impacts identified in shared commitment to student success, an increased sense of warmth for staff, positive relationships with colleagues, and improved school leader ability to advocate for necessary resources at the district level to support staff and students (Bradshaw et al., 2008). These noted impacts on organizational health and other outcomes of PBIS implementation (e.g., reducing disruptive behaviors, building social emotional skills and improving teacher self-efficacy) are significantly related to improved job satisfaction and reduction of emotional exhaustion/stress for educators (Grayson & Alvarez, 2008; Brouwers & Tomic, 2000; Skaalvik & Skaalvik, 2011). Many communities are addressing significant social issues (e.g., social inequality, drug addiction, environmental impacts, public health concerns) affecting large groups of school community members. Education systems implementing multi-tiered system of support (MTSS) frameworks, like PBIS, are positioned to respond more effectively to the increasing needs of children and educators impacted by trauma and stress (Johnson et al., 2005; Wildeman et al., 2014).

Impact of Occupational Stress for Educators and Students

The American Institute of Stress identifies that an individual's perceived level of occupational stress is strongly impacted by (a) the intensity of the demands being placed on them paired with (b) their sense of control or decision-making in dealing with these demands (American Institute of Stress, retrieved from <https://www.stress.org>). Occupational stress adversely affects teachers and students in the following ways.

- Teachers who provide emotional support and have positive relationships with their students influence their health across the age span, thus promoting overall mental wellness and life

Behavioral Health Forecasting Data



January 2021 Behavioral Health Forecast:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19StatewideSummaryForecastofBHImpacts-Jan2021Update.pdf>



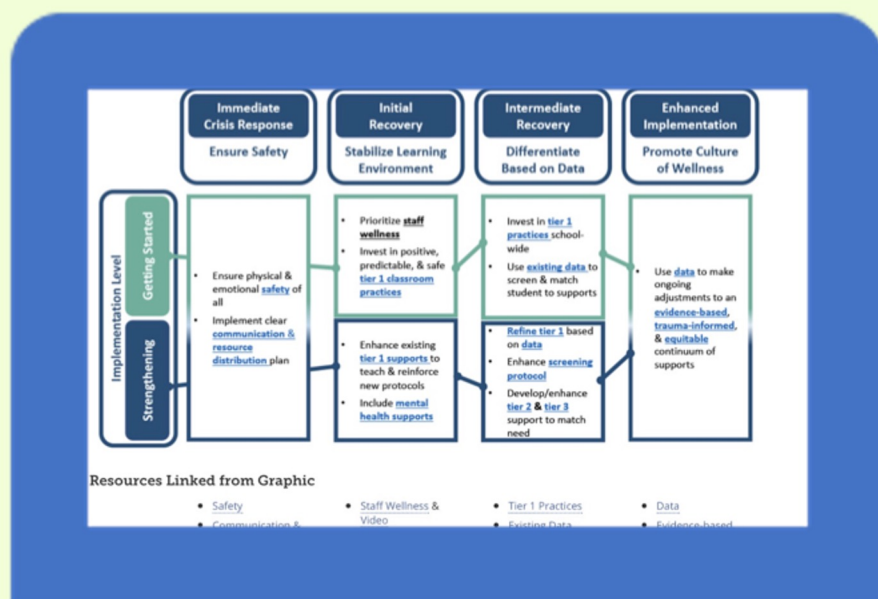
Washington Office of Superintendent of
PUBLIC INSTRUCTION

-Ongoing behavioral health impacts in Washington continue to be seen in phases (Figure 1), with **symptoms for most people increasing or plateauing** in the first half of 2021.

-The risk of **suicide, depression, hopelessness, and substance use** will remain high through the first quarter of 2021.

Check out our Practice Brief on *Supporting PBIS Implementation through Phases of Crisis Recovery*

<https://www.pbis.org/resource/supporting-pbis-implementation-through-phases-of-crisis-recovery>



<https://www.pbis.org/current/returning-to-school-during-and-after-crisis>



CENTER ON
PBIS Positive Behavioral
Interventions & Supports

Supporting PBIS Implementation Through Phases of Crisis Recovery

As school and district communities consider options for effectively supporting students, educators, and families during and after a crisis, it can be difficult to identify critical impactful actions. Mindsets can range from not knowing where to start to thinking we must do it all, which can result in not doing anything. The PBIS framework can serve as a road map to meeting this challenge. It is best to think in terms of implementing as small incremental steps that result in progress toward effectively meeting student, educator, and family needs.

This document provides strategies to guide implementation efforts through the various phase of crisis recovery. As Figure 1 illustrates, schools and districts choose their path based on their implementation level: getting started (green) or strengthening (blue). Then, they consider key actions based on their crisis response phase.

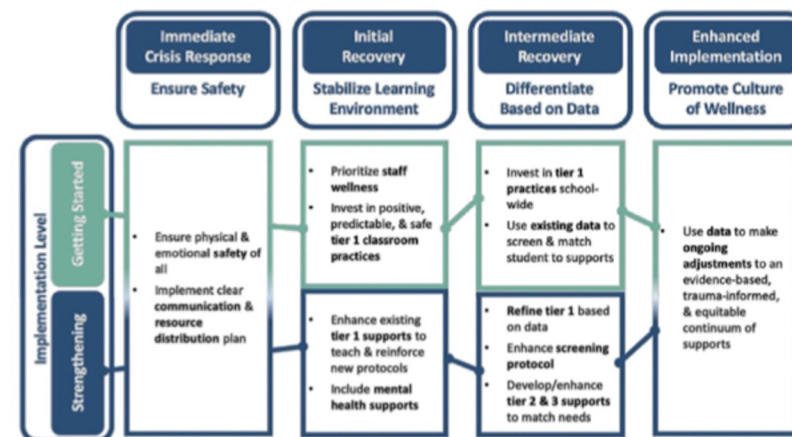


Figure 1. Key actions by implementation level and crisis response phase.

More comprehensive information can be found in the [Supporting Schools During and After Crisis](#)¹ section of the [Center on PBIS website](#)².

Immediate Crisis Response

Ensure Safety

Initial Recovery

Stabilize Learning
Environment

Intermediate Recovery

Differentiate
Based on Data

Enhanced Implementation

Promote Culture
of Wellness

Implementation Level

Getting Started

Strengthening

- Ensure physical & emotional **safety** of all
- Implement clear **communication & resource distribution** plan

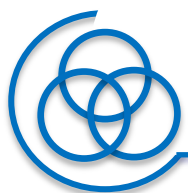
- Prioritize **staff wellness**
- Invest in positive, predictable, & safe **tier 1 classroom practices**

- Enhance existing **tier 1 supports** to teach & reinforce new protocols
- Include **mental health supports**

- Invest in **tier 1 practices** school-wide
- Use **existing data** to screen & match student to supports

- **Refine tier 1** based on **data** to enhance **screening protocol**
- Develop/enhance **tier 2 & tier 3** support to match need

- Use **data** to make ongoing adjustments to an **evidence-based, trauma-informed, & equitable** continuum of supports



Sample Agenda

Planning Guide to Support Staff for Returning to School

Returning to School: Staff PD Days Agenda Template & Additional Considerations

District Name: *Add*

School Name: *Add*

Dates: *Add*

Pre-Work for District:

- Review [A District Guide for Returning to School During & After Crisis](#) and [Back-to Classroom THINK Toolbox](#)
- Convene meeting with building level admin to promote consistency across schools.
- Finalize agenda for staff PD days for each school. Use template below and contextualize activities by adjusting &/or replacing lighter blue example text.
- Plan to have district and school leadership present for staff PD. (District leaders stay with same school assignment throughout the day)

Pre-Work for School:

- Review [A School Guide for Returning to School During and After Crisis](#) and [Back to Classroom THINK toolbox](#)
- Update school-wide teaching matrix and lesson plans to accommodate new routines and/or examples of expected behavior (e.g., safe behavior may now include changes in schedule and/or routine, procedures for arrival/dismissal)
- Finalize school plan for return to school.
- Share plan, identify meeting area, provide agenda with clear expectations, and consider additional materials for each day.



SUPPORTING STUDENTS WITH DISABILITIES IN THE CLASSROOM WITHIN A PBIS FRAMEWORK

BRANDI BRONKHORST
ROBERTA K. RUTLAND
KIMBERLY HARRIS
LAUREN L. BRONKHORST

September 2020

<https://www.pbis.org/resource/supporting-students-with-disabilities-in-the-classroom-within-a-pbis-framework>

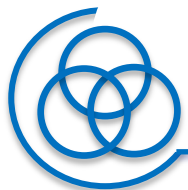
Top Ten Tier 1 Practices to Support *ALL* Students' Social, Emotional, and Behavioral Wellbeing

1. Design & adapt the **physical environment**
2. Develop & explicitly teach **routines**
3. Post, define, & teach 3-5 positive **expectations**
4. Promote active **engagement**
5. Provide **prompts**
6. Actively **supervise**
7. Use behavior-specific **praise** & other strategies to acknowledge
8. Use **error correction** & other strategies to respond
9. Use more positives than correctives (**5:1 ratio**)
10. Collect & use **data**

FEW

SOME

ALL means
ALL



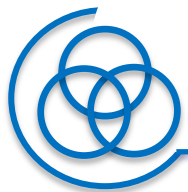
ISF Fact Sheets

ISF 101: An Introduction

ISF 201: When School Mental Health is Integrated Within A Multi-tiered System of Support: What's Different

ISF 301: Installing An Integrated Approach





Dates to Remember

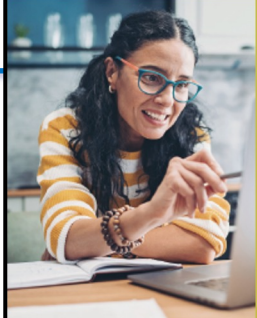
Community of Practice- 1-2:30 EST



February 21

March 21

April 20

May 18






Tired of working in silos?

Interconnect systems (school mental health and PBIS) within an MTSS framework.

The Center on PBIS is hosting a series of monthly Community of Practice (CoP) sessions to bring people together in an effort to explore how a Multi-Tiered System of Support (MTSS) can strengthen current efforts to support increasing needs.

Participants will have time for learning and processing with others in this space. Team participation is highly encouraged. Participation is provided at no cost. Registration is required.




Monthly Series held from 1:00pm - 2:30pm EST

Discussion topics will be developed in collaboration with participants but could include changing roles, understanding roles of community providers in the schools, data collection and evaluation, and using high leverage practices across the Tiers.

JANUARY 24, 2023
Assessing Current Status: What are the needs? How can a community of practice support you?

FEBRUARY 21 | MARCH 21 | APRIL 20 AND MAY 18

CONTACT
Kelly Perales | kelly.perales@midwestpbis.org



zoom REGISTRATION
<https://bit.ly/CoP-Registration>

AUDIENCE
Leadership Teams hiring clinicians | Leadership Teams recruiting diverse workforces | Clinicians new to working with leadership teams | Individual Clinicians

School districts across the country are struggling with increasing mental health, social-emotional-behavioral, and wellness needs of both students and staff. Many districts have secured additional funding to support these increasing needs. MTSS is a promising framework for organizing, integrating and allocating resources across domains (education, mental health, social emotional behavioral wellness).

We welcome you to join others from across the country to learn and be in community with practitioners, technical assistance providers, and other educational and mental health systems professionals.

<https://www.pbis.org/announcements/community-of-practice-school-mental-health-series>



Community Of Practice #2: February 21, 10:00 PST

How Should Our Systems Adapt to Support the Changing Role of Staff in the Current Context?

We want everyone in a system to have skills and competencies to meet the Social, Emotional, Behavioral, and Academic needs of our children and youth. If we start with that, how do we backward design our approach? How do we establish collective ground rules about what needs to change? How do we adapt critical areas such as accreditation, licensure, certification, pre-service, professional development, funding, policies, and organizational health to meet the needs within the current context? In our next Community of Practice meeting, we will discuss both considerations for how roles might need to shift; and how executive leaders can adapt to support that shift to happen. Please join us for this discussion.

Additional Resources

- [ISF RCT](#)
- [Trauma Informed and PBIS](#), Ami Flamini and Katie Pohlman
- [Case for School Mental Health](#), SMART Center
- [Confidentiality Brief](#)- Center on PBIS
- Developing an MOU- MiMTSS
- [ESA Roles](#)- Washington State
- [Community Of Practice](#) – Center on PBIS and SMART Center