**ISF Implementation Workbook**

**V2 August 2017**

**Perales, K., Pohlman, K., VanAcker, E., Barrett, S., and Eber, L., 2017**

Table of Contents

## ISF Intro (pg 4-10)

**Purpose of workbook**

**ISF goals and objectives**

**ISF tools**

## District and Community Leadership (pg 11-17)

**Memorandum of understanding (MOU)**

**Resource mapping/needs assessment**

 **Mission and vision**

 **Integrated action plan**

 **Evaluation plan**

 **Universal screening**

 **Coaching in an ISF**

## Teaming (pg 18-26)

### Defining teaming and teaming structures

### Team composition

### Team operating procedures guiding questions

 **Teaming resources**

## Cross Training and Planning (pg. 27-31)

## Defining cross training and planning

**Resource mapping**

**Staff involvement**

**Training/professional development**

**Utilizing staff resources**

**Development of building level integrated action plan**

## Family and Youth Engagement (pg. 32-35)

**Involvement**

**Input and feedback**

**Communication**

**Individualized student and family plans**

**Resources**

## Intervention Selection, Implementation and Progress (pg 36-41)

**Develop protocol/procedure for selecting interventions**

**Evidence based practices**

**Develop an enhanced continuum of interventions to match identified student need**

**Fidelity of implementation**

**Monitoring for outcome (tracking tool)**

## School-Wide Data-Based Decision Making (pg 42-45)

**Defining school and community data**

**Decision rules**

**Integrated Action Plan Template (pg 46)**

|  |
| --- |
| Purpose of Workbook |

As part of training, technical assistance, and coaching by an ISF Facilitator, this workbook is intended to support district and school leadership teams who are aligning and integrating School Mental Health (SMH) and Positive Behavioral Interventions and Supports (PBIS). Teams will be able to identify action steps towards implementation of an Interconnected Systems Framework (ISF).

The following icons indicate the type of information provided throughout the workbook:

 **Content**

 **Activities/Team Time**

 **Action Planning**

 **Resources**

|  |
| --- |
|  ISF Goals and Objectives |

The Interconnected Systems Framework (ISF) is a structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems.  The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.  There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavioral needs of students.  Family and community partner involvement is critical to this framework.

Positive Behavioral Interventions and Supports (PBIS) is a multi-tiered system approach to address social, emotional, and behavioral needs of all students. Within a school building, multidisciplinary teams of staff and administration review data and select interventions that have an evidence-base and address a need within the school. Those interventions are progress monitored for fidelity and impact. To learn more, visit  [www.pbis.org](http://www.pbis.org)

School Mental Health (SMH) is a full continuum of effective mental health promotion and intervention strategies for all students. This reflects a shared agenda involving school, family, and community system partnerships. Finally, school and community employed professionals augment one another’s work. To learn more, visit  <http://csmh.umaryland.edu/>

The Interconnected Systems Framework (ISF) key messages include:

* Implement with an MTSS Framework
* Utilize a Single System of Delivery
* Promote Mental Health for All
* Move Beyond Access: Mental Health Interventions with Specific Outcomes

A District and Community Leadership Team is necessary for successful implementation of an ISF. These key stakeholders in education and mental health/community systems have the authority to reallocate resources, change role and function of staff, and change policy. This team will develop a memorandum of understanding; conduct resource mapping and develop an integrated action plan. This plan will address the core feature of implementation, with a focus on building capacity and sustainability within the system. Building level teams will also conduct resource mapping and develop an integrated action plan.

The implementation domains of the ISF are:

1. **SWPBIS Implementation** – The extent to which a building is implementing the core features of SWPBIS with fidelity. In order to implement the ISF with fidelity, implementation of SWPBIS is a critical element.
2. **Teaming** – The extent to which the teams collaborate and include representatives from both the education and mental health systems. Family and student voice should also be represented, as appropriate, on teams. For PBIS and SMH to be aligned and integrated, each team must be multidisciplinary.
3. **Cross Training and Planning** – The extent to which all parties involved receive appropriate professional development and training. This includes each system learning how the other system operates; ensuring all students, families, and staff understand the core features across tiers and how to access all aspects of ISF; and training and professional development for all involved in the use of all interventions. Universal screening, as well as screening across tiers, is also part of the implementation process.
4. **Family and Youth Engagement** – The extent to which students and family members are included in teaming, decision making, interventions, and systems. All decisions about students and families should be made with them as part of the process.
5. **Intervention Selection, Implementation and Progress** – The extent to which evidence-based interventions are selected based on need; are implemented with fidelity; and there are positive outcomes for the student. Data based decision-making and progress monitoring is incorporated throughout this process.
6. **School-Wide Data-Based Decision Making -** The extent to which home, school, and community data are collected, analyzed, and used for decision making. This includes screening and assessment; proximal and distal; and impact and fidelity. Decision rules should be developed and clearly articulated that indicate markers for when a student should be moved into a higher level intervention, how long they should remain in an intervention, and when they should exit and intervention.

|  |
| --- |
| ISF Tools |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Tool** | **Implementation Level** | **Description/Purpose** | **Authors/Citation** | **Considerations for Use** |
| Survey on School Readiness for Interconnecting PositiveBehavior Interventions and Supports and School Mental Health  | School | The purpose of the survey is to evaluate readiness to interconnect PBIS and SMH; that is, delivering SMH services through the PBIS framework. Readiness includes perceptions of all those involved (teachers, students, administrators, family members, etc.), feasibility of implementing changes, and types of available resources. | Vittoria Anello and Mark Weist | **Who:** Teachers, Students, administrators, family members **When:** Exploration Phase:Prior to initial implementation **Access for Use**: ISF Monograph<http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>  |
| Selecting Mental Health Interventions within a PBIS Approach | School | When a data indicates a need for a new initiative, this guide, checklist and case examples should be used to determine the best fit and will also guide teams to install systems features like data decision systems as well as training and coaching features that increase intervention fidelity and positive outcomes for children, youth and families.   | Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis, andGeorge Sugai | **Who:** School Community Team who include stakeholders who are responsible for selecting and installing new initiative**When:** Data determines need for new initiative**Access for Use:** ISF Monograph<http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>  |
| Implementation Guide Topics:· Funding· Evaluation Tools· District Community Leadership Team | District/ Community | This guide can is used when topics such as funding, evaluation and integrated teaming becomes a barrier to an integrated approach. The questions promote dialogue around current funding status and help teams determine specific action steps to promote flexible funding model. (i.e. clinicians can be paid to participate in school teams) | ISF Development Team (Barrett, Eber and Weist 2011) | **Who:** DCLT**When:** Exploration Phase**Access for Use:** ISF Monograph<http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>        |
| ISF Action Planning Companion Guide to SWPBIS-TFI | School | Assist schools implementing PBIS and using the Tiered Fidelity Inventory to enhance current implementation to include ISF approach. | Barrett, Perales, & Eber, 2015 | **Who**: Systems Planning Team**When**: Completed during annual action planning and reviewed quarterly to assess progress toward goals during PBIS/ISF Team meetings.**Access for Use**: [Download Tool](https://drive.google.com/file/d/0B9rpal09Nt5HOGRUQVllbjFnZWs/view?usp=sharing) |
| ISF Implementation Inventory | School | The ISF Implementation Inventory is intendedto serve as an efficient and valid assessment of ISF implementation for the purposes ofongoing evaluation and action planning**.**  | Splett, Quell, Perales, & Weist, 2016 | **Who**: PBIS/ISF Systems Planning Team**When:** The ISF Implementation Inventory is first completed individually by members of the school leadership and/or PBIS/ISF teams and then reviewed aggregately at a team meeting for discussion and action planning**Access for Use**: Participate in validation studysplett@coe.ufl.edu  |
| Mental Health Agency Implementation Checklist | Partnering MH Agency | This checklist is to assist agency leadership and staff during the initial implementation of ISF. It provides guidance on essential elements of core ISF features. MH leadership and staff will develop an action plan based on completion of the tool to ensure integrity of ISF implementation.  | Perales, 2016 | **Who:** Partnering Mental Health Agency administration and direct service staff **When:** Exploration and Initial Implementation Phases   |

|  |
| --- |
| District and Community Leadership Team |

The District and Community Leadership Team (DCLT) is a group of school district and community executive level administration, who have the authority to reallocate resources, change policy, sustain, and scale the key elements and core features of the ISF. The DCLT meets at least three times throughout the school year. The goal of the team will be to implement mutually agreed upon goals from an integrated action plan. This action plan will be developed utilizing a resource mapping or needs assessment process in addition to a review of community and school district data. In addition to an integrated action plan, that outlines professional development, implementation, and outcome objectives; the DCLT will develop and evaluation plan and a protocol for universal screening.

Membership of the Implementation Team are in the table below, along with recommended roles and responsibilities.

|  |  |
| --- | --- |
| **School District Superintendent or Designee** | Provide overall support and leadership to the project and direct reports. When possible and appropriate, reallocate resources, address any policy or funding needs, share information with the school board and community to promote visibility and buy-in for the project. This may include State level Department of Education. |
| **Mental Health Agency Executive Director or Designee** | Provide overall support and leadership to the project and direct reports. When possible and appropriate, reallocate resources, address any policy or funding needs, share information with community stakeholders to promote visibility and buy-in for the project. This may include State level Department of Human Services. |
| **District ISF Coach** | Co-facilitate leadership of the team, responsible for action plan, note taking, keeping implementation moving with established timelines, etc. In addition, will have responsibility with district level PBIS coach for overall fidelity of implementation of PBIS. |
| **Mental Health Agency ISF Coach** | Co-facilitate leadership of the team, responsible for action plan, note taking, keeping implementation moving with established timelines, etc. In addition, with clinical supervisor, will have responsibility within MH Agency for overall fidelity of implementation of SMH interventions. |
| **Building Principal or Designee from School Buildings** | Responsible to share information from building with leadership team and vice versa. Responsible for overall implementation across tiers within his/her building. Will advocate and promote this process with students, families, and staff.  |
| **Family Member** (for this level, may consider a representative from a local advocacy group and/or a family member who has experienced the “old way” and understands/appreciates the need for change. | Provide voice and perspective for families within the district and community. Advocate and promote this process with other families to encourage buy-in and participation.  |

The DCLT will establish or amend any existing Memorandum of Understanding (MOU) that exists between the school district and mental health agency. This MOU will articulate the following key themes:

* Mission, vision, and desired goals and outcomes of aligning and integrating mental health and PBIS.
* Logistics such as space, supplies, expectations of use of school building and hours, etc. (is this place for specific expectations regarding access to building, procedures for sign in/out, use of other rooms within the building for work/break times) (what about clearances?)
* Philosophy and approach of teaming model – strength based, child and family focused, culturally sensitive (System of Care principles)
* Expectations for professional behavior of staff such as communication, collaboration, respect for boundaries, confidentiality, etc.
* Expectations for funding – employment arrangements (anything about grant funding?), Medicaid billing? Etc. – what about if a need to pay for PD (for example on an EBP, or trauma-informed care?)
* Supervision and professional development – including co-training expectations
* Data system for tracking interventions and progress monitoring, use of all tools for research purposes, screening, PBIS data, etc.
* Specific expectations of roles and responsibilities
* Clear language about expectations for confidentiality (HIPAA, FERPA) joint guide language
* How will crisis be managed – crisis response, management (whom is responsible, etc.)

**Samples of MOU**

* [Sample 1](https://docs.google.com/document/d/1if_uyzeVwObREYSstFv71MCvbhCGsm9IECgxsXqyD00/edit)
* [Sample 2](https://docs.google.com/document/d/1MWdZsNkxCivNzz9z_CCKICS5V-VeaEBi3VBrZy71fUo/edit)

One goal is symmetry of the processes at the District/Community level and the Building level. For example, resource mapping by the DCLT will be a comprehensive review of existing available interventions and needs across the entire school community. By comparison, at the school building level, the team will conduct resource mapping specifically for their school and neighborhood, which gives contextual fit and needs for that school. See [resource mapping section](#3rdcrjn) for more information on how to conduct this activity. Sample [integrated action plan](https://docs.google.com/document/d/1k57jkkj6hzzpX765IAVtr9K7YdeFye7EbENbf5IoMNI/edit).

**Activity: DCLT Implementation Activities**

Use the table below to identify the implementation activities (work flow) that the DCLT has completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Not Started** | **Partially Completed** | **Completed In Place** | **Notes** |
| Review Baseline District, School and Community Data- assess need, establish priority |   |   |   |   |
| MOU (note if there was an existing one that was expanded) |   |   |   |   |
| Conduct Resource Mapping and Staff Utilization Review |   |   |   |   |
| Develop Integrated Action Plan |   |   |   |   |
| Develop Evaluation Plan |   |   |   |   |
| Establish Operating Procedures, i.e., mission and/or vision based on Key Messages |   |   |   |   |
| Implement Universal Screening Protocol |   |   |   |   |
| Other |   |   |   |   |

|  |
| --- |
|  **Screening** |

Screening is process used to identified students in need of higher level supports as early as possible. One way of screening is by monitoring set data points to identify students in need. Schools should consider data points that would identify both students with externalizing and internalizing behaviors.

1. What data are you currently monitoring to identify students?

1. Is this data identifying both students with externalizing behaviors (e.g.: aggression, disrespect) and students with internalizing behaviors (e.g.: social withdrawal, anxiety, somatic complaints)?

In addition to monitoring data, schools may choose to universally screen all students. Universal screening is defined as “the systematic assessment of all children within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the school personnel and community have agreed are important” (Ikeda, Neessen, & Witt, 2009). Deciding to screen students for social, emotional, and behavioral concerns is a commitment to be made by the District Community Leadership Team.

The Center for School Mental Health has compiled a summary of  [Free Assessment Measures](http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/ClinicianTools/Summary-of-Free-Assessment-Measures---And-Google-Doc-Link-to-Measures-Saved.pdf). This would be a good starting place for your team if you are considering adding universal screening.

A screener should be selected by the team that has contextual fit and is agreed upon by all stakeholders. Using a screener allows students to be identified earlier than they would through traditional ways such as ODRs or attendance. Selecting a screener that identifies students with both internalizing and externalizing concerns is beneficial.

In addition to screeners, students, families, and staff should all be able to request assistance for a with whom they are concerned. Schools should have a process for requesting assistance and a plan for how all stakeholders are informed of this process. Here is a sample  [Request for Assistance form](https://docs.google.com/document/d/11_ijxpzGzjHivDzMUw7uQ1VQ78Vc4pfVSHj6YRmBumA/edit).

**Activity: Assessing Universal Screening**

Use the table below to consider where your district is currently with universal screening and identify action steps to move forward.

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Protocol Item** | **In Place** **(not started, partially, fully)** | **Action Item** | **Notes** |
| A continuum of interventions is available to address identified needs of students. |  |  |  |
| A screening tool is selected that includes identification of both internalizing and externalizing concerns. |  |  |  |
| A plan is in place to conduct screening that includes a timeline, professional development, materials, etc. |  |  |  |
| A policy for consent is in place and parents have provided either consent or opt out. |  |  |  |
| A procedure is in place for parents, teachers, and others to request assistance for students they are concerned about. |  |  |  |
| Results from the screening are available immediately to teams for review. |  |  |  |
| Screening data is included with other data to make decisions about the interventions needed for students. |  |  |  |

|  |
| --- |
| **ISF Coach (School District and Community Mental Health)** |

Coaching is a set of responsibilities, actions, and activities that bridges training and implementation through supportive facilitation and provision of appropriate resources. Coaches often have many functions in order to provide appropriate support to their team. The ISF Coaches will be part of both the DCLT and support the building level teams. They will assist in the collaborative planning and development of cross training. At the building level, all faculty and staff should receive an overview of the ISF, how it addresses behavioral health and wellness, mental health awareness. At the advanced tiers, ISF Coaches will ensure that community and school employed staff who are responsible for implementing interventions receive appropriate professional development and technical assistance/supervision regarding each intervention. The following table illustrates the functions of both the school district and community mental health ISF Coach.

|  |  |  |  |
| --- | --- | --- | --- |
| **Function** | **School District ISF Coach** | **Community Mental Health ISF Coach** | **Potential Tools And Resources** |
| Guidance for start-up; Training and Technical Assistance | * Baseline data collection
* Assess any PBIS training needs
* Develop integrated action plan
* Actively participate in team meetings
 | * Baseline data collection
* Assess any MH training needs
* Develop integrated action plan
* Actively participate in team meetings
 | * ISF Implementation Inventory
* PBIS tools as needed
* Mental Health Agency Implementation Checklist
 |
| Communications; prompting and reminding; positive reinforcement | * Provide frequent communication to all stakeholders – district administration, building level staff and administration, families, school board, etc.
* Coordinate meetings, facilitate action plan, attend to deadlines for data collection, etc.
 | * Provide frequent communication to all stakeholders – agency administration and staff, regional and state level policy makers, etc.
* Assist in the coordination of meetings, facilitation of action plan, attend to deadlines for data collection
 | * ISF Implementation Inventory
* District and Community Implementation Guide
 |
| Resource Access and Problem Solving | * Outreach to regional and state level systems
 | * Outreach to local child serving systems
 | * TIPS
* TIPS-FC
 |
| Data-based decision making; selection of EBPs; evaluation | * Provide screening, outcome, and fidelity data for team meetings
* Provide guidance on selection of EBPS according to need
* Assist in evaluation
 | * Provide screening, assessment, outcome, and fidelity data for team meetings
* Provide guidance on selection of EBPs according to need
* Assist in evaluation
 | * Selected screener
* Consumer guide for selecting EBPs
* TFI
 |

**Activity: Coaching Checklist**

Ues the table below to consider the status of activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISF Domain** | **Not Started** | **Partially Completed** | **Completed/In Place** | **Notes** |
| Annual Resource Mapping |  |  |  |  |
| Teaming* Family Member as active part of ISF Team
* Use of ISF Team meeting form
* Meeting at least twice per month
 |  |  |  |  |
| Universal Screening* Timelines and protocol in place
* Data used with other school and comm. Data for decision making
 |  |  |  |  |
| Protocol for data-based decision making |  |  |  |  |
| Protocol for selecting, implementing and progress monitoring interventions |  |  |  |  |
| Annual integrated action plan developed and used |  |  |  |  |

|  |
| --- |
|  **Teaming in an Interconnected System** |

Teaming has become a way of working within schools and teaming is a critical feature within PBIS. ISF expands teaming to include community, family, and youth representatives, and school and community mental health providers. This expansion broadens the team’s views in considering student mental health and behavioral concerns and provides teams with additional resources to addressing typical intervention barriers (Barett et al., 2013). Family and community members need to serve as true parent roles on teams, which means they should not be paid by the district or there is a conflict of interest in their role as a family or community member.

Multi-leveled teams should include representative stakeholders from the educational system. ISF expands this team membership to include stakeholders from mental health systems. All multileveled teams should include leadership from both educational and mental health systems with decision-making authority. See table 1 below for illustrations of potential members for teams.

**Building Level Tier 1 Team**

Tier 1 Team refers to a multi-disciplinary team with the primary focus of all students, all staff, and all settings. The goal of this team is prevention and early identification of student need. This team develops decision rules for identifying when and how a student receives additional interventions. All school and community data are reviewed by this team.

**Building Level Tier 2 Systems Team**

Tier 2 Building System Team refers to a multi-disciplinary team with the primary focus of coordinating and monitoring the progress of all students who need additional intervention beyond Tier 1. Students would be identified through data decision rules and/or referral from student, family, or staff. This team would review how many interventions are in place, how many students are in each intervention, and how many of those students are responding.

**Building Level Tier 3 Systems Team**

Tier 3 Building System Team refers to a multi-disciplinary team with the primary focus of all students in the building who need individual intervention. This team would coordinate intervention for all students receiving individual intervention, monitor the number of students receiving individual interventions and evaluate how many are responding.

**Team Membership:**

At each Tier, a multi-disciplinary team that actively participates in regularly scheduled meetings is imperative for a successful implementation. The table below illustrates potential members of these teams. Note that in some school buildings there is one team that discusses each tiered system.

|  |  |  |
| --- | --- | --- |
| **Building Level Tier I Team** | **Building Level Tier II Team** | **Building Level Tier III Team** |
| Building Principal\* | Building Principal\* | Building Principal\* |
| Clinician\* | Clinician | Clinician |
| Family Member(s) | Family Member(s) | Family Member(s) |
| Student(s) | Student(s) | Student(s) |
| Regular Education Teachers representing all grades/content areas | Regular Education Teacher(s) representing grades/content areas | Regular Education Teacher |
| Special Education Teachers representing academics and behavior | Special Education Teacher(s) with specific expertise in social/emotional/behavior | Special Education Teacher |
| Other support staff in building such as nurse, counselor, etc. | Nurse | Nurse when appropriate |
| Consideration for other supports such as cafeteria worker, custodian, building secretary | School counselor, social worker, and/or psychologist | School counselor, social worker, and/or psychologist |

\*or designee

|  |
| --- |
| **Team Composition Guiding Questions:** |

**Activity: Team Inventory**

**What multi-leveled teams already exist in your building?**

Use the descriptions of building level teams above to determine which teams exist in the your building. The conversation that occurs at this team is the important focus and not the team name. Meaning you need to consider if the conversations occur and if so, what team has that conversation.

|  |  |  |
| --- | --- | --- |
|  | **In Place, Partially In Place, Not in Place** | **Identify team where conversation occurs (i.e.: Universal Team, Student Assistance Team, etc)** |
| **Building Level Tier 1 Conversation*** Reviewing schoolwide and community data
* Implementing and monitoring school-wide interventions
 |  |  |
| **Building Level Tier 2 Systems Conversation*** Identifying, implementing and monitoring tier 2 interventions
 |  |  |
| **Building Level Tier 3 Systems Conversation*** Identifying, implementing and monitoring tier 3 interventions
 |  |  |
| **Building Level Problem Solving Team*** Standing team of both education and community partners
* Uses FBA-BIP process to guide problem solving
 |  |  |
| **Building Level Individual Student Team*** Team composed of members identified by family/student
* Developing, implementing and monitoring individual student action plans
 |  |  |

**Do you have overlap in your teams?**

If you are finding you have multiple teams that may focus on components of these conversations, it may be helpful to take an inventory of current teams, their goals, and intended outcomes to help streamline our work. The  [*Working Smarter, Not Harder*](https://docs.google.com/document/d/1Qe34pkCi0KKEy-oXkN-M8TXT0MtKtJdoI2xYm_SLGtU/edit) matrix will support your team through this process.

**Activity: Team Membership Inventory**

Refer to the **team membership** table on previous page and use table below to identify

* 1. Stakeholders currently represented on each team
	2. Stakeholders need to be added
	3. A plan for enrolling each team member

|  |  |  |  |
| --- | --- | --- | --- |
| **Team** | **Current Team Members** | **Need to add** | **Plan for adding team member and removing barriers (who, what, when)** |
| **Building Level Tier 1 Team** |  |  |  |
| **Building Level Tier 2 Team** |  |  |  |
| **Building Level Tier 3 Team** |  |  |  |

**For more on family representation on teams, see** [**Youth and Family Engagement section**](#26in1rg)**.**

**Resources:**

*Joni W. Splett, Kelly Perales, Colleen A. Halliday-Boykins, Callie E. Gilchrest, Nicole Gibson & Mark D. Weist (2017):* [*Best Practices for Teaming and Collaboration in the Interconnected Systems Framework*](https://drive.google.com/open?id=0B9rpal09Nt5HVXM3SjBkLXJDUXc)*, Journal of Applied School Psychology, DOI: 10.1080/15377903.2017.1328625*

**Webinars:**

[Overview](https://midwestpbis.adobeconnect.com/p3309ct7llf/?launcher=false&fcsContent=true&pbMode=normal) of teaming in interconnected system

[Example](https://midwestpbis.adobeconnect.com/p22hvt9llgg/?launcher=false&fcsContent=true&pbMode=normal) of teaming structure (Sandoval CUSD 501) and using teaming to select interventions (Placer County California)

In addition to team membership, operating procedures are critical to facilitate successful collaboration on ISF teams and improve intended student and school outcomes. To be effective, teams need to meet on a regular basis, have an agenda, keep minutes, have defined meeting roles, and develop and monitor action plans.

**Meeting Schedule:**

It is recommended that building teams meet at least monthly.

**Agenda:**

All team agendas should allocate time for:

* follow-up on previous action items to monitor outcomes
* review of current data
* problem-solving around new data
* discussion of general issues
* brief assessment of meeting

**Meeting Minutes and Action Plan:**

Effective teams have a defined process for minutes and sharing of minutes. Accurate minutes provides a record for both those present and not in attendance. In addition to minutes, effective teams utilize an action plan that tracks: action item, who is completing, by when and follow-up. Teams working within an integrated system utilize an integrated action plan that incorporates goals and action steps from both school and community partners.

**Role of team members:**

**Facilitator**- The facilitator ensures that the group moves smoothly through the task at hand. This person seeks information and opinions, asks for facts and feelings from each team member, and summarizes main points of discussion. This role is very important because the facilitator leads the group through the task.

**Recorder/Minute Taker**- The recorder writes down the work of the group. This can involve writing words or sentences, drawing pictures, or simply taking notes of an activity. This role is very important because it is necessary to keep a record of the work done.

**Time Keeper** - This person is responsible for keeping up with the time. It is very important that the group is aware of how much time they have to complete the task as well as reminders on when the time is growing short.

**Reporter/Communicator-** This person is responsible for reporting back the work of their small group to the presenter or to the larger group. This role is very important because this communication to the large group will be crucial in the learning process.

**Data Analyst-** This person should have ready access to available school data, including, but not limited to discipline information, etc. This role is important because data drives problem solving and decision-making.

|  |
| --- |
| **Team Operating Procedures Guiding Questions:** |

This planning section is meant for individual building teams to assess and improve their team functioning. Each team (e.g.: Tier 1, Tier 2, Tier 3, etc) would need to establish clear operating procedures.

**Activity: Team Composition and Roles**

Identify your team members.

**Step 1:** Complete the following chart to ensure that your team includes a Tier I school-based coach, a school administrator, a family member, and individuals able to provide: behavioral expertise, coaching expertise, knowledge of student academic and behavioral patterns, knowledge about the operations of the school across grade levels; and student representation.

**Step 2:** Identify who will be the Data Entry person, the Data Analyst, the Facilitator, and Minute Taker for the TIPS process. Identify back-ups for each role.

**Step 3:** Determine dates to meet (at least monthly) and dates to present to the faculty (share data at least quarterly).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Back-Up** | **Email** | **Phone #** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Day to meet:** | **Time:** |
| **Location:** |
| **Dates to present to faculty:** |

**Establishing meeting agenda and procedures**

[Team Initiated Problem Solving](https://www.pbis.org/training/tips) is a model your team may consider. TIPS helps set practical procedures and utilize data in decision making.

The [TIPS Meeting Minute Form](https://docs.google.com/document/d/1EEsHmyhWeleDv4vu4M381P98-PD6D8GYowSlWuvSG6U/edit) provides a consistent format for agenda and notes at each meeting. Your team meeting agenda should expand to include mental health topics and include

\*You may review the [TIPS Meeting Agenda](https://docs.google.com/document/d/1kTnCoDc0HdlsHA18MzLPbAn5dSNi4z3FSqAgwOI11HQ/edit) for an example.

1. How will team members add items to agenda?
2. What process will the recorder use for taking minutes and sharing the minutes?

**Develop integrated action plan:**

The multidisciplinary team develops an integrated action plan that addresses shared goals with input from all stakeholders across tiers. Goals should reflect objectives that lead to implementation of ISF with fidelity across tiers. Goals should be specific, measurable, attainable, relevant, and timely (SMART). Key elements to include within the action plan are timelines and persons responsible. This manual provides opportunities to identify goals within each section. A team should reasonably select only three to five goals to address at a time.

See an example of an  [Action Plan Template](https://docs.google.com/document/d/1dL3yY1Gvg0heH6kT1K-wvwILDyFT51ZldFZrCEorV1s/edit) and example of an  [Integrated Action Plan](https://docs.google.com/document/d/1k57jkkj6hzzpX765IAVtr9K7YdeFye7EbENbf5IoMNI/edit).

**Establish a timeline and procedures sharing minutes and action plan.** (e.g.: live Google Doc, Communicator will share within 24 hours of meeting, etc)

**Activity: Identify Process for Agenda, Notes, and Action Planning**

Use the materials above and consider processes you already have in place to identify:

**Agenda:** Format you will use. How will team members add items? Who will send out prior to meetings?

**Notes:** Format you will use. Who will take notes during meeting? Who is back-up? Will you project notes or have a way for team to follow during meeting? Who will share notes after meeting?

**Action Planning:** Format you will use. Who will document action steps during meeting?

 **Remember to document action steps from this section on your Integrated Action Plan**

|  |
| --- |
|  **Cross Training and Planning** |

All school employed and community employed staff need to be informed of the process for implementation of ISF. Opportunities for open communication, input, collaboration, and participation should be made available. Cross training of systems, data, and practices at all tiers should be embedded into the integrated action plan.

Collaborative planning begins with analyzing an expanded set of school and community data and resources to develop and integrated action plans that will identify both the professional development needs of staff and the broader needs of students and their families. To support with identifying resources and needs, the team will want to engage in a resource mapping process. “Resource mapping offers a method to link regional, community, and school resources with an agreed upon vision, organizational goals, specific strategies for addressing problems, and expected outcomes so that youth and families have access to the full array of services that they need” (Center for School Mental Health, 2014).

**Resource mapping:**

Resource mapping, also sometimes referred to as an environmental scan or asset mapping, is a method used to identify what features are already in place and where there might be gaps. Together, teams can complete this process at least annually in order to ensure a full continuum of is established and meets the needs of all students and families. It is also beneficial to assess all current initiatives in order to align where possible for efficiency and effectiveness.

1. Identify all existing practices, available data sources (school, community, home) and current system features across all tiers.
2. Do current practices address needs identified within data?
3. Are their gaps within the continuum?
4. Identify any potential barriers and develop strategies to address.

The Center for School Mental Health (CSMH) out of University of Maryland identifies three phases of resource mapping.

1. **Pre-Mapping**: To establish clear vision, define goals and process for collaboration.
2. **Mapping**: To identify actual resources available
3. **Maintaining, sustaining and evaluating mapping**: To analyze the resources available and identify strengths and gaps in services (CSMH, October 2014)

Use the  [***CSMH Resource Mapping Workbook***](http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resource-Mapping-in-Schools-and-School-Districts10.14.14_2-%281%29.pdf)to complete your own resource mapping.

 **Activity: Intervention Mapping and Gap Analysis**

 Step 1: Use the table below to identify what interventions you have in place at each tier.

|  |
| --- |
| **Intervention Map** |
|  | **Intervention** | **Expected Outcome** | **Who** **Facilitates** | **Decision Rules** **(In, On, Out)** | **How many students participated** | **How many made progress** | **Was intervention an EBP** | **Was intervention implemented with fidelity** |
| **Tier 1** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Tier 2** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Tier 3** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **Activity: Intervention Mapping and Gap Analysis - Continued**

 Step 2: Answer the questions below to identify gaps

**Tier 1**

1. **Are there pieces of your data that suggest more than 20% of your students need support in an area?**
2. **What could you strengthen at Tier 1 to increase social-emotional competency of all students?**

**Tier 2**

1. **What behaviors (internal and external) are being displayed by more than 5% of your students, but less than 20% of students?**

1. **What interventions do you have targeted for these behaviors?**

If you can identify interventions:

* 1. Is there evidence that these interventions are effective with identified behaviors?
	2. Are the interventions implemented with fidelity?

**Tier 3**

1. **Do you have evidence based Tier 3 interventions in place? Are you implementing these interventions with fidelity?**

**Activity: Intervention Mapping and Gap Analysis - Continued**

 Step 3: Answer the questions below to identify next steps and then complete intervention map for what interventions will be implemented.

1. Revisit your intervention map above.
	1. Identify interventions to **continue** in continuum based upon need, evidence base, and/or effectiveness of intervention.
		1. Document any action steps that need to occur to improve fidelity of continued interventions.
	2. Identify interventions to **eliminate** in continuum based upon need, evidence base, and/or effectiveness of intervention.
	3. Identify category/categories of intervention to **add** to continuum based upon gap analysis. (e.g.: trauma informed targeted intervention, targeted intervention for internalizing behaviors)
2. As you identify interventions to continue, eliminate, and add, consider who is facilitating each intervention.
	1. For example, if you are adding a more intense targeted intervention that needs to be facilitated by a clinician, do you need to reconsider who facilitates a lower level intervention currently facilitated by a clinician.

**Use the below table to identify interventions that will be moving forward based upon needs identified.**

|  |
| --- |
| **Revised Intervention Map** |
|  | **Intervention** | **Expected Outcome** | **Who** **Facilitates** | **Decision Rules** **(In, On, Out)** | **How many students participated** | **How many made progress** | **Was intervention an EBP** | **Was intervention implemented with fidelity** |
| **Tier 1** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Tier 2** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Tier 3** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

For more information on selecting additional interventions to meet needs of students see the [Intervention Selection section](#lnxbz9) of workbook.

**Cross-Training**

**Training on ISF**

It is important that all staff (both education and community mental health) have a clear understanding of the vision and expectations of an interconnected system.

Providing a one-time overview training to help shift the mindsets from traditional to more preferred interconnected systems is a good starting place. Here is an example  [PowerPoint](https://docs.google.com/presentation/d/1qWe35lIcxkkPLhe_WuNSM0GlKx6GURfOZQE1RznjHzA/edit#slide=id.p61) that can be used to deliver this training with staff.

Here are some other written overviews for the Interconnected Systems Framework that may be additional supports for staff.

* [*RDQ 6 Brief*](https://drive.google.com/drive/u/0/folders/0B9rpal09Nt5HRUFuUzkwYVkwMDA)
* [*ISF One Page Description*](https://docs.google.com/document/d/1uyILn1l5itbfge68pQQ8YINa2NQxSdZYrTLeHlr2u4E/edit)

**Cross-training plan example:** As partnerships are developed, needs of both community mental health staff and school staff will be revealed. It is important to cross-train both set of professionals on each system. Here is a  [sample training plan](https://docs.google.com/document/d/1hlTU2E4IQUHvRgfChRW9837Dg8iK8LtuuEtsw29g3Os/edit) of what training for community mental health staff on education systems might look like. Note the training and objectives are preparing mental health clinicians to be fully immersed in understanding and implementing multi-tiered supports. The training also includes more depth training on tier 2 and 3 interventions in which the clinicians will be facilitating. This is the start to their training and other training needs are bond to be discovered on both the education and community side.

|  |
| --- |
| **Considerations for developing your cross training plan** |

* **PBIS training**
	+ How do you currently train all school employed staff on PBIS systems, data, and practices (i.e.: new faculty orientation, booster trainings, etc)? How can community partners be included in these training opportunities?
* **Data Systems**
	+ How will both settings train each other on their data systems? Then determine what data will be shared and what additional data is needed?
	+ What confidentiality cautions might you need to consider in sharing data? You might find this  [Joint Guidance on the Application of the FERPA and the HIPAA](https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf) to be a support.
* **Interventions**
	+ When and how will community partners be trained in school-based practices?
	+ When and how will school staff be trained in interventions provided by community partners?
	+ How will both partners be trained in criteria for entering, monitoring and exiting interventions?
	+ What is the process for staff to  [request assistance](https://docs.google.com/document/d/11_ijxpzGzjHivDzMUw7uQ1VQ78Vc4pfVSHj6YRmBumA/edit) for a student around behavioral concerns?
* **Mental Health Awareness training**
	+ How are all staff trained to identify internalizing behaviors?
	+ What training is provided on mental health disorders?
	+ What training is provided for suicide awareness and prevention?
	+ How might community partners how to expand this training to school staff?

 **Remember to document action steps from this section on your Integrated Action Plan**

|  |
| --- |
| **Youth and Family Engagement** |

Authentic family and student engagement is critical to the implementation of ISF. Family and student voice should be an integral part of the process. In Chapter 5: *Promoting Family Engagement in Schools through Interconnected PBIS and School Mental Health* of the [*Aligning and Integrating Family Engagement*](http://www.pbis.org/Common/Cms/files/pbisresources/Family%20Engagement%20in%20PBIS.pdf) *in PBIS* eBook, 3 recommendations are made to increase this authentic family engagement and participation:

1. Develop a broad stakeholder system
2. Implement layered and connected interventions that are matched to student need
3. Provide professional development to support adults

This section will provide examples for implementing these recommendations.

**Assess Current Family Engagement**

Use the table below to identify practices in place to engage families at each tier. Then consider which components of family engagement those practices are meeting. Then identify components that are not addressed at each tier.

Examples of family engagement across tiers available [here](https://docs.google.com/presentation/d/1_r4sX2aYjJpM6Nv6j2O-Ldw0mPgVBQWadIqIuqEveJ8/edit#slide=id.g1f75a0a690_1_13).

|  |
| --- |
| **Tier I** |
| **Practice** | **What component of engagement does it address?** | **Identify Gaps****What can be added?** |
| **Develop** **Relationships** | **Build trust, respect, & understanding** | **Develops shared responsibility** | **Bi-directional communication** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  **Tier II** |
| **Practice** | **What component of engagement does it address?** | **Identify Gaps****What can be added?** |
| **Develop** **Relationships** | **Build trust, respect, & understanding** | **Develops shared responsibility** | **Bi-directional communication** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Tier III** |
| **Practice** | **What component of engagement does it address?** | **Identify Gaps****What can be added?** |
| **Develop** **Relationships** | **Build trust, respect, & understanding** | **Develops shared responsibility** | **Bi-directional communication** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

All implementation of innovative practices need to be systemic in nature. The   [*Family and Community Engagement in Multi-Tiered Systems of Supports* *Innovation Configuration*](https://www.pbis.org/Common/Cms/files/Forum16_Presentations/B1_H1_FACE.pdf) tool assists schools to implement family engagement within a MTSS framework by assessing and action planning on the following components:

Leadership

Data-based Outcomes

Positive Relationships

Multi-Dimensional Multi-Tiered Approach

Family Empowerment

Collaborative Problem Solving.

For comprehensive assessment of family engagement, **complete the Innovation Configuration** and **schedule a time for action planning**. Based on assessment, **identify 1-3 priority components** and add action steps to your action plan.

 The following **resources** are used with permission from Florida MTSS Network and Devon Minch. Activities may support you in action planning for each component.

**Leadership**

* Vision/Goals for Family Engagement
	+ Article: [*Community and Family Engagement: Principals Share What Works*](https://drive.google.com/file/d/0B9rpal09Nt5HMDd5ckFhNzU1QWM/view?usp=sharing)
* Professional Development
	+ [Organizer](https://docs.google.com/document/d/1HrvAq9NSkiifkazExmtjsZ6VuT-UV6mgo0QPaabkaK0/edit) for developing a professional development plan
	+ Website with curriculum for family engagement training
		- For staff: <http://cyfs.unl.edu/futures/future_index.html>

**Data based goals and outcomes**

* [Examples goals](https://docs.google.com/document/d/1t_Ea056YUDqbmsp6OX6dMgqJWxwKO-cBNaEbpZGDNlk/edit)
* [Organizer](https://docs.google.com/document/d/1tp58kggZEmrZfdTDNSUwVc19C7g-nMCkbpxxfU8PFcw/edit) to develop goals

**Positive Relationships**

* [Organizer](https://docs.google.com/document/d/1pdTYTnstrz21jc4ELhsNL6tRt6uKManDpdY2W1KcIEc/edit) for considering different contexts of school and identifying strategies to improve school-family relationships
* Supports for teacher contacts to families
	+ [Partnering with Parents for Student Success: Teacher Tip Sheet](https://drive.google.com/file/d/0B9rpal09Nt5HdWNFZ2p5ZldtMWM/view?usp=sharing)
	+ [Partnering with Parents for Student Success: Parent Contact Worksheet](https://drive.google.com/file/d/0B9rpal09Nt5HaDhiazNaZ2h6cGM/view?usp=sharing)
	+ [CHAMPS - Early Stage Problem- Family Contact](https://drive.google.com/file/d/0B9rpal09Nt5HYnRGM1pLSkxYMjg/view?usp=sharing)
* Example Family Tip Sheets
	+ Visit [Churchville Middle School's](http://churchville.elmhurst205.org/FRC) (Elmhurst, Illinois) website to view their Family Resource Center materials.

**MTSS Approach**

* [Blank Triangle activity](https://docs.google.com/presentation/d/1_r4sX2aYjJpM6Nv6j2O-Ldw0mPgVBQWadIqIuqEveJ8/edit) will guide your team in thinking about how families are engaged at each tier. Examples of family engagement at each tier provided within example.
* [Positive Family Support](https://fcu.cfc.uoregon.edu/PositiveFamilySupport.aspx) utilizes the Family Check-Up (FCU) model at all three tiers to provide supports to families.

**Empowering Families**

* Consider how you are involving families in all aspects of your school-wide supports. This [organizer](https://docs.google.com/document/d/1Res33C6CvpudyIRG42gnFULmzsS4ylZLAuRyFp_6XtA/edit) will help you get started in considering how students, families and community partners are taught and provided opportunity to for input and feedback.
* Gathering student, family and community input and feedback is critical for empowerment. A few ways to gather input and feedback are:
	+ Including families and community members on teams. See Chapter 5 of [Aligning and Integrating Family Engagement](http://www.pbis.org/Common/Cms/files/pbisresources/Family%20Engagement%20in%20PBIS.pdf) for more information on including families on teams..
	+ Create student, family or community advisory committees
	+ Gather feedback through surveys.
* Ensuring families understand school vision, expectations, curriculum, and philosophy of teaching is empowering for families. Here are two websites with some sample family trainings that may be helpful.
	+ [Children, Youth, Families and Schools](http://cyfs.unl.edu/futures/ncseam_index.html)
	+ [PACER Center: Champions for Children with Disabilities](http://www.pacer.org/pbis/trainingmods/)
* Another way to empower families and promote the mental health is for all message is to provide ways to extend teaching of social-emotional and behavioral teaching outside of school setting. Providing examples and helping families create home tools to support behavioral wellness is one way. Here are two examples of a [Home Behavioral Matrix](https://docs.google.com/presentation/d/1nbuWxau20A-dk6EW-QWFi4WKFji8CC903ZzBN217EEo/edit#slide=id.p).

**Collaborative Problem Solving**

Below are some ways innovative ways to consider improving collaborative problem solving with families.  These are examples to consider and remember to use your assessment to guide you in prioritizing action steps.

**Tier 1**

* Academic Parent Teacher Teams
	+ Overview [here](http://www.hfrp.org/publications-resources/browse-our-publications/academic-parent-teacher-teams-reorganizing-parent-teacher-conferences-around-data)
	+ Video demo [here](https://www.youtube.com/watch?v=eFLgUt-8CPk)
* Learning Labs
	+ Overview [here](http://crpbis.org/documents/2013_CRPBIS_Brief_FINAL.pdf)
	+ Research article [here](http://crpbis.org/documents/Using%20Learning%20Labs%20for%20CRPBIS_Bal%20et%20al_2016.pdf)

**Tier 2 & 3**

* Conjoint Behavioral Consultation
	+ Overview [here](http://www.hfrp.org/publications-resources/browse-our-publications/conjoint-behavioral-consultation-a-model-to-facilitate-meaningful-partnerships-for-families-and-schools)
* [Family Check Up](https://reachinstitute.asu.edu/family-check-up/schools)
* Collaborative Problem Solving
	+ See overview video [here](http://www.florida-rti.org/parentResources/videos.htm)

**Additional Resources:**

February 2017 [Targeted Workgroup Webinar Part I: Overview of Chapter on Family Engagement](https://midwestpbis.adobeconnect.com/p5twl0ftkmw/?launcher=false&fcsContent=true&pbMode=normal)

[Targeted Workgroup Webinar Part II: Examples of Family Engagement](https://midwestpbis.adobeconnect.com/p4iem9fwhx0/?launcher=false&fcsContent=true&pbMode=normal) (Meghan McCarthy from Churchville Middle School Elmhurst District 205 in Illinois and Laurie Padecky from Western Trails Elementary CCSD93 in Illinois)

 **Remember to document action steps from this section on your Integrated Action Plan**

|  |
| --- |
| **Intervention Selection, Implementation and Progress Monitoring** |

ISF schools will implement a continuum of interventions across tiers. Data decision rules will be developed with input from the team. These guidelines will assist the nomination process for students to move into higher-level interventions. There may be students who, upon review of available data (i.e., screening, presenting crisis, behavior data, attendance, etc.) need to have an individual intervention; without the need to have had a lower intervention first. As teams begin to review data across tiers, they will identify the needs of the students and families within their school community. Utilizing a protocol developed by the DCLT, interventions will be selected to match student need.

Establish protocol

 Here are some common tools used to select interventions:

[Consumer Guide to Selecting Evidence Based Interventions](https://docs.google.com/document/d/17s0z5ti2BEMN9boRz-kwUxyww5MvgxUI3Iw3DejsX-k/edit#heading=h.gjdgxs)

[Hexagon Tool](http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context)

[NIRN Initiative Inventory](http://implementation.fpg.unc.edu/resources/initiative-inventory)

**Webinar Resources:**

March 2017 [Targeted Workgroup Webinar Part II: Data Based Decision Making and Outcomes of EBP Selection Process](https://midwestpbis.adobeconnect.com/p7tib8yrvs6/?launcher=false&fcsContent=true&pbMode=normal) (Pennsylvania Safe Schools Health Student example)

May 2017 [Targeted Workgroup Webinar Part II: Progress Over Time Using ISF Implementation Inventory](https://midwestpbis.adobeconnect.com/pwhk6zka6v2x/?launcher=false&fcsContent=true&pbMode=normal) (USF AWARE example)

**Guiding Questions:**

**Addressing the need in the school and community**

* Does the EBP explicitly address the identified needs?
* Does the EBP match the age level needs of the students?
* How strong is the evidence-base for the EBP?

**Capacity to Implement with Fidelity**

* Are the necessary resources and expertise to support initial implementation accessible including training, coaching, and performance feedback?
* Are the necessary resources and expertise to sustain implementation accessible including ongoing training, coaching, and performance feedback?
* Does the EBP have established fidelity measures, and, are the resources accessible to implement the fidelity measures?
* Is the expected building-level return on investment to implement the EBP with fidelity viewed as sufficient to warrant implementation?
* Is there sufficient commitment and resources to sustain implementation with fidelity overtime?

**Contextual fit in school and community**

* Can the data system of the EBP integrate/align with the extant SWPBIS data system?
* Does the EBP align with the cultural and linguistic characteristics in the school and community?
* Does the EBP fit with extant district and state priorities and initiatives?
* Does the EBP fit the organizational structure in the targeted school(s)?

|  |
| --- |
| **Intervention Selection, Implementation, and Progress Monitoring Guiding Questions:** |

**Tier One**

1. Is there a universal social/emotional/behavioral (SEB) curriculum in place to teach all students appropriate pro-social skills; emotional regulation and management; and expected behaviors across settings within the school building?
2. Is there a universal classroom management protocol in place within the school building?
3. Are 80% of students within the school responding to the universal SEB curriculum?
4. Is there a school and/or community data point that suggests a need for a specific SEB intervention at tier one? (i.e., trauma)

**Tier Two**

A continuum of interventions is developed to address targeted needs as identified within the building data. These interventions are layered onto the overall school-wide expectations. Tier 2 is meant to support 5 to 15% of students. If you have more than 15% of students needing Tier 2 support, this indicates that an intervention needs to be strengthened or put in place at Tier 1.

At Tier Two, there are two types of conversations that a building level team(s) may have:

**Tier 2 Building System Team/Conversation** refers to a multi-disciplinary team with the primary focus of coordinating and monitoring the progress of all students who need additional intervention beyond Tier 1. Students would be identified through data decision rules and/or referral from student, family, or staff. This team would review how many interventions are in place, how many students are in each intervention, and how many of those students are responding. The use of a  [tracking tool](https://docs.google.com/document/d/1FVTTQTKB6WQbZ1nLPCypuX8a7cn46QnDNu-ipGVp-kk/edit) assists the team in an efficient review of their continuum of interventions. Here is an sample of a [completed Tracking Tool](https://docs.google.com/document/d/1RvwR-aA3LVxCmfJAayxsPTBCki4q8lo5M0tHshiuVCY/edit).

**Tier 2 Intervention Team/Conversation** refers to a multidisciplinary problem solving team who would meet to discuss the needs of individual students’ meeting data decision rules or nominated for additional intervention. This team would review student data, plan and monitor intervention, ensure implementation with fidelity, and modify student plans as needed.

**Typical continuum of interventions:**

**Check In, Check Out (CICO)** is an evidence-based practice used by schools as a common tier two intervention within the PBIS framework (Crone, Horner, and Hawken, 2004). It is a behavior management plan that involves a connection with home and school. It is meant to be an opportunity for a child to have positive feedback regarding their progress on specified goals. ISF schools will use this intervention as the first level Tier Two intervention. Once it is determined that a student needs something more (i.e., not achieving desired outcome/goal with CICO alone) one of the following interventions will be added:

**Modified CICO**  A school would have 3-5 options for modifying CICO to select from. The modification would look the same for the entire group of students receiving this modification maintaining it as a group intervention. Function based thinking is used in selecting the modification for each individual student and therefore each function should be considered in possible modifications. Example modifications include adding an extra check in for the student (i.e., at lunch time); student checking in with preferred adult; having a peer buddy at check-in and out times; earning a preferred tangible; or increasing check-in time with adult. .

**Social/Emotional Skills Instruction** are skill building opportunities which often occur in small groups. Specific skill sets are taught, such as pro-social skills, coping skills, problem solving skills, or organizational skills. A pre-packaged curriculum or lessons developed by the team that align with the universal expectations can be used. This intervention should be continuously available for students to join within three school days of determined need.

**Mentoring** Embedding components of effective mentoring *relationships* across all three tiers, rather than focusing on the development of mentoring *programs*, is more efficient and allows for layering and linking to lower level interventions (i.e.: adding a mentoring relationship to CICO or as an added support to practice skills learned in a social skills group).

**Specific targeted interventions** are evidence-based interventions selected by the team, using their established protocol, in order to address a particular need identified within data. This would include interventions that address trauma (like CBITS or SPARCs); anxiety (like Coping Cat); depression (like CBT); or conduct problems (like ART). Another option is to use a modular approach to address these most common identified needs via MATCH-ADTC.

**Guiding Questions:**

1. What interventions are currently in your building tier two continuum? (list here)
2. For each intervention, what data point do you have to suggest this intervention is needed?
3. For each intervention, how many students are participating and how many are making progress?
4. Do each of the interventions meet the core features for tier two interventions from the Tiered Fidelity Inventory?

|  |
| --- |
| **TFI Item 2.6: Tier II Critical Features**Tier II behavior support interventions provide (a) additional instruction/time for student skill development, (b) additional structure/predictability, and/or (c) increased opportunity for feedback (e.g., daily progress report). |

1. Do you have school and community data to indicate a need that you do not have an intervention available to address? If yes, utilize protocol for selecting evidence-based interventions.
2. Once an intervention is selected, develop action plan for professional development, informing all staff, families, and other stakeholders, and protocol for implementation and progress monitoring.

**Tier Three**

Tier Three interventions are highly individualized and intensive. They are layered onto lower level interventions. ISF Clinicians, in coordination with school employed clinicians develop one intervention plan for each student identified. This plan reflects youth and family voice and choice.

**Guiding Questions:**

1. How are school, student/family and community partners involved in identifying both strengths and needs in multiple life domains (e.g., residence, family, social, educational, safety, legal, medical)? Consider tools found on wraparound and RENEW pages for support  (<http://www.midwestpbis.org/materials/wraparound> or <http://www.midwestpbis.org/materials/renew> )
2. What data points are used in developing comprehensive support plans?

 *Academic:*

*Behavioral:*

*Medical:*

*Mental Health:*

1. Are community partners part of all problem solving teams and individual support teams?
2. What are school employed staff fluency with FBA-BIP process?

 *No knowledge*

*Little knowledge*

*Have participated in training*

*Receive coaching and technical assistance to develop plans*

1. What are community partners’ fluency with FBA-BIP process?

 *No knowledge*

*Little knowledge*

*Have participated in training*

*Receive coaching and technical assistance to develop plans*

1. How are staff, families, and students informed of available interventions?How often do staff, families, and students make referrals to interventions? How could we increase communication and understanding of interventions?
2. What needs identified in resource mapping could be expanded through collaborating and partnering with community programs/initiatives (e.g.: boys and girls club, parks and recreation, library, local mental health)?

**Progress Monitoring:**

1. What is the presenting concern to be addressed in the interventions? (i.e., acting out behavior, attendance, isolation, etc. )
2. Is the goal for the presenting concern to be decreased or increased? (goal setting is step one so you know what to measure) (I-SWIS?) (SMART goals?)
3. What skills will be taught during the interventions? (i.e., social skills, coping skills, problem solving skills)
4. How do you plan to monitor progress towards desired outcome? (i.e., use of daily progress report, change in data point, etc.)
5. Is the team using the Tier 2/Tier 3 tracking tool to monitoring all interventions, the number of students receiving each intervention, and how many are making progress?

|  |
| --- |
|  **School-wide Data Based Decision Making**  |

An integrated data system, including school and community mental health data, is an integral part of ISF in order to collect, analyze and interpret data to meet the needs of students across the continuum of care. Teams need to develop a framework for identifying questions for evaluation, evidence-based interventions, data collection, data analysis and dissemination. Evaluation will encompass student functioning, as well as the systemic functioning. A comprehensive approach must be taken, in order to address the needs of the whole child, and the school community at large.

Data Based Decision Making occurs at both the DCLT and Building Level, with symmetry in process. The DCLT looks at enhanced data across the entire district and school community. At the building level, data is more specific to the subset of students and families who attend that school. At each level, teams will use data to decide what the needs of students are, to determine if they are implementing interventions with fidelity, and to track outcomes for students. The following pages of the workbook provide activities and resources to support Data Based Decision Making

|  |
| --- |
| **School-Wide Data Based Decision Making Guiding Questions:** |

**Activity: Expanding Data Sources**

 Step 1: Use this table to identify current measures used to monitor outcome data for each domain of student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Tool / Measure** | **Frequency Data Collected and Reviewed** | **Level of Use** **(district/building)** | **Notes / Concerns** |
| **Behavior** | *ODRs* | *Monthly / Quarterly* | *Building - monthly**District - quarterly* | *Need to ensure all teams use precision statement for problem solving* |
|  |  |  |  |
|  |  |  |  |
| **Social/Emotional** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Academic** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Activity: Expanding Data Sources - Continued**

Step 2: Identify gaps in your current outcome data collection.

1. Where do you have gaps in current data review?
	1. Consider community data (i.e.: community demographic, food pantry visits, crisis center visits) and data to identify student internalizing needs (i.e.: nurse or clinician visits, screening)
2. What might measures might be added to fill in these gaps?

Step 3: Develop or revise protocol (written process) to define data collection and review system. Use the following checklist to ensure your protocol includes needed processes.

For each measure identify:

* Process for collecting (who, what, when)
* Process for reviewing (who, what, when)
* Process for consent if needed

**Activity: Level of Use**

 Document your data decisions rules for each intervention in your continuum.

 Develop decision rules for any interventions that currently do not have decision rules.

 Remember to include both interventions facilitated by school professionals and community professionals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention** | **IN**  | **ON** | **OUT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Resources**

* [**Tracking Tool**](https://docs.google.com/document/d/1FVTTQTKB6WQbZ1nLPCypuX8a7cn46QnDNu-ipGVp-kk/edit)
* [***Got Data***](https://drive.google.com/file/d/0B9rpal09Nt5HeHRaWVZweDROQ3JKOUFPalY1TTFKRng4b0tr/view?usp=sharing) **- Florida PBIS and Florida AWARE (Advancing Wellness and Resiliency in Education)**
* **March 2017 -**[Targeted Workgroup Webinar Part I](https://midwestpbis.adobeconnect.com/p1lu60vjj13/?launcher=false&fcsContent=true&pbMode=normal) - Data based decision making overview

 [Targeted Workgroup Webinar Part II](https://midwestpbis.adobeconnect.com/p7tib8yrvs6/?launcher=false&fcsContent=true&pbMode=normal) - Safe Schools / Healthy Students example from Pennsylvania

 **Remember to document action steps from this section on your Integrated Action Plan**

|  |
| --- |
| **Action Plan Template** |

Documenting action steps is critical to moving this work forward. This template can be utilize to document all action steps identified throughout the workbook into one place. Or if you have an action plan your team already utilizes, please be sure to document action steps there.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier** | **Goal** | **Person Responsible** | **By When** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |