Professional Learning: Interconnected Systems Framework (ISF)

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Who is here today?
Please make a name tent
for yourself...
thank you

Our Time Together

Morning

- Develop a shared understanding around this work
- Explore our collective "why"
- Develop shared meaning of Mental Health
- Explore how we are organized to support implementation
- Explore tools, processes to support our work

Afternoon

- Identify ISF implementation features at a school level
- Explore ways to support school level implementation
- Identify school-wide and classroom features to leverage as support for this work

Values	Pick 2-3 of these or your own that your team wants to practice today.
We are Kind	- We acknowledge one another - We hold ourselves accountable to one another - We consider the weight of our words before speaking
We are Responsible	- We take time to build relationships with ourself & others - We welcome, appreciate, & affirm our collective cultural differences - We believe others when they share their experiences & feelings
We are Curious, Respectful & Affirming	- We listen to understand - We assume best intentions - We practice perspective-taking
We are Physically & Emotionally Safe	- We ask for clarity to understand and contribute - We create a safe space that invites open dialogue and vulnerability – Pause & Consider: Is what I want to say Kind? True for me? Necessary? - We invite & make it safe to ask questions & make mistakes

Community Builder: I see you...

Last show you binged and loved. What does this say about you?	You're called to be courageous in a situation that you are also feeling fearful about. What's the first thing you do?
Most impactful concert and/or movie.	Describe an ordinary moment in your life that brings you gratitude and/or joy.
What is something people often get wrong about you?	What do others do that makes you feel safe, seen, and heard?

PBIS: A Continuous Improvement Framework

- We organize our teams and resources to be effective, efficient and we continuously examine our needs

- We make sure our kids are known, feel connected, valued and get help early.

- We invest in what is likely to work for our students

- We invest in our staff so they can support ALL students

- We make sure we are implementing well as we review student outcomes

- We continuously adjust based on need and improve based on our family, youth, staff and community input

PBIS Core Features

- We organize our teams and resources to be effective, efficient and we continuously examine our needs
  - Diversified Team making decisions together
  - District supports school level teams, within each training there is time for facilitated action planning to incorporate new information and action steps into school level improvement plan
  - Diversified group of District Leaders participate in trainings, meetings, and learning walks
  - Use community & school data to highlight strengths and examine specific needs of students, families, and staff

PBIS Core Features

- We make sure our kids are known, feel connected, valued and get help early.
  – Harness the knowledge of the community prior to students coming to school
  – Actively uncovering needs and fortifying Tier 1 system
  – Academic Screening and Progress monitoring
  – Social Emotional Behavioral Screening (externalizing and internalizing behaviors)

PBIS Core Features

- We invest in what is likely to work for our students and we stop doing stuff that isn't working, doesn't match our needs, harming our students, especially our black and brown children.
  - Formal routine in place to determine what our students and staff need this year.
  - Evidence Based Practices- Hexagon Tool
    - Need
    - Evidence
    - Fit
    - Resources
    - Readiness
    - Capacity

PBIS Core Features

- We invest in our staff so they can support ALL students
  - District cultivates a culture of wellness- prioritizing and committing to Staff Wellness
  - Time, space, support for training, coaching, planning, performance feedback
  - Expectations are realistic & feasible
  - Focus on host environment and whole population support

PBIS Core Features

- We make sure we are implementing well as we review student outcomes
  - WE should never assign blame to students for not succeeding when we aren't holding ourselves accountable for high fidelity of evidence-based practices
  - Progress monitor and review fidelity and outcomes together

PBIS Core Features

- We continuously adjust based on need and improve based on our partner input.
  - Plan, Do, Study, Act

Core Values of PBIS
Inclusion, Equity, Dignity and Belonging

Inclusion is engagement within a community where the equal worth and inherent dignity of each person is honored. An inclusive community promotes and sustains a sense of belonging; it affirms the talents, beliefs, backgrounds and ways of living of its members.

(Cobb and Krownapple, 2019)

"PBIS is NOT a curriculum adoption, it is about Transforming the System"-Dr. Kurt Hatch

"Inclusion Is NOT a strategy to help people fit into the systems and structures which exist in our societies. It is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone." Diane Richler

(Cobb and Krownapple, 2019)

Turn and Talk

How is this the same or different from your experience with PBIS?

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, increased suicide ideation, drug and alcohol misuse/abuse

National Trends

- Increased Social Emotional Behavioral and Mental Health 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

CENTER ON
PBIS Positive Behavioral
Interventions & Supports

New CDC Report on U.S. Teen Girls

New CDC report raises urgency to invest in schools as a vital lifeline to help struggling youth

Teen girls are experiencing record high levels of violence, sadness, and suicide risk- role of social media

LGBQ+ teens continue to face extremely high levels of violence and mental health challenges

https://www.cdc.gov/nchhstp/newsroom/2023/increased-sadness-and-violence-press-release.html

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TEEN GIRLS WHO PERSISTENTLY **FELT SAD OR HOPELESS INCREASED DRAMATICALLY** FROM 2011 TO 2021

● Teen Girls   ● Teen Boys
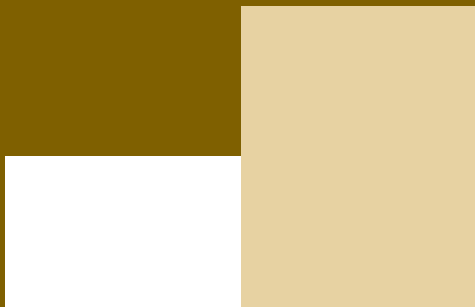
57%

36%

29%

21%

2011
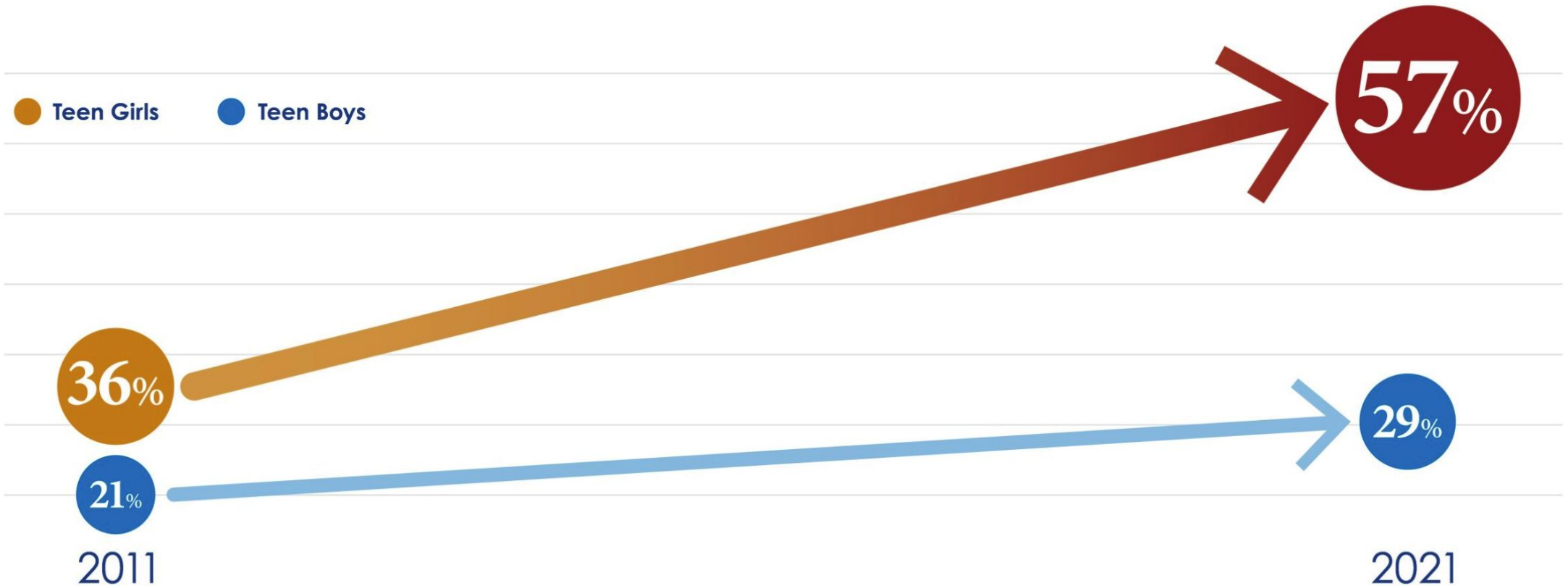
2021

Youth Risk Nearly 1 in 3 (30%) seriously considered attempting suicide—up nearly 60% from a decade ago.

TEEN GIRLS WHO **EXPERIENCED SEXUAL VIOLENCE INCREASED**

20%

BETWEEN 2017 AND 2021

2X

Suspensions are TWICE as high for students classified with disabilities, compared to their peers without disabilities.

1 of 4

One out of every four (25%) students of color, classified with disabilities, are suspended.

Civil Rights Project at UCLA. (2012, August 15). Shocking Suspension Rates for Students with Disabilities. Disabled World.

Social media 2009-2010 available on mobile devices

The Social Dilemma

U.S. Suicide Rates
Deaths Per 1,000,000 Girls

Social Media Available on Mobile

Girls Age 15-19

Girls Age 10-14

+70%

+151%

Compared to Average 2001-2010

60
50
40
20
10
0

1999 2001 2003 2005 2007 2009 2011 2013 2015 2017

Source: Centers for Disease Control and Prevention
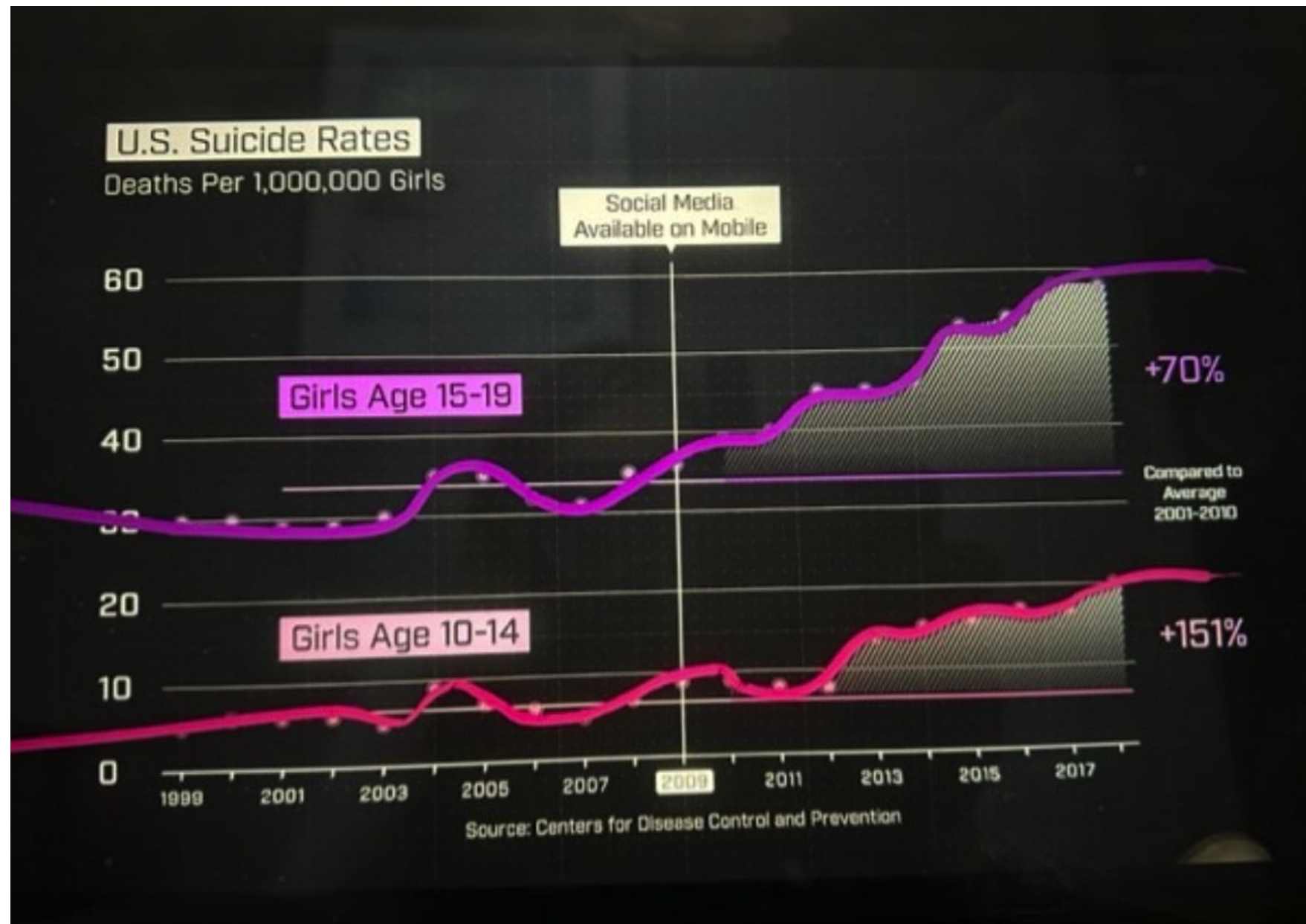
Teacher Stress

Relative to professionals in other sectors, <u>educators experience significantly more stress</u> and suffer more often from mental health problems. In fact, <u>61 percent of educators reported that their work is "always" or "often" stressful</u>. 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?

What else?

Turn and Talk

Wellness Practice

BREATHE WITH THE HEART

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.

Secretary Miguel Cardona ✓
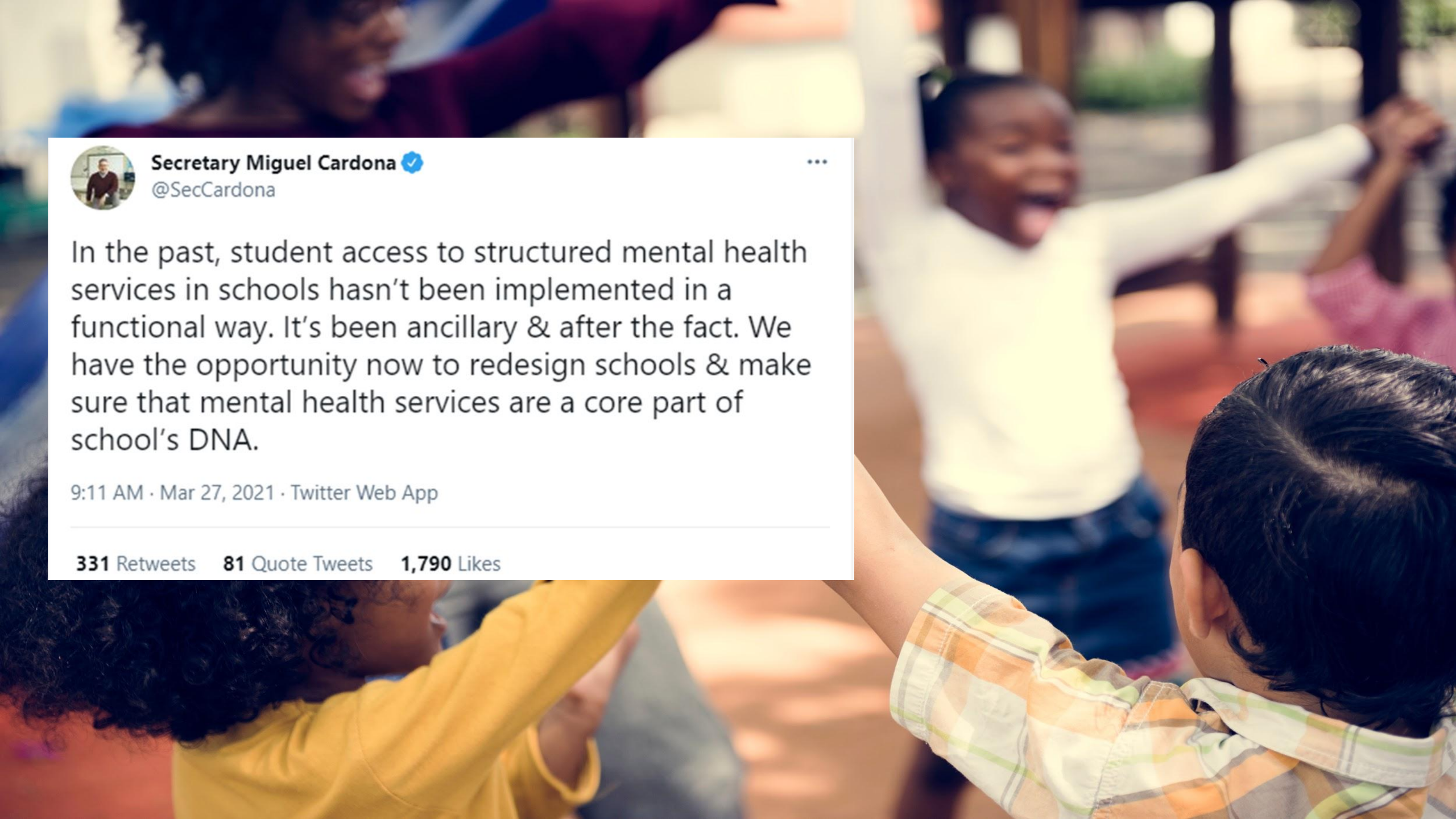@SecCardona

In the past, student access to structured mental health services in schools hasn't been implemented in a functional way. It's been ancillary & after the fact. We have the opportunity now to redesign schools & make sure that mental health services are a core part of school's DNA.

9:11 AM · Mar 27, 2021 · Twitter Web App

331 Retweets **81** Quote Tweets **1,790** Likes

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.

- Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010)

- Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018)

- Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018)
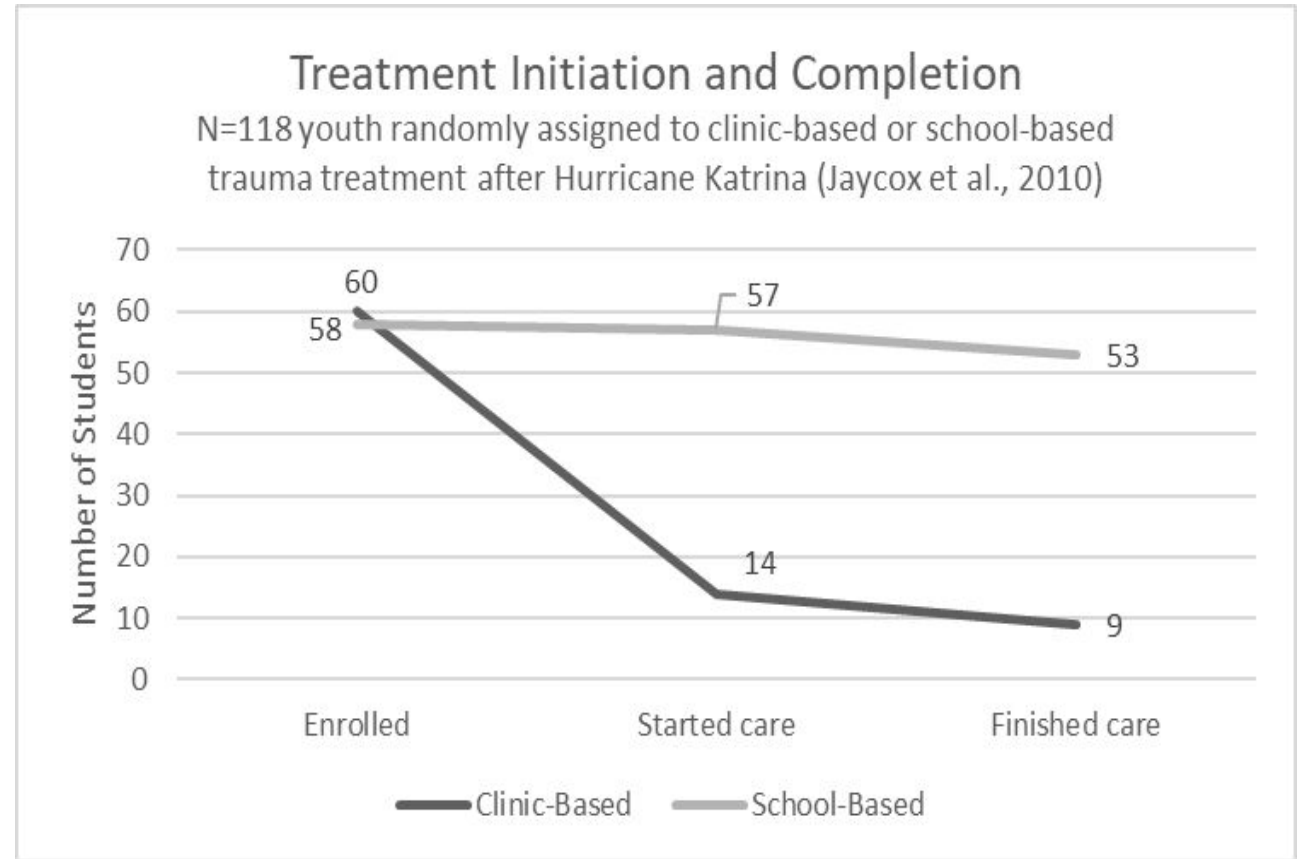
Read more…
new brief on The Case for School Mental Health

https://smartcenter.uw.edu/wp-content/uploads/2023/02/Case-for-School-Mental-Health_2023-Update.pdf

Treatment Initiation and Completion

N=118 youth randomly assigned to clinic-based or school-based trauma treatment after Hurricane Katrina (Jaycox et al., 2010)

Number of Students (y-axis)

Clinic-Based: Enrolled 60, Started care 14, Finished care 9

School-Based: Enrolled 58, Started care 57, Finished care 53

Clinic-Based — School-Based

Defining Interconnected Systems Framework (ISF)

A Strategy for Building a Comprehensive Mental Health System in Schools

Interconnected Systems Framework Defined

The Interconnected Systems Framework (ISF) is a structure and integration process that maximizes effectiveness and efficiency by blending the strengths of school and community with strengths of the multi-tiered system of support (MTSS) framework used in PBIS (Barrett, Eber, Weist, 2013). Both PBIS and MTSS emphasize prevention and the need for detecting mental health needs in students at the earliest sign of need and responding effectively with evidence-based strategies. To address the well documented gap between onset of mental health disorders and treatment, schools must have the structures in place move upstream.

MENTAL

HEALTH

Developing a common definition of mental health

"Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood."

-CDC

https://www.samhsa.gov/mental-health; https://www.cdc.gov/mentalhealth/learn/index.htm

Why is mental health important for overall health?

"Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness."

https://www.cdc.gov/mentalhealth/learn/index.htm

Can your mental health change over time?

"Yes, it's important to remember that a person's mental health can change over time, depending on many factors. When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted. For example, if someone is working long hours, caring for a relative, or experiencing economic hardship, they may experience poor mental health."

https://www.cdc.gov/mentalhealth/learn/index.htm

How common are mental illnesses?

Mental illnesses are among the most common health conditions in the United States.

- More than 1 in 5 US adults live with a mental illness.
- Over 1 in 5 youth (ages 13-18) either currently or at some point during their life, have had a seriously debilitating mental illness.
- About 1 in 25 U.S. adults lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

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https://www.cdc.gov/mentalhealth/learn/index.ht

What causes mental illness?

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as

- Adverse Childhood Experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical conditions, such as cancer or diabetes
- Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation

https://www.cdc.gov/mentalhealth/learn/index.htm

What is Mental Health?
What is Wellness?

✔ Complete Mental Health is Social-Emotional-Behavioral

✔ Mental Health is more than simply the absence of psychological problems. The absence of psychological problems does not infer wellness or happiness.

✔ Therefore one's mental health, or wellness, is strong when they are experiencing both low levels of SEB psychological problems, and high levels of SEB competencies.

Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from www.smhcollaborative.org/ universalscreening

MENTAL HEALTH							
SEB PROBLEMS				**SEB WELL-BEING AND COMPETENCIES**			
INTERNALIZING		EXTERNALIZING		LIFE SATISFACTION		STRONG SOCIAL RELATIONSHIPS	
Trauma, Environmental stressors	Thinking errors, Withdrawal, Negative affect	Unsafe settings, Inconsistent routines, Low expectations	Rule violations, Substance use	Basic needs are met; Opportunities matched to values and interests	Gratitude, Empathy, Persistence, Optimism, Strengths use	Healthy interactions (high support, minimal bullying); Inclusive settings	Social and emotional skills
RISK FACTORS				**PROMOTIVE AND PROTECTIVE FACTORS**			

Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.

What's my "Why"?

- Special Educator
- School Counselor
- Middle School Administrator
- PBIS State Coordinator, Maryland
- Technical Assistance Director, Center on PBIS
- Wife, Mom

What is your definition of mental health?
What is our role in wellness?
How can our organizations solve this collectively?

Connection Matters

In its 85 years and counting, the Harvard Study of Adult Development has found that personal connections are the most important factor in long-term health and happiness.

https://www.cnbc.com/2023/02/10/85-year-harvard-study-found-the-secret-to-a-long-happy-and-successful-life.html

Suicidality and Self-Harm

"Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior among samples varying in age, nationality, and clinical severity."[169]

2010 Study, "The Interpersonal Theory of Suicide"

Our Epidemic of Loneliness and Isolation 2023

The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Protective and Risk Factors Defined

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

- SAMSHA

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. - SAMSHA

Downstream Solutions

(A Public Health parable, credited to Irving Zola, and illustrated in Upstream by Dan Heath)

Getting Upstream: Unpacking Social Determinants

Social Determinants Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems

How does the larger community context impact our mental health ?

Protective Factors

Characteristics or environmental factors that reduce stress and can protect you when things are hard

In the context of our school and classroom communities, what are examples of protective factors?

Risk Factors

Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

In the context of our school and classroom communities, what are examples of risk factors?

Expanding Data Sources
What are the specific needs of the community?

Data Sources	General Trends and Key Findings
School Data	
Climate Survey	• 60% of students feel like they belong to the school community • 80% of our staff feel like they belong to the school community • 60% of students feel safe at school.
Youth Risk Assessment Survey	• 23% of students reported being in a fight one or more times during the last 12 months. • 6% of students reported they had been threatened with a weapon on school property.
Academic Health	• 80% of students are on track to graduate on time • 70% of students are reading at proficiency
Social Behavior Health	• 70% of students have engaged in behavior resulting in 0-1 office referrals during the last 12 months • 30% of students screened positive for anxiety
Attendance Data	• 94% attendance rate- with variability across sub-groups.
Community Data	
Census Data	• 11% of families living in poverty • 5% unemployment rate
Community Assets and Wellness	• 50% of students live within a mile of a park or faith based building.
Community Health Indicator	• 5% of homes in our community have elevated lead levels.
Behavior Risk Factor Surveillance Data: Health Risk Behaviors	• 15% of families are without health insurance (as compared to 6% district wide) • 20% of families impacted by opioid misuse (as compared to 5% district wide)

Reflecting on your larger community context...

Here's What, So What, Now What
Structure Protocol for Facilitated Dialogue & Action Planning

Purpose of Structure: *To encourage collaboration and dialogue about data and develop shared solutions.*

Evidence/Data/Observations that Identifies a Need:

Step 1: *Here's What!* Record 2-3 observations you made or information you heard that 'pops out' to you.	Step 2: *So What?* What are your interpretations or meaning of those observations or information you heard?	Step 3: *Now What?* What are possible implications for each idea recorded?
I am noticing... *I heard ...*	*I'm wondering ...*	*Can we consider doing ...* *As a result, we can ...*
What can we do to support implementation of these ideas reflected in our "Now What"?		
Idea to implement	*Resources Needed*	*Who? When ?*

Expanding PBIS to include MH with ISF Interconnected Systems Framework

A Structure and process for education and mental health systems to interact in the most effective and efficient way.

guided by key stakeholders in education and mental health/community systems

who have the ability to reallocate resources, change role and function of staff, and change policy.

From your perspective, how does equity fit within the key messages?

1. Single System of Delivery

One Set of Teams

4. MTSS essential to install SMH

Key Messages

2. Access is NOT enough

Success defined by Outcomes

3. Mental Health is for ALL
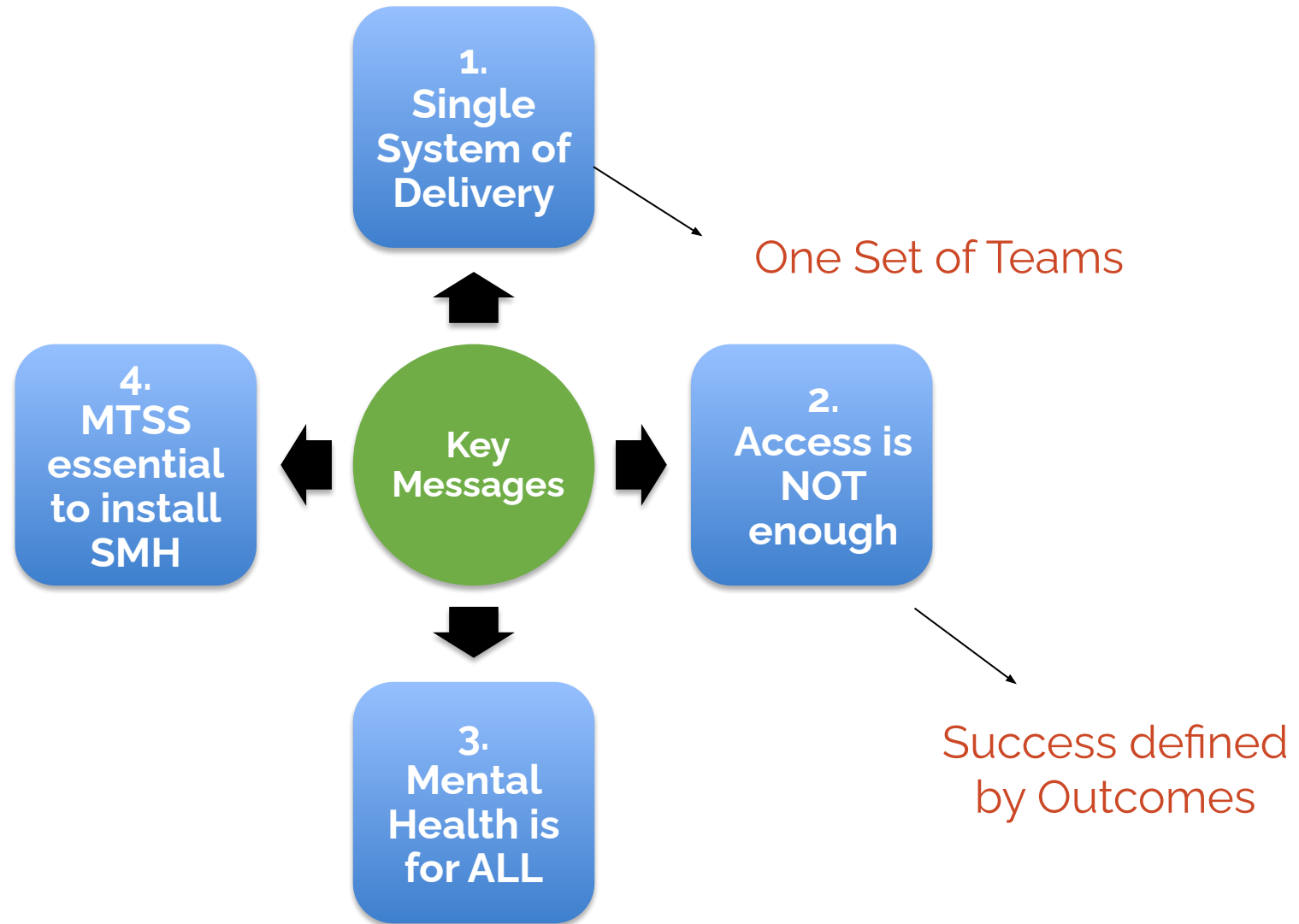
Advancing Education Effectiveness:
Interconnecting School Mental Health and School-Wide PBIS

Volume 2: An Implementation Guide

By: Lucille Eber
Susan Barrett
Kelly Perales
Jennifer Jeffrey-Pearsall
Katie Pohlman
Robert Putnam
Joni Splett
Mark D. Weist

The Moves Have Been Scripted…

Chapter 1: Context and Structure for Volume

Chapter 2: Defining ISF: Origins, Critical Features, and Key Messages

Chapter 3: Exploration and Adoption

Chapter 4*: Installing ISF at the District and Community Level

Chapter 5*: Installing ISF at the Building Level

Chapter 6: Full Implementation and Sustainability

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

"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 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

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

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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).

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Centering and Embedding Equity with a Goal of Inclusion and Belonging

Equity refers to actions that elevate historically marginalized voices; honor individual, family, and community identities; and reflect equitable learning opportunities through meaningful participation of each student, family, and educator in the systems we promote. (Center on PBIS, https://www.pbis.org/about/about)

Belonging is defined as "experiencing appreciation, validation, acceptance, and fair treatment within an environment. When people feel that they belong, they aren't distracted and worried about being treated as a stereotype or a singular part of their multidimensional personhood" (Cobb & Krownapple, 2019).

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)

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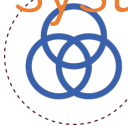
SHE SHARED A NEW SLIDE:

Using ISF to develop systems of inclusion and belonging to support and nature diverse workforce

How is this different?

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

- From Caseload/1:1 Service Delivery Model TO Clinicians serving on teams across all tiers of support. Clinicians provide expertise, leadership to build capacity for ALL

- Clinicians working with teams to develop/enhance healthy school and classroom environments

- Mental Health/Wellness is more than a "place" or something the "experts" do but is the backbone of the system.

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

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Role of the Community Mental Health Provider

LUNCH STARTED

See afternoon slide deck

Reflections from Community Mental Health Providers

Our MH agency is trying to provide services to all local school age children and youth AFTER school from 3-5 PM. This creates limits in our capacity. Space in the school to potentially deliver therapy (over lunch or pull out) might increase access for some children and families as it increases service window and helps us deal with issues related to transportation, childcare and other potential barriers or complications to access.

Reflections from Community MH Provider

- We see harmful responses like isolation and punishment-without teaching in the moment. How we model a calm response? We need to talk more about how we empower, build relationships and discuss with the child of WHY these feelings and behaviors are happening.

- We need greater collaborative team-based approaches to support children and families. MH Supports initiated by schools seem to be more easily received by families than a full external referral to a MH agency, full assessment etc.

- More focus on support when we see contextually inappropriate behavior rather than emphasizing our need to have the child complete that task in the moment

Reflections from Community MH provider

- Our mental health agencies can be more forthright and clearer on our roles, strategies and outcomes with schools, families.

- We need to stop the parallel play and intentionally design single system of support.

The Changing Role of the School and Community-Employed Clinician at All Three Tiers
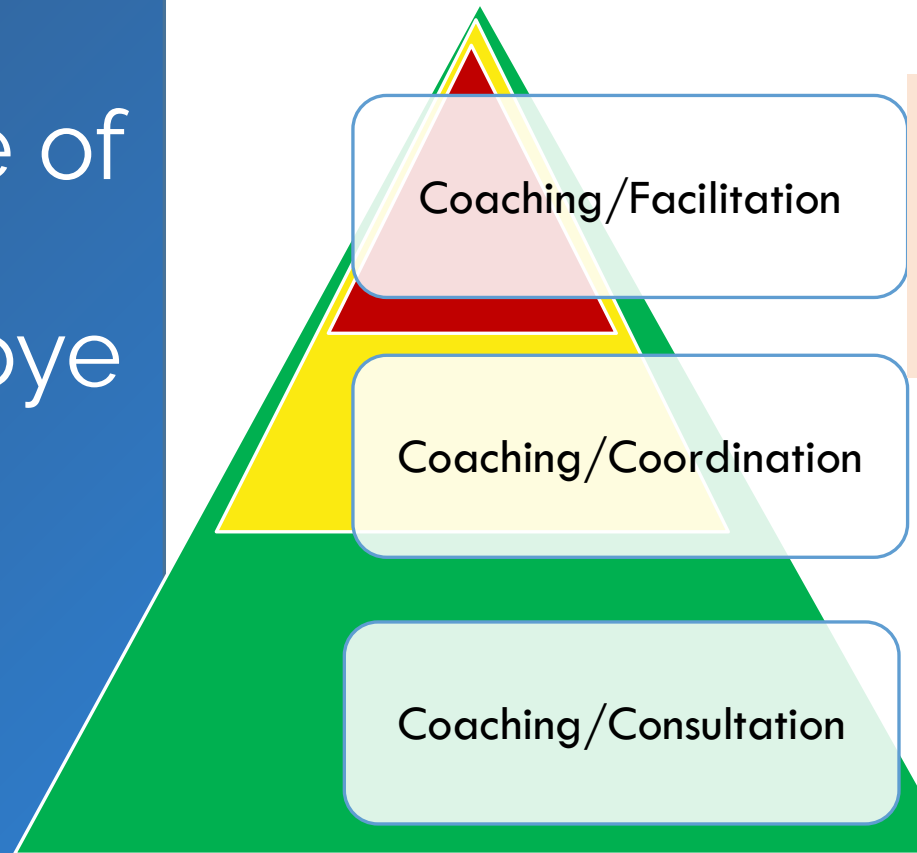
Coaching/Facilitation
- Deliver intensive interventions
- Work with team to ensure students receiving interventions are improving and staff support new skills across contexts.

Coaching/Coordination
- Coordinate Tier 2 interventions
- Build capacity of staff to deliver Tier 2 interventions and set up progress monitoring systems

Coaching/Consultation
- Consult with Tier 1 team to discuss ways to strengthen Tier 1
- Build capacity for ALL staff to embed social emotional skills with academics

Changing Role of Clinician

How is this different?

Do our clinicians have the skills and expertise to work with educators?

How does leadership and system support this shift?

How do we train and support diverse workforce?

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.

Pause and Discuss

How is this approach similar or different from your current status?

Developing an Interconnected Approach with the Executive District Leadership Team

How are we organized to implement an ISF?

How are we organized to do the work?

- Initiative Mapping (review you're here's What)
  - What are we currently doing to address needs? How is it working? How do we need? If not working, why? Fidelity? Not EBP? Not right match? Initiative fatigue?
  - What will we stop doing? Non-mandated, not EBP, not working or no data to know how it is working- DE-IMPLEMENT
  - Are there any gaps in our continue of supports?
  - How can we align PD, support personnel roles and approaches (acad and SEB coaches using one approach and consistent classroom SEB & culture EBPs)
- Teaming Structure Alignment at the District level
  - District based teams
  - Community Partners
  - Family, students, community

Complex problems aren't solved with simple solutions...

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

Let's explore a few examples...

How are federal and state funding opportunities/ policy directives designed to support alignment, collaboration, & coordination of work in districts and schools?

- 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....

District Equity Team

SEL Team

District PBIS Leadership Team

Mental Health

Superintendent and Admin

Climate and Culture Workgroup

UDL

Teaching and Learning

Restorative Practices

Midtown Community Partners

District Whole Child Committee

District MTSS Leadership Team

Suicide Prevention Planning Team

Threat Assessment

Safety Committee

District Discipline Team

Attendance Team

Inclusion Committee

Cabinet
Superintendent, Assistant Superintendents, Executive Directors

District Community Leadership Team
Assistant Superintendents, Executive Directors, Community Partners (Agency, Families, Students, First Responders)

Executive Functions

Implementation Functions

WELLBEING-ACADEMIC SUCCESS-SAFETY-COMMUNITy-ENGAGEMENT-ACCOUNTABILITY

Elementary Implementation Team
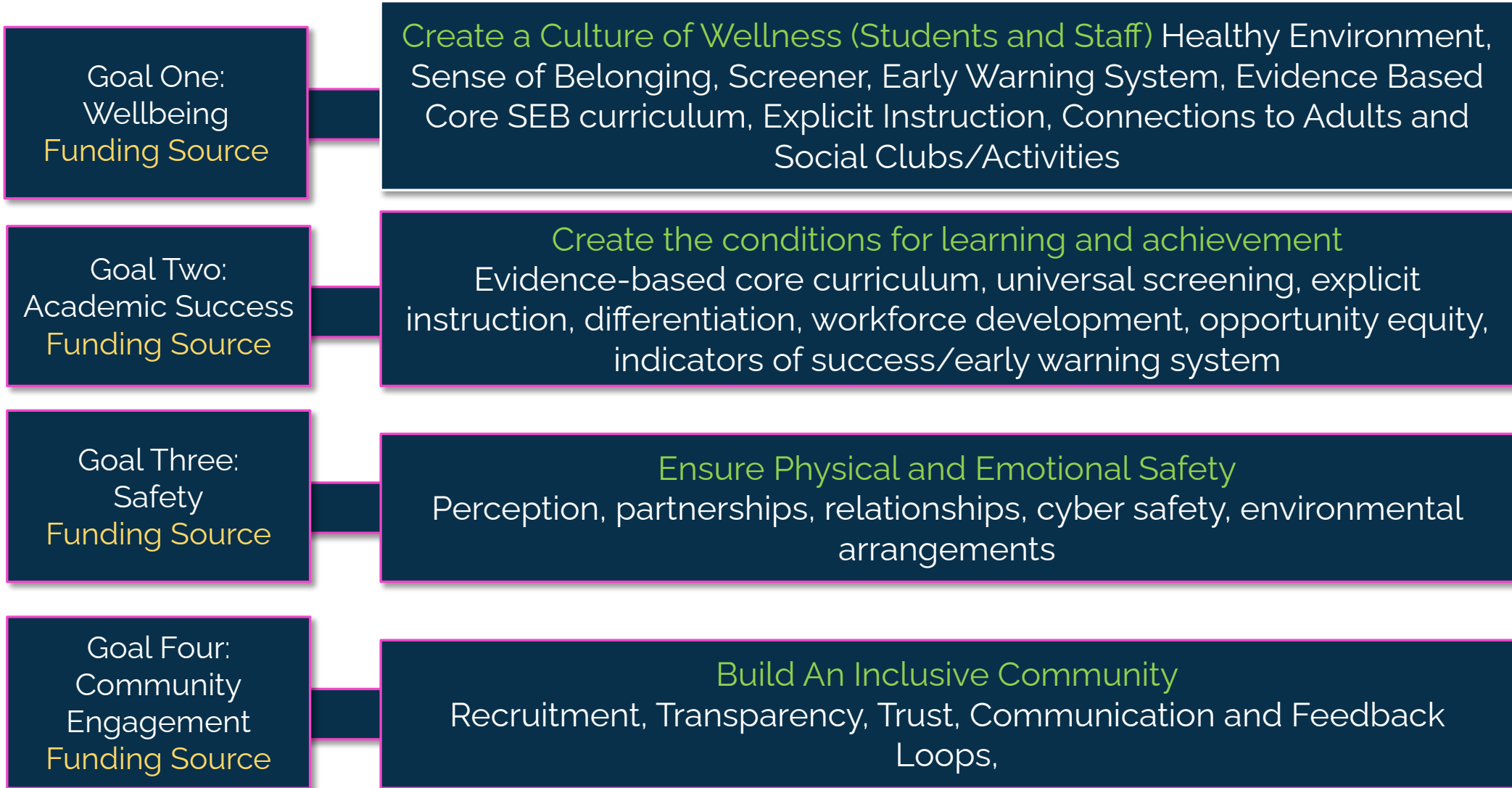
Secondary Implementation Team

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

Goal 1: Establish culture of wellbeing (students/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?

Cabinet
Superintendent, Assistant Superintendents, Executive Directors

Executive Functions

District Community Leadership Team
Assistant Superintendents, Executive Directors, Community Partners (Agency, Families, Students, First Responders)

Implementation Functions

WELLBEING-ACADEMIC SUCCESS-SAFETY-COMMUNITy-ENGAGEMENT-ACCOUNTABILITY

Elementary Implementation Team

Secondary Implementation Team

THEY WERE WORKING DURING THE 2 YEARS

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

How can we maximize our investment?

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

Midtown School District Goal 1: Creating a Culture of Wellness

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Decrease use in exclusionary discipline by 30% by March 2025, 50% by March 2026.	SWIS	

They asked about what to leverage first…

…knowing the history and research, we will get to all of these outcomes.

DISTRICT DECISION = money = coaching =training (and no "dumping and running")

Midtown School District Goal 1: Creating a Culture of Wellness

Indicators of Success	Measure	Considerations
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SEE HER NEW SLIDES OF SCHOOL EXAMPLE

- Look at the Top 10 practice ([showed] high leverage practices)
- Public health model (look at specific behavior, high fidelity of it; e.g. wellness is a skill)
- talked about wellness practices
- talked about ratios (predicted and frequency counts)

District Equity Team

Superintendent & Admin

Central Community Partners

Elementary SEL TEam

DSFI TEAM

Handle With Care Team

Suicide Prevention Planning Team

District PBIS Team

District SEL/Mental Health/Behavior Team

District Admin, Whole Child, ISF Coaches

District Admin & Whole Child

Whole Child & Building Admin

Student Services Mental Health Planning

Student Services Program Asst. & Admin

CDL SEL/Mental Health Subcommittee

Current Teams (Great work being done)

Central Whole Child Framework

Whole Child/Whole System Support

3-Tiered Continuum of culturally relevant, evidence-based interventions

Staff Development

(Supporting culturally knowledgable staff behavior, staff wellness, training, coaching, and content expertise)

Identifying Student Needs

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

ISF-District Community Leadership Team

District Team Structures

Central Whole Child Framework

Whole Child/Whole System Support

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

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

Staff Development

Example Focus: Building a 3-year professional development plan

ISF-District Community Leadership Team

Identifying Student Needs

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

District Team Structures

How are we spending our time? Can we do a calendar review?

Tired of Working in Silos?
Tired of Putting out Fires?
How do we adapt to new context?

- What are the implications of working in silos?
- What are the implications of being firefighters (living in downstream)?
- What micro-movements can you make towards alignment?
- What are the bigger movements that move you further upstream?

Aligning Teaming Structures

What will our way of work look like in this new context?

Adaptive and Technical Considerations

Evoking awareness…

"A _____ composed of many _____ brings a multitude of assumptions, experiences, behaviors, and _____ processes to the collective effort. The diversity in these factors, if left unchecked, can lead to team dysfunction, but if harnessed properly, they can greatly _____ team performance."

individuals

meaning-making

enhance

team

(International Coaching Federation, 2020, p.17)

Evoking awareness…

School community members, including family representatives and youth, can provide an expanded view/context of how the students' lives outside of school are to be considered and can enhance the Tier 1 Team's ability to promote healthy prosocial development for ALL students.

# Not just a seat at the table… change the table Voice and choice matter… Same as matters

"Team dialogue & reflection is essential in order to take full advantage of all team members' knowledge, skills, [lived experiences]. Encouraging full participation helps to identify appropriate goals to maximize team performance"

(ICF, 2020)

The Nurture Effect

"The scientific foundation has been
created for the nation to begin to create a
society in which young people arrive at adulthood with
the skills, interests, assets, and health habits needed to live
healthy, happy, and productive lives in caring relationships
with others"

~Institute of Medicine, 2009

"What if, making our environments more nurturing could guide us
in preventing almost every problem we face?"
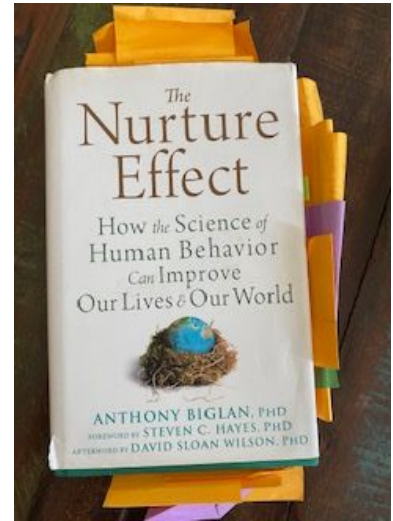
What makes the highest performing teams?

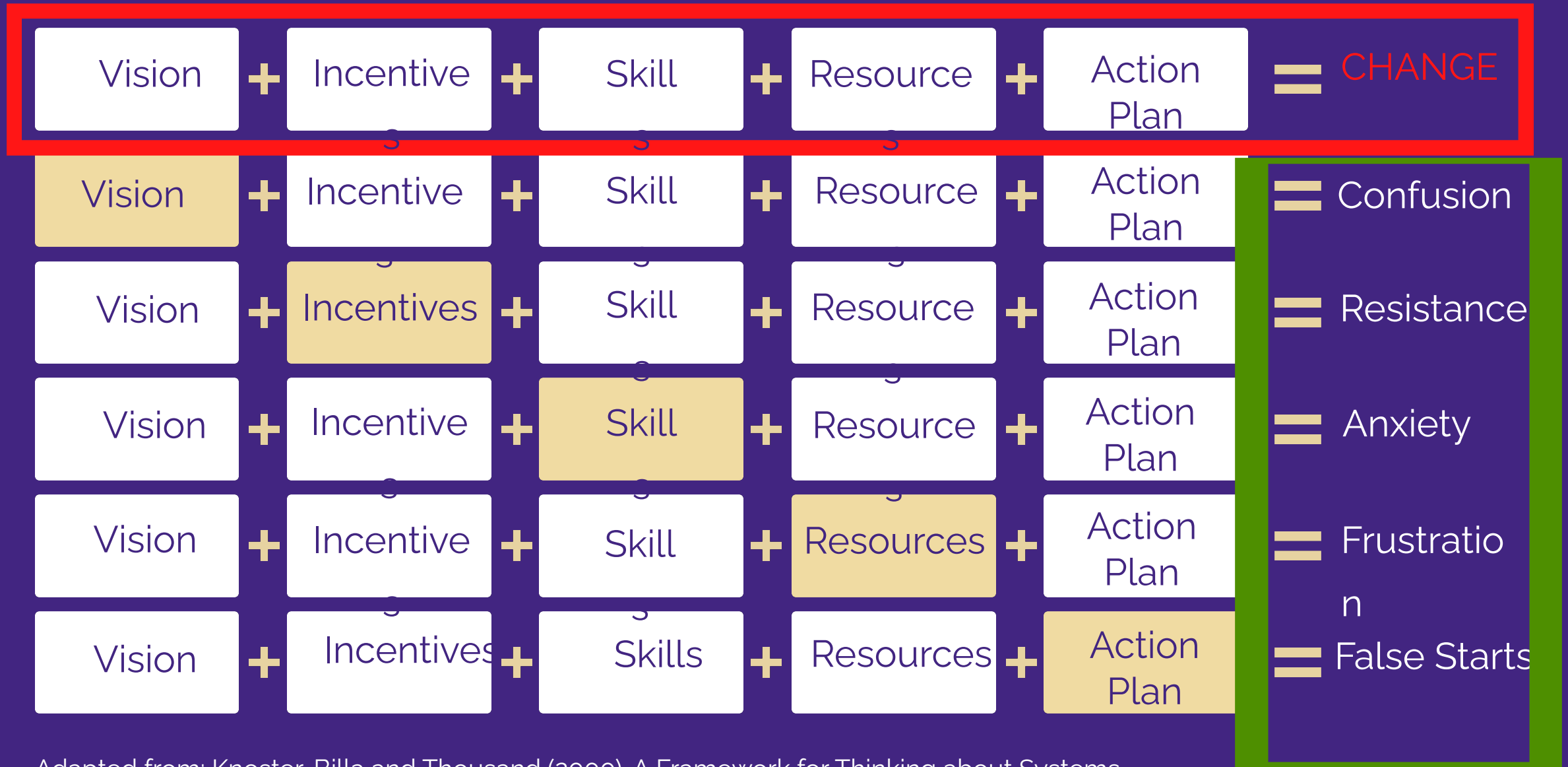Always being there for each other...

~Simon Sinek & Anthony Ianni (2023)

Change is Hard...

- Adopting an integrated framework is a process that will challenge the assumptions and traditional practices of most school faculty, and mental health systems.

- This typically requires the difficult process of abandoning long held patterns of "doing business" and creating new models based on the strengths of the schools/district/community, and the changing needs of students and families.

Facilitating a Systems Change Framework

| Vision | + | Incentive | + | Skill | + | Resource | + | Action Plan | = | CHANGE |

Vision	+	Incentive	+	Skill	+	Resource	+	Action Plan	=	Confusion
Vision	+	Incentives	+	Skill	+	Resource	+	Action Plan	=	Resistance
Vision	+	Incentive	+	Skill	+	Resource	+	Action Plan	=	Anxiety
Vision	+	Incentive	+	Skill	+	Resources	+	Action Plan	=	Frustration
Vision	+	Incentives	+	Skills	+	Resources	+	Action Plan	=	False Starts

Adapted from: Knoster, Billa and Thousand (2000). A Framework for Thinking about Systems Change.

Supporting Change

Technical Change/Transactional
(examples)

Change or adaptations to practices,
instruction, or learning new
strategies

Changes in team operating
procedures & data informed decision
making

Important, but may not reflect
deeper change

Adaptive Change/Transformative
(examples)

Changes in Values, Beliefs, Roles,
Relationships, Bias, & Approaches

"Adaptive change…More likely to occur after technical change as a result of experiencing successes and seeing the potential for equitable outcomes through the use of effective strategies (Guskey, 1986)

Both lead to a Change in Student Outcomes

(Leverson, Smith, Rose, McIntosh, Rose, & Pinkelman, 2021)

Teaming is a mitigation strategy...

- Mitigating the impact of trauma invites us to consider teaming as a strategy for technical & adaptive change

- Technical Changes
  - Data informed decision-making routines
  - Alignment and/or integration of efforts/initiatives/funding/policies
  - Team initiated problem solving (TIPS) to build routines
  - Ensures diverse perspectives

- Adaptive changes
  - Opportunities to engage in empathy (perspective-taking without judgment, acknowledging emotions, & honoring others' truth)
  - Opportunities to heal (building trust, safety, productive dialogue)
  - Opportunities to foster belonging, social connection, and a community that honors dignity

(Cobb & Krownapple, 2023; Perry & Winfrey, 2021)

Why do norms matter?

- Help teams to be more productive, effective, and create safe, trusting space to have meaning and productive conversations
- Team norms are co-created by team members. Consider revisiting whenever new team members join the team.

Why else?

Values	Pick 2-3 of these or your own that your team wants to practice today.
We are Kind	- We acknowledge one another - We hold ourselves accountable to one another - We consider the weight of our words before speaking
We are Responsible	- We take time to build relationships with ourself & others - We welcome, appreciate, & affirm our collective cultural differences - We believe others when they share their experiences & feelings
We are Respectful & Affirming	- We listen to understand - We assume best intentions - We practice perspective-taking
We are Physically & Emotionally Safe	- We ask for clarity to understand and contribute - We create a safe space that invites open dialogue and vulnerability – Pause & Consider: Is what I want to say Kind? True for me? Necessary? - We invite & make it safe to ask questions & make mistakes

Dignity Indicators to practice with...

Use structures or protocols to promote same as, voice & choice, listening, openness, …

https://www.schoolreforminitiative.org/protocols/

https://www.liberatingstructures.com/ls-menu

Here's What, So What, Now What
Structure Protocol for Facilitated Dialogue & Action Planning

Purpose of Structure: *To encourage collaboration and dialogue about data and develop shared solutions.*

Evidence/Data/Observations that Identifies a Need:

Step 1: *Here's What!* Record 2-3 observations you made or information you heard that 'pops out' to you.	Step 2: *So What?* What are your interpretations or meaning of those observations or information you heard?	Step 3: *Now What?* What are possible implications for each idea recorded?
I am noticing… *I heard …*	*I'm wondering …*	*Can we consider doing …* *As a result, we can …*

| What can we do to support implementation of these ideas reflected in our "Now What"?		
Idea to implement	*Resources Needed*	*Who? When ?*

What if we get "stuck"?
Strategy: Build a Culture of Coaching

- Transformational coaches embrace & live in curiosity, partnership, invitation, openness, listening…

- They notice changes in somatic energy, emotional energy

- They identify and have a "bank" of coaching questions a facilitator or team member can use to invite/expand the conversation

Open-ended, evocative questions…A Powerful Tool
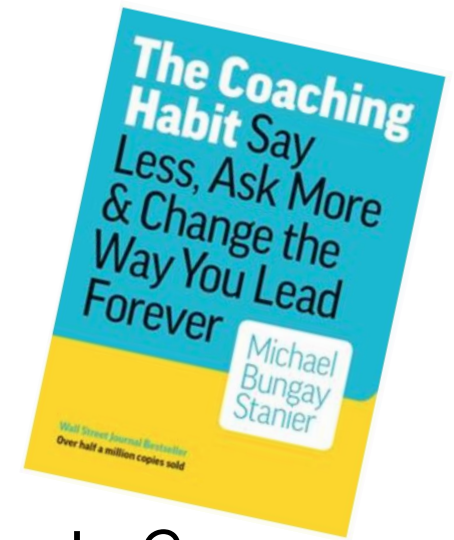
- What's on your mind? What else?
- If you're saying yes to this, what are you saying no to?
- If we can't do all of this, but could do just a part, what part would we do first?
- What would we be doing, saying, feeling if we were living in this new possibility?
- What would a new habit that would support our change look like?
- How can we help?

What questions do you keep in your toolbox?

As decision makers, we need a deliberate process to guide us through the examination and analysis of data. Without this, we may be apt to substitute strongly held opinions for the fact-based conclusions that would be derived from a review of the actual data.

- D.B. Reeves, The Leader's Guide to Standards, 2002

Data gathering and interpretation are not value-free but freighted with emotional predispositions and cognitive preconceptions.

-Joanna Macy

The Dharma of Natural Systems

Team Operating Procedures w/ Fidelity

- Schedule monthly meetings for the year (with in-person and virtual locations)

- Use regular format, agenda, minutes, and action plan (TIPS)

- Assign Roles for Meetings (static or rotated with back-ups) and practice with roles ☺️

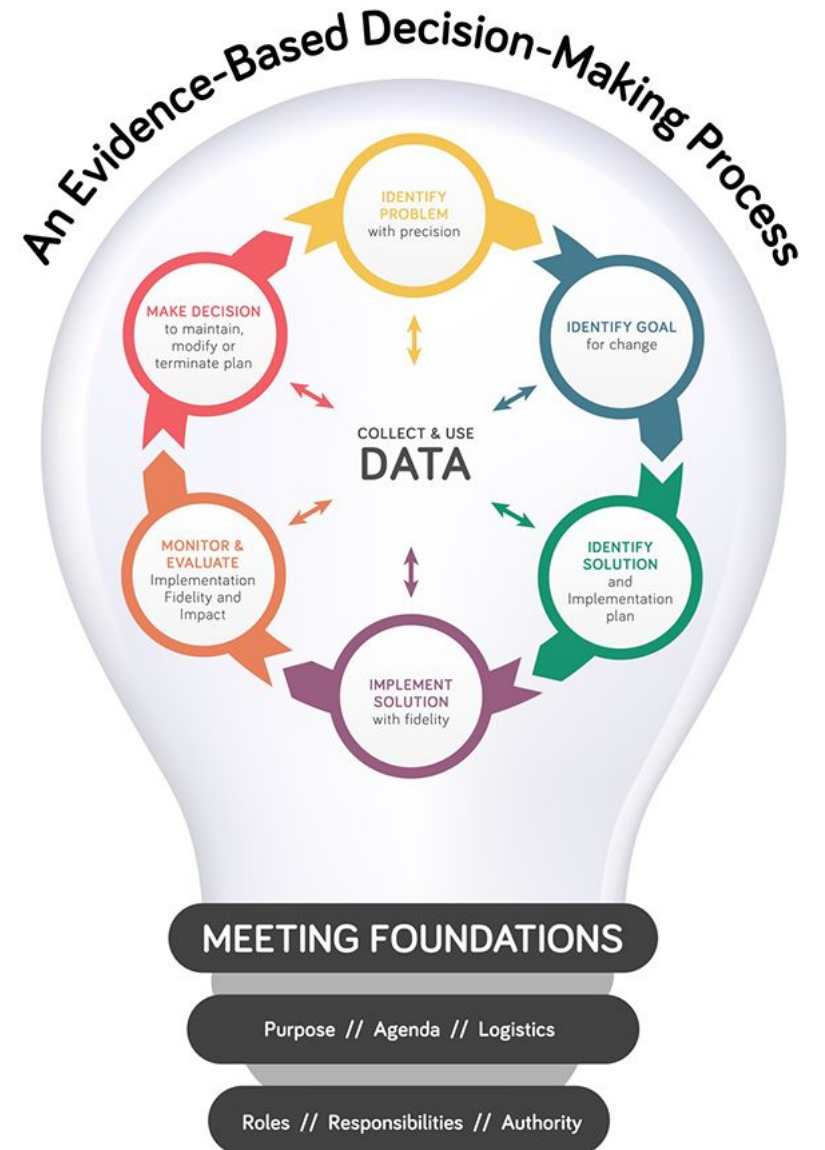- Establish Team Norms (transactional and transformational)

Tiered Fidelity Inventory, Features 1.2, 2.2, 3.2

Team Initiated Problem Solving (TIPS)

- https://www.pbis.org/topics/data-based-decision-making

- https://www.pbis.org/video-examples/video#data-based-decision-making

(Educational & Community Supports, University of Oregon, 2021)

TIPS
Team-Initiated Problem Solving

An Evidence-Based Decision-Making Process

- IDENTIFY PROBLEM with precision
- IDENTIFY GOAL for change
- IDENTIFY SOLUTION and Implementation plan
- IMPLEMENT SOLUTION with fidelity
- MONITOR & EVALUATE Implementation Fidelity and Impact
- MAKE DECISION to maintain, modify or terminate plan

COLLECT & USE DATA

MEETING FOUNDATIONS

Purpose // Agenda // Logistics

Roles // Responsibilities // Authority
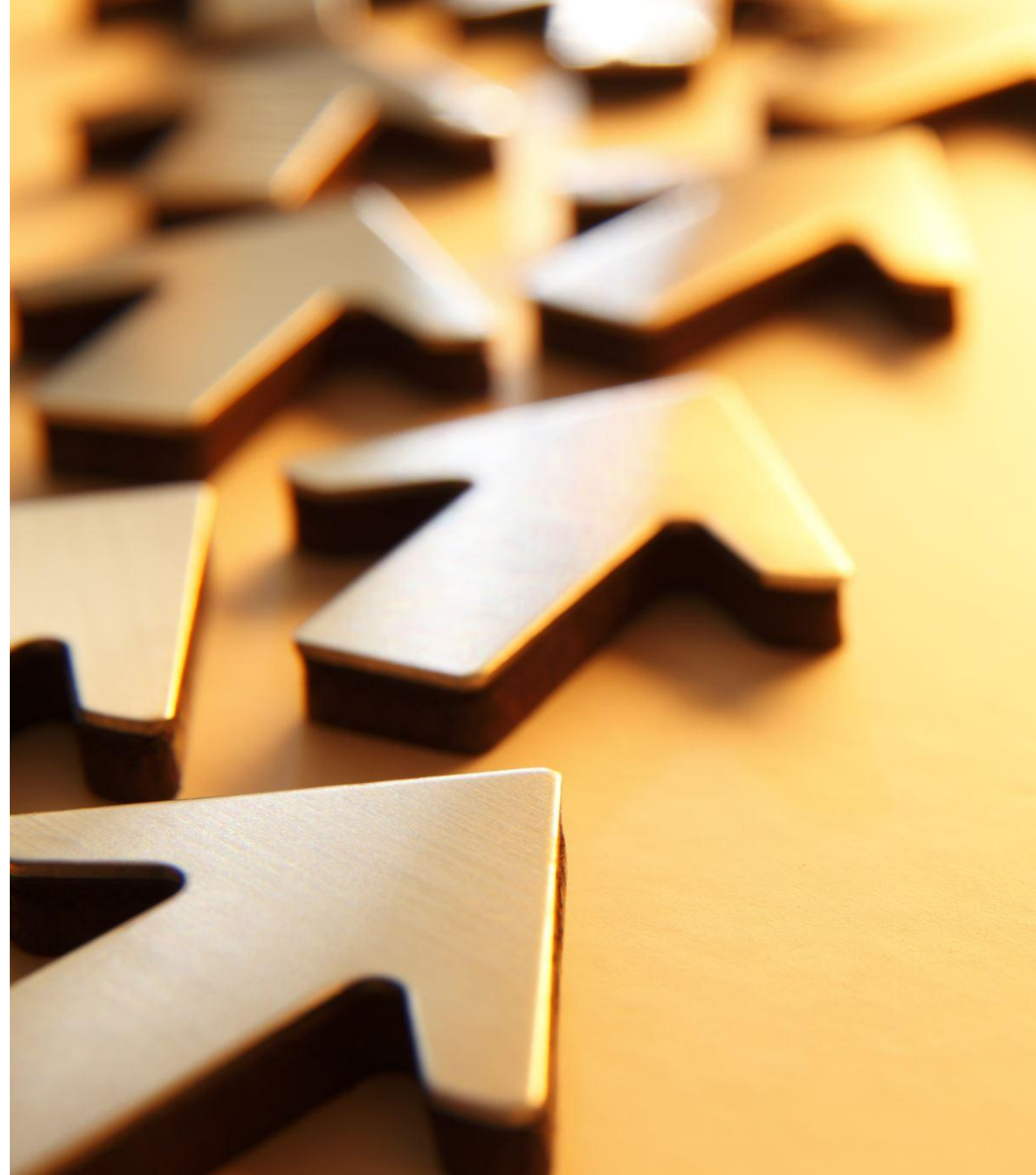
Outcomes associated with use of TIPS

- Greater growth with problem solving, decision-making practices, meeting outcomes (Horner, Newton, Todd, Algozzine, Algozzine, Cusumano, & Preston, 2018)

- Greater implementation fidelity with team problem solving process (Newton, Horner, Algozzine, Todd, & Algozzine, 2012)

Team-Initiated Problem-Solving Process (TIPS, https://www.pbis.org/topics/data-based-decision-making

TIPS Meeting Minutes Guide

School: _____

	Date	Time (begin and end)	Location	Facilitator	Minute Taker	Data Analyst
Today's Meeting						
Next Meeting						

Team Members & Attendance (Place "X" to left of name if present)

Today's Agenda Items:

1. ....
2. ....
3. ....

4. ....
5. ....
6. ....

Agenda Items for Next Meeting

1. ....
2. ....
3. ....

Systems Overview

Overall Status Tier/Content Area	Measure Used	Data Collection Schedule	Current Level/Rate

Problem Solving Process

Date of Initial Meeting:

Brief Problem Description (e.g., student name, group identifier, brief item description):

Date(s) of Review Meetings

Precise Problem Statement → *What? When? Where? Who? Why? How Often?*	Goal and → Timeline *What? By When?*	Solution → Actions *By Who? By When?*	Identify Fidelity → and Outcome Data *What? When? Who?*	I M P L E M E N T S O L U T I O N S	Did it work? *(Review current levels and compare to goal)*
			What **fidelity** data will we collect? *What? When? Who?* --- What **outcome** data will we collect? *What? When? Who?*		**Fidelity Data:** **Level of Implementation** ☐ Not started ☐ Partial implementation ☐ Implemented with fidelity ☐ Stopped Notes: / **Outcome Data** (Current Levels): **Comparison to Goal** ☐ Worse ☐ No Change ☐ Improved but not to goal ☐ Goal met Notes:
Current Levels:					**Next Steps** ☐ Continue current plan ☐ Modify plan ☐ Discontinue plan ☐ Other Notes:

Notes:

TIPS Meeting Minutes form for:

	Date	Time	Location	Facilitator	Minute Taker	Data Analyst
Today's Meeting						
Next Meeting						

Team Members (Place "X" to left of name if present)

Today's Agenda Items (Review Agenda, Wellness Check-in, Data Analyst Report, Problem Solving for <u>Previously-Defined</u> and New Problems, Other items as listed below)

01.	Wellness Check: *Example Opener questions*. What is the most generous act you have seen recently? What is giving you hope right now? What is the best thing that has happened to you today?	6.		**Agenda Items for Next Meeting (parking lot items and carry forwards)**	
02.		07.		01.	
03.		08.		02.	
04.		09.		03.	
05.		10.		04.	

Agenda Item Minutes (Discussion, action steps, who & when for administrative/general information agenda items listed above)

Information for Team, or Issue for Team to Address	Discussion/Decision/Task (if applicable)	Who?	By When?

Problem Solving Process

Date of Initial Meeting:	Date(s) of Review Meetings

Brief Problem Description (e.g., student name, group identifier, brief item description):

Precise Problem → Statement *What? When? Where? Who? Why? How Often?*	**Goal and → Timeline** *What? By When?*	**Solution → Actions** *By Who? By When?*	**Identify Fidelity → and Outcome Data** *What? When? Who?*	I M P L E M E N T S O L U T I O N S	**Did it work?** *(Review current levels and compare to goal)* ↓

Identify Fidelity and Outcome Data column:

*What **fidelity** data will we collect?*
What? When? Who?

*What **outcome** data will we collect?*
What? When? Who?

Did it work? section:

Fidelity Data:

Level of Implementation
☐ Not started
☐ Partial implementation
☐ Implemented with fidelity
☐ Stopped
Notes:

Outcome Data (Current Levels):

Comparison to Goal
☐ Worse
☐ No Change
☐ Improved but not to goal
☐ Goal met
Notes:

Precise Problem Statement column:

Current Levels:

Next Steps

☐ Continue current plan
☐ Modify plan
☐ Discontinue plan
☐ Other
Notes:

Notes:

Evaluation of Team Meeting (Mark your ratings with an "X"

	Our Rating		
	Yes	So-So	No
1. Was today's meeting a good use of our time?			
2. In general, did we do a good job of **_tracking_** whether we're completing the tasks we agreed on at previous meetings?			
3. In general, have we done a good job of actually **_completing_** the tasks we agreed on at previous meetings?			
4. In general, are the completed tasks having the **_desired effects_** on student behavior?			

The Power of Self-Reflection

Before the Meeting …	
Facilitator	- Room reserved "New" items solicited for agenda (from stakeholders and team members) - Agenda produced in question format - Lead team through discussion of effects of in-process solutions on "old" problems
Time Keeper	Secure time keeping device ☺
Minute taker/ Recorder	LCD projector/SMART Board reserved & room set up to project agenda, minutes, data
Data Analyst	Data reviewed before the meeting; Suggest possible new issues

During the Meeting ...

Facilitator	- Start/end meeting on time - Review times for each agenda item with team - Identify next meeting time, date and roles - Manage flow of meeting by adhering to agenda - Ensure active participation of all team members
Time Keeper	- Keep track of time spent on each agenda item. - Give signal if the time for an agenda item has passed. Let the team know the time is up and ask if they would like to add more time to the agenda for this item
Minute taker/ Recorder	Ask for clarification of tasks and complete meeting minutes
Data Analyst	Leads discussion & answers questions about Data Analyst's Report & provides addtl data requested

After the Meeting …	
Facilitator	▪ Ensure meeting minutes, goals, data & decisions are shared with stakeholders
Time Keeper	
Minute taker/ Recorder	▪ Meeting minutes and problem-solving action plan completed ▪ Copy of meeting minutes and problem-solving action plan distributed to each member within 24 hours
Data Analyst	▪ Support Progress monitoring of precision problem & solution

Data-informed Decision Making: Helpful Tips

- Use **Team Initiated Problem Solving (TIPS)** or other way of work consistently across teams

- Use **Precision Statements** to identify the problem to solve as the environment in which behaviors are occurring and/or sustaining, not the student

- Leverage the **diverse perspectives**, **lived experi**ences, **credentialed expertise** of the team members to understand the story behind the data

- Identify a **measurable goal**, **progress monitor for changes** in the data, and include a **precision soluti**on and an **action plan**

Communication Plan Template

The purpose of the Communication Plan is to identify and authentically engage with an organization's diverse stakeholders. A carefully crafted plan allows for sharing of information with staff, families, students, and relevant community entities. It seeks to celebrate successes, inform, prevent misunderstandings to reduce barriers, and build the collective commitment of the organization's diverse stakeholders. It facilitates gathering of valuable input and expertise for continuous quality improvement. A carefully designed and used Communication Plan validates how stakeholders are included in the development of the organizations implementation capacity for systemic change "so everyone can see they have a role to play."

Mission and Purpose of Communication Plan **What is the clear purpose and mission of the communication plan?**
Click here to enter text.

Practice-Policy Communication Cycles **Who is responsible for ensuring feedback and information gathered through communications are used to inform, reduce barriers, and celebrate successes?**
Click here to enter text.

Information or Messages *What needs to be communicated? How does the information change over time as the organization goes deeper into practice?*	**Audience (Diverse Stakeholders)** *Who needs to be communicated with?*	**Methods** *Are a variety of modes used: conference key notes, presentations, meetings, Webpages, Webcasts, etc.?*	**Frequency** *How often? Is there a schedule?*	**Responsibility** *Who is responsible? What is the role of leadership?*	**Indicator of Success** *What data is used and how often to determine effectiveness of communication?*
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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For more information:
https://nirn.fpg.unc.edu/resources/lesson-9-communication-protocol-linking-teams

Using Structured Protocols…Be purposeful

https://www.liberatingstructures.com/ls-menu

What can you adopt or adapt from these tools to enhance the current way of work of teams in your district?

Team Initiated Problem Solving

Coaching Tools

Identification of Relationship Building Agreements/Norms to practice

Explicit Communication Plan

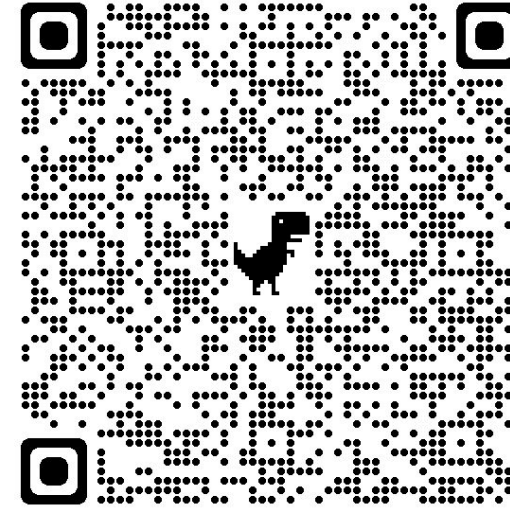What else?

CENTER ON
PBIS Positive Behavioral
Interventions & Supports

ADDRESSING CONFIDENTIALITY WHILE SUPPORTING THE SOCIAL-EMOTIONAL-BEHAVIORAL NEEDS OF STUDENTS WITHIN SCHOOLS

KELLY PERALES, LUCILLE EBER, CAT RAULERSON, & LAURA KERN

January 2023

https://www.pbis.org/resource/addressing-confidentiality-while-supporting-the-social-emotional-behavioral-needs-of-students-within-schools?fbclid=IwAR111ykdx38ZSmM5xhc_X7meANbH9mAqyW2CvisbJluqWJEAMnV0v02WjyQ

Make connections to annual report with great questions on the template

What are the challenges and barriers? vs what do I need to fix about this group of students or student so that he/she/they … follow the rules, attend school?

??? p114 gorski book

think about circling back to what if scenarios and reflecting on these questions to get to issues of equity

use scenarios from book- homework, boys suppressing feelings, et.

"Our why is often born out of our struggle…we walk together in our struggle in our why, our purpose…"
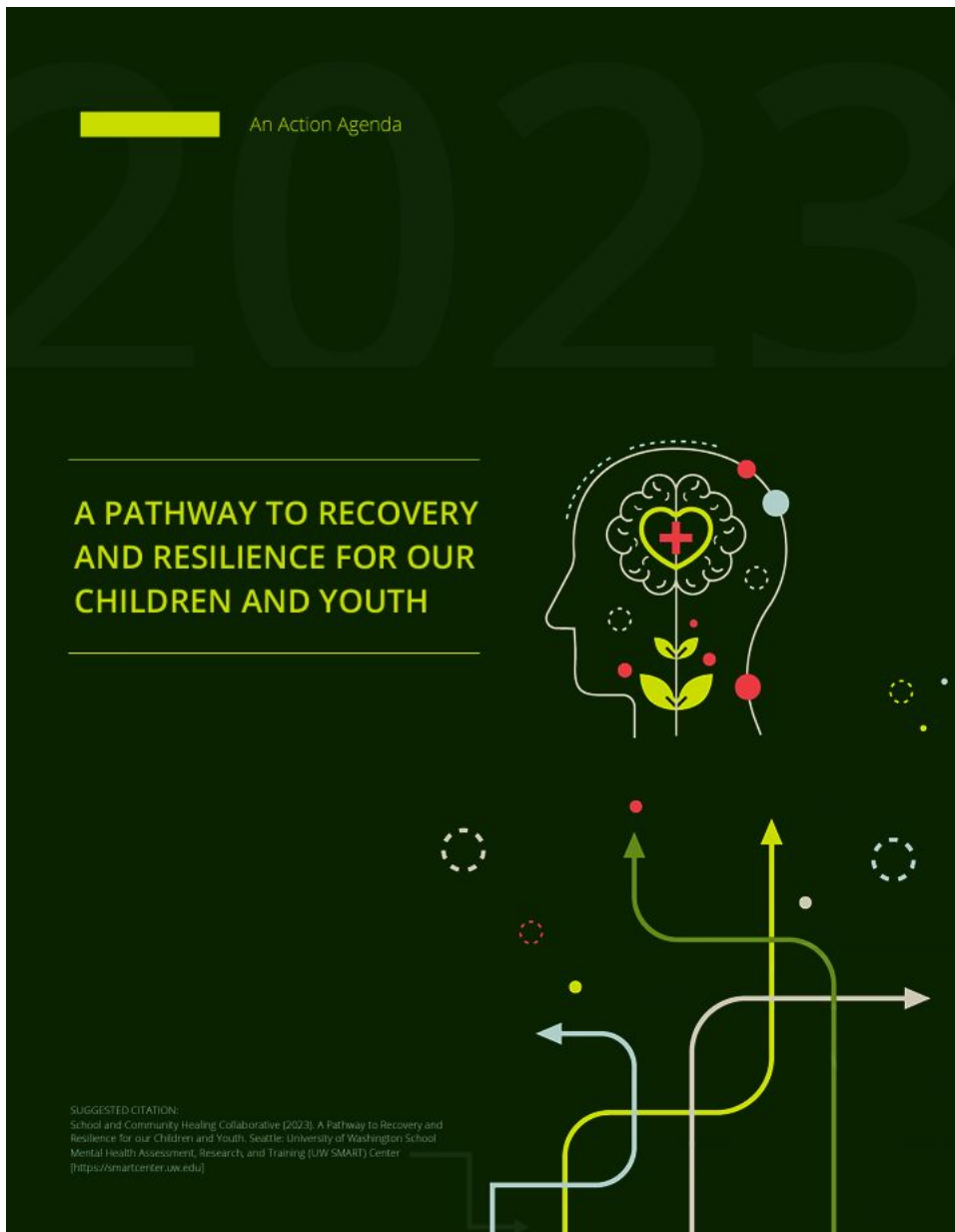
Dr. Kurt Hatch, Faculty Director and Professor
Educational Leadership, University of Washington
CEO, Leadership Solutions LLC

Morning Closing Circle

- Structure : Listening Circle
    - Opportunities to practice Shared dialogue, reflection, listening, empathy to facilitate shared leadership, agency, build community
- Think of a student, colleague, family, community member, loved one to dedicate this work to
- What are you committing to?
- What are you hopeful for?

An Action Agenda

A PATHWAY TO RECOVERY AND RESILIENCE FOR OUR CHILDREN AND YOUTH

SUGGESTED CITATION:
School and Community Healing Collaborative (2023). A Pathway to Recovery and Resilience for our Children and Youth. Seattle: University of Washington School Mental Health Assessment, Research, and Training (UW SMART) Center [https://smartcenter.uw.edu]

https://smartcenter.uw.edu/tile/in-the-news/

A Pathway to Recovery and Resilience for Our Children and Youth

A collaborative of national experts developed an action agenda with recommendations to address the growing mental health needs of students and educators. *A Pathway to Recovery and Resilience for Our Children and Youth*, calls on educational and collaborating youth system leaders to address the youth mental health crisis and take advantage of funding, policy, and other opportunities to make novel and meaningful changes that support the positive mental health and wellbeing of all students and educators.