

# Begun Center for Violence Prevention Research and Education

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# Our Focus

Applied community-based **research, evaluation,** and **training** of **evidence-based** programs that seek to bridge the gap between science and practice.



Working with partners to demonstrate the impact of research through:

- significant behavioral **outcomes**
- improved **systems**
- effective **policy**



# Today's Learning Objectives

- Develop Tier II & III supports within the PBIS framework
- Identify needs and gaps in existing Tier II & III programs and services toward developing appropriate strategies to select programs and treatment services to address those needs
- Understand the principles and benefits of implementation science as a guide for program development and success
- Appreciate approaches to effectively collect, use and report program data to track outcomes and support sustainability

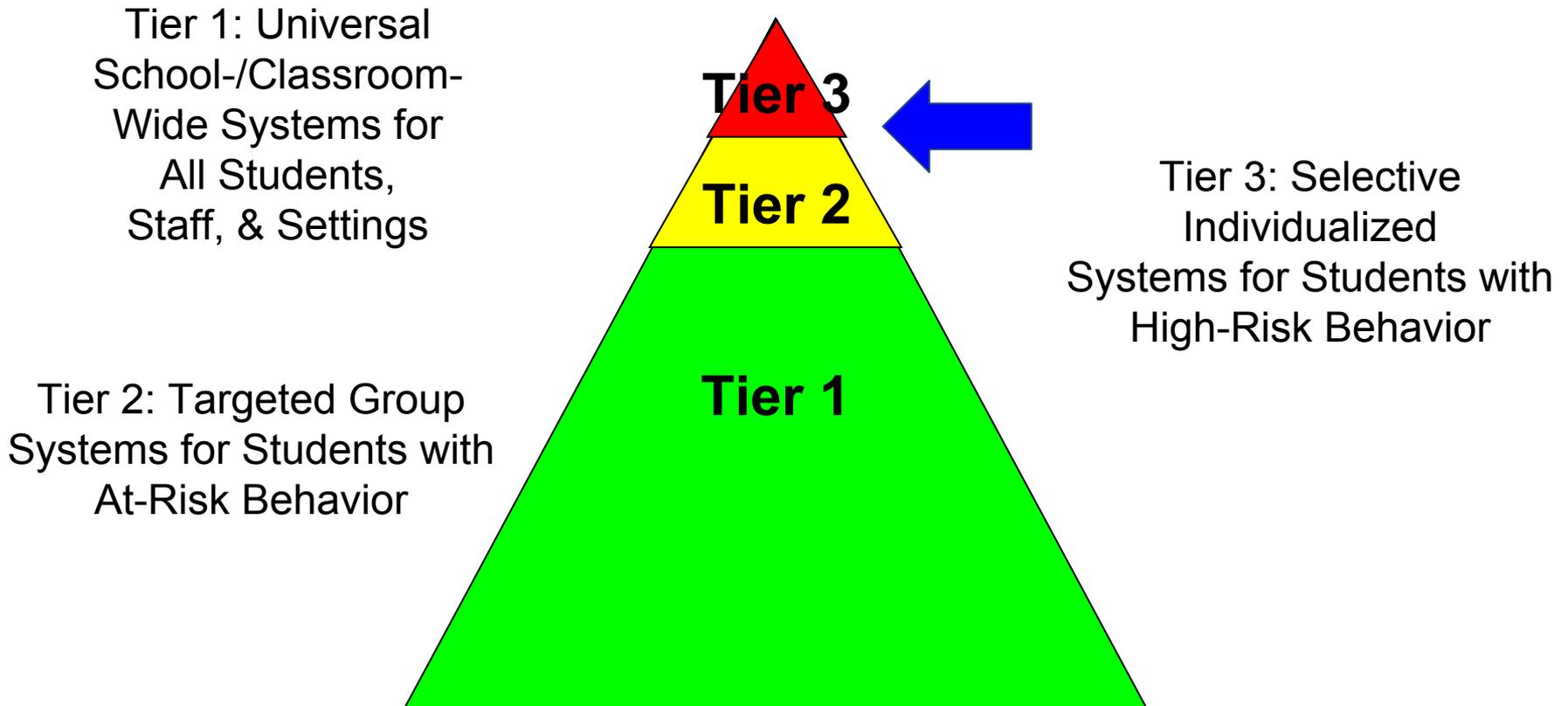


# Tell Us About Yourself

- Name and school district
- Role in PBIS process - are you a member of your PBIS Action Team?
- How far is your school/district in the PBIS process - what tiers have you implemented?
- Have you achieved Tier 1 fidelity? Tier 2? Tier 3?
- Do you collect data and assess outcomes for Tier 2 & Tier 3 programs?
- What area do you feel you need the most assistance/guidance?



# PBIS Pyramid



# Continuum of Supports

Public Health Approach	Who	Academic (RTI)	Behavior (PBIS)	Behavioral Health Prevention and Promotion*
Indicated/ Targeted/ Tertiary	High-risk/ Identified problems <i>Individual attention</i>	<ul style="list-style-type: none"> <li>❖ 1:1 Instruction</li> <li>❖ Increased Time</li> <li>❖ Tutoring</li> <li>❖ 504 or IEP</li> </ul>	<ul style="list-style-type: none"> <li>❖ FBA/BIP</li> <li>❖ Individual Counseling</li> <li>❖ Wraparound Services</li> </ul>	<ul style="list-style-type: none"> <li>❖ Screening, consultation and referral</li> <li>❖ Coordination with community-based treatment</li> <li>❖ Individual intervention/treatment plan</li> </ul>
Selective/ Secondary	At-risk <i>Small groups</i>	Small Group Supplemental Instruction	<ul style="list-style-type: none"> <li>❖ CICO</li> <li>❖ Behavior Chart/Plan</li> <li>❖ Small Group Skill Development</li> </ul>	<ul style="list-style-type: none"> <li>❖ Peer support groups</li> <li>❖ Psychosocial Education for specific groups</li> <li>❖ Mentoring</li> </ul>
Universal	All settings Communities <i>All students</i>	Core Curriculum	<ul style="list-style-type: none"> <li>❖ 3-5 Behavior Expectations</li> <li>❖ Teach Appropriate Behavior</li> <li>❖ Reinforce Appropriate Behavior</li> </ul>	<ul style="list-style-type: none"> <li>❖ Programs to Increase Protective Factors</li> <li>❖ Prevention Programs</li> <li>❖ Youth-led Prevention</li> <li>❖ Social Norms &amp; Media Campaigns</li> </ul>

# ***Behavioral Health Supports and Services - Moving Beyond Academics***

**David Hussey, PhD**



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***Why is this important?***

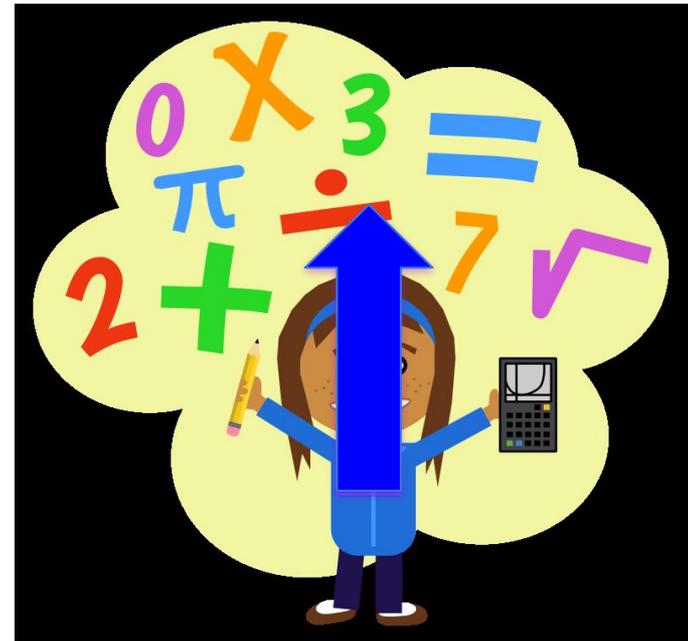
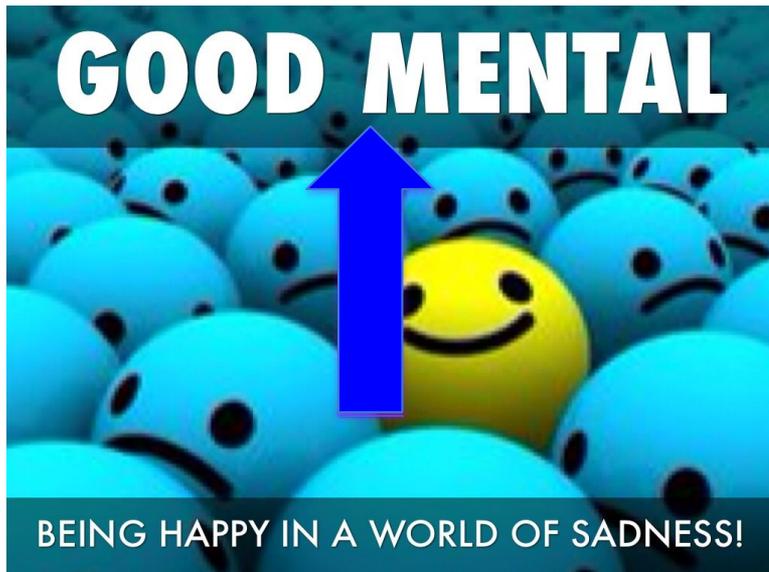


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# Benefits of School-Based Behavioral and Mental Health Supports



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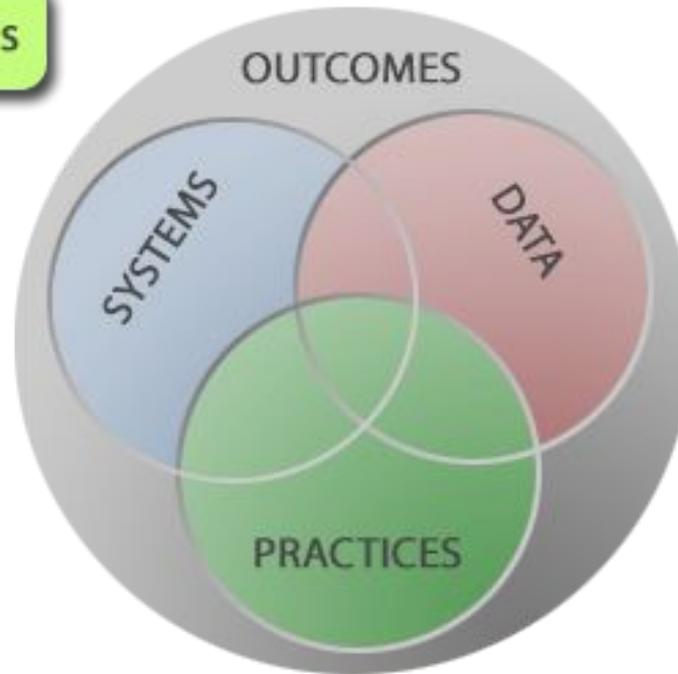
# Key PBIS Elements

(<https://www.pbis.org/school>)

Supporting Social Competence &  
Academic Achievement

4 PBS Elements

Supporting  
Staff Behavior



Supporting  
Decision  
Making

Supporting Student Behavior

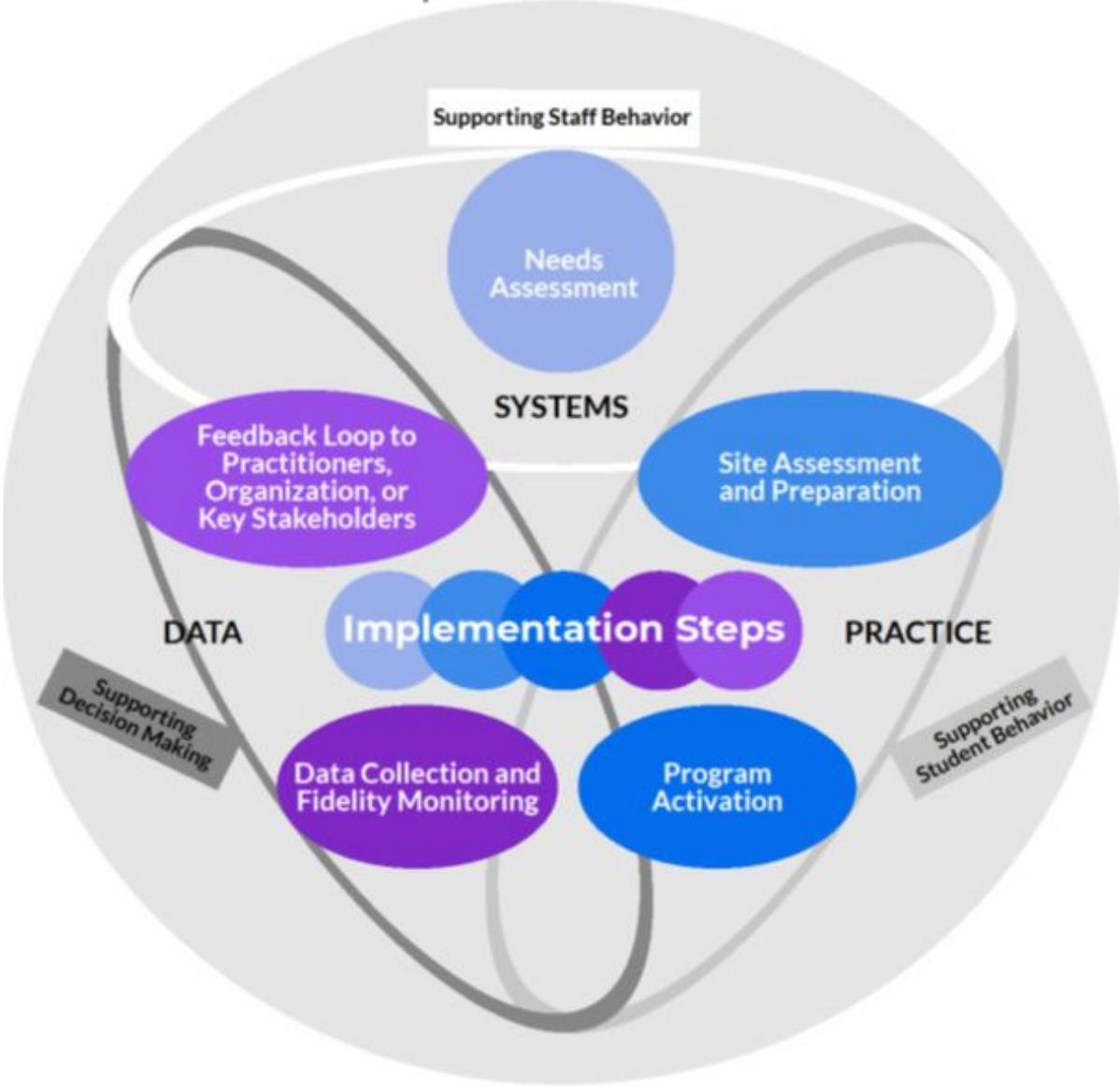


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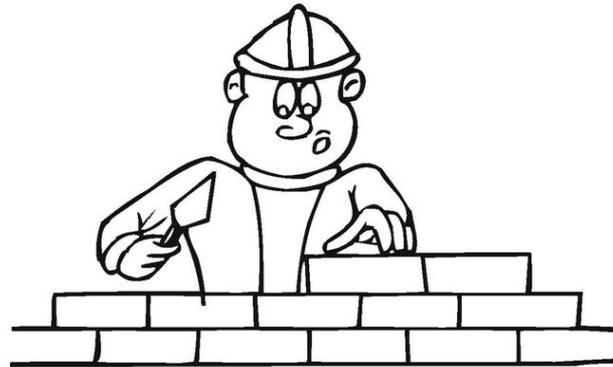
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# Supporting Social Competence & Academic Achievement Through Implementation Science



# Laying the Foundation

Laying the Foundation



twistynoodle.com



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# School Mental Health Referral Pathways Toolkit

<http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>

<http://education.ohio.gov/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources>

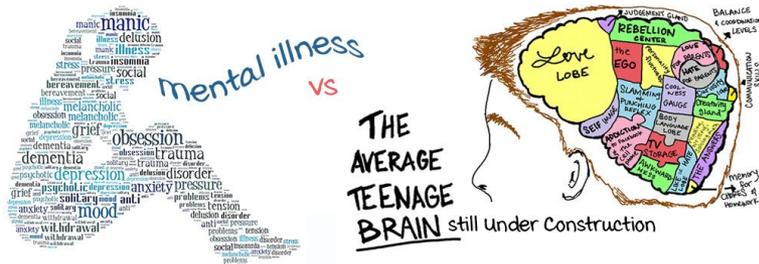


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# Addressing Needs of Special Populations



# Examples of Tier 2 Interventions

- Check-In Check-Out (CICO)
- Hope Squad <http://hope4utah.com/hope-squad/>
- Sources of Strength <https://sourcesofstrength.org/>
- Trauma Informed Interventions - Psychological First Aid - LPC  
<https://traumaawareschools.org>
- Girls Circle <https://onecirclefoundation.org/GC.aspx>
- Coping Cat  
<http://www.cebc4cw.org/program/coping-cat/detailed>



# Girls Circle: Evidence-Based Practice, Implementation, and Limitations

Roxana Bell, MSSA Candidate, Mandel Leadership Fellows Program  
Case Western Reserve University

## ABSTRACT

This project examined the evidence-base, implementation, and limitations of the Girls Circle model in a suburban middle school. 8 weeks of the "Friendship" themed curriculum was implemented during the school day with four girls ages 12 and 13 years in spring 2018 by a graduate social work intern. Initial problems the girls identified for themselves were: lack of empathy for self and others and the need to build social-emotional coping skills at school in peer relationships. Literature review revealed limited empirical evidence for the model suggesting more rigorous evidence of effectiveness is necessary (although, model has demonstrated consistent promise). The school setting provided convenience to reach adolescent girls, yet practical limitations impacted fidelity to model and consistent dosage of program. Recommendations include: larger group, longer sessions, and after-school time. Girls appreciated program content that spoke to their needs and created time to build relationships at school with other female peers.

## GIRLS CIRCLE MODEL

### ABOUT

- Creators Giovanna Taormina and Beth Hossfeld
- Evidenced-supported curriculum (15 different themes)
- Used since 1994
- 8 to 12 weeks programs
- 90 to 120 minute sessions
- For girls ages 9 to 18

### RCT-BASED

- Relational Cultural Theory (Jean Baker Miller)
- Women's development embedded in relationships
- Mutual empathy & empowerment
- Growth-fostering
- Authentic voice
- Relational disconnections damaging



### SESSION STRUCTURE

- Opening ritual
- Theme Intro
- Check-in (council style; one girls speaks)
- Main activity
- Sharing of activity
- Closing ritual



## LITERATURE REVIEW

### STEESE ET AL., (2006)

- Only 1 empirical study published in 2006 ; girls in study showed statistically significant gains
- 63 girls in 9 groups across U.S. (mean age: 13, urban, suburban, rural; 5-15 girls in each group; pre/post- test design) (2006)
- Girls had statistically significant gains in social support, self-efficacy, and body image

### PROGRAM EVALS & STUDIES

ODJPP (2014)  
Circles Across Sonoma (2010)  
Outcomes from U.S. groups (2007)  
= promising results across low and high risk populations

### IMPLICATIONS

- Small numbers; weak designs
- Not published academically
- Program has high level of face validity & qualitative support from participants
- Critical of generalizability of program

## RECOMMENDATIONS

- More empirical research needed with stronger study designs (for example, randomized control trials) for Girls Circle model.
- Expanding this model to have more intersectional focus, especially for youth who may not necessarily identify with a narrow definition of gender.
- At BBHMS, implementation after-school could provide larger dosage of model.
- Create larger group at middle school where there is clearly a need for this type of relationship-based and skill building group.
- Allocate training funds to train staff in Girls Circle model to ensure closer fidelity to program.
- Empower and utilize graduate student intern to implement and evaluate program at middle school
- Allow for flexibility and adaptation within implementation of GC model with youth.

## IMPLEMENTATION AT BBHMS



### PARTICIPANTS

- Four adolescent girls ages 12 & 13 years; white & female-identified
- 7<sup>th</sup> graders at BBHMS
- Identified by guidance office and counselors
- Sent home parental consent forms
- Group began January 25th

### SPRING 2018 GROUP

Problem ID: (1) difficulty in peer-to-peer relationships; (2) lack of empathy for self and others at school; (3) need for school-based group during academic day

- Girls Circle "Friendship" theme selected; 8-week lesson curriculum to be facilitated during lunch period
- Lessons used crafting, role-play, drawing, individual, and group activities to build relationships and social skills (e.g. group mural and group guidelines).
- Key lessons centered on sameness and difference; coping with relational issues in friendships (recognizing empathy)
- Implementation difficult with time constraints; breaks and academics
- Small group problematic for some activities (adaptation)
- Effectiveness as prevention & intervention model
- Girls loved activities and wanted more time and longer sessions
- Authentic sharing space **critical** for girls
- High-level of response & need for group at BBHMS



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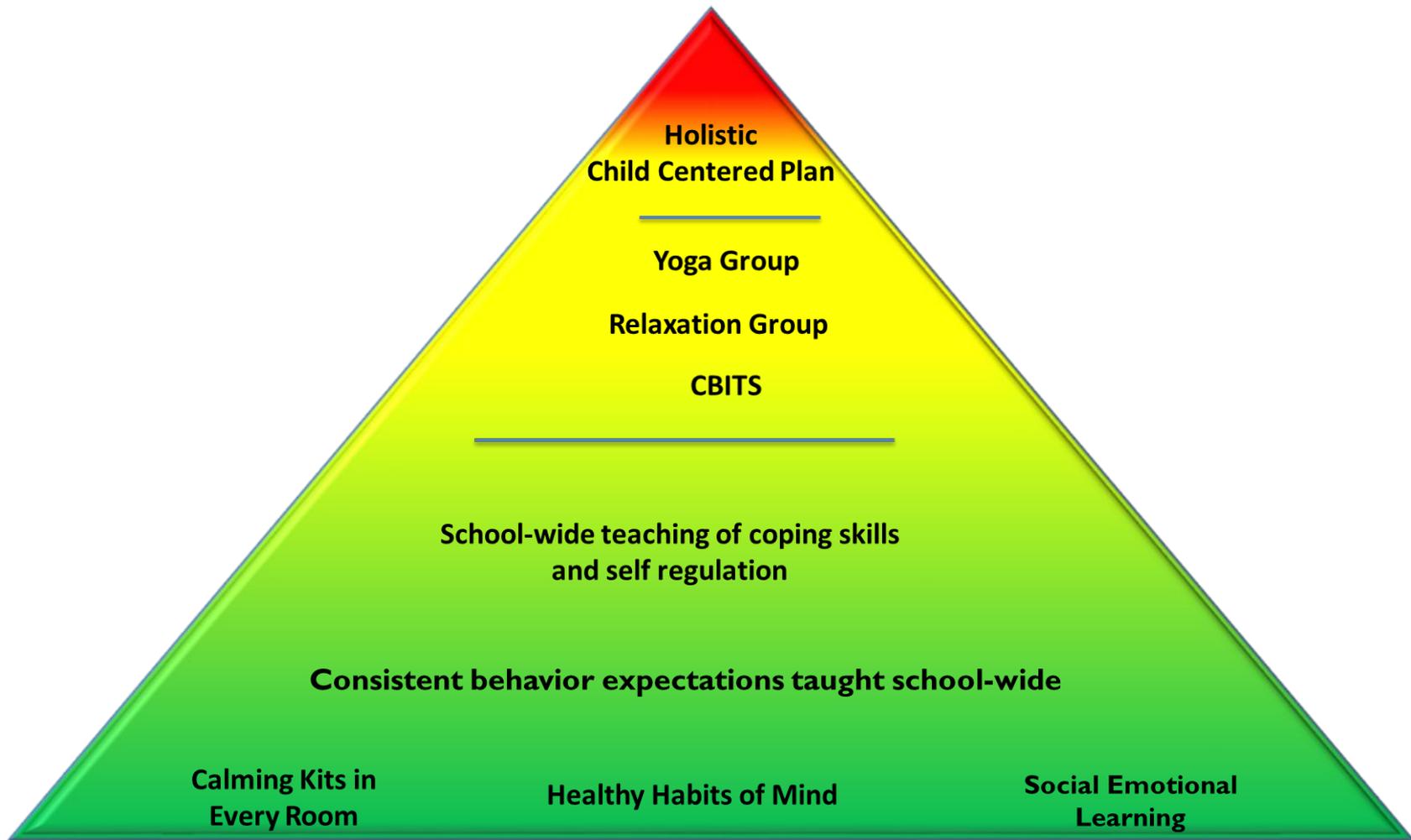
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# Examples of Tier 3 Interventions

- Multisystemic Therapy (MST)  
<http://begun.case.edu/cip/our-work/multi-systemic-therapy/>
- Functional Family Therapy (FFT)  
<http://begun.case.edu/cip/our-work/functional-family-therapy/>
- Intensive Home-Based Treatment (IHBT)  
<http://begun.case.edu/cip/our-work/intensive-home-based-treatment/>
- Support for Students Exposed to Trauma (SSET) <http://tsaforschools.org>
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)  
<http://tsaforschools.org>
- PAX Heroes



# Tiered Supports for Trauma



# Hurdles



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# ***Pitfalls in Identifying Needs and Strategies for Selecting Evidence Informed and Best Practices***

**Laura Overman, MA, MEd**

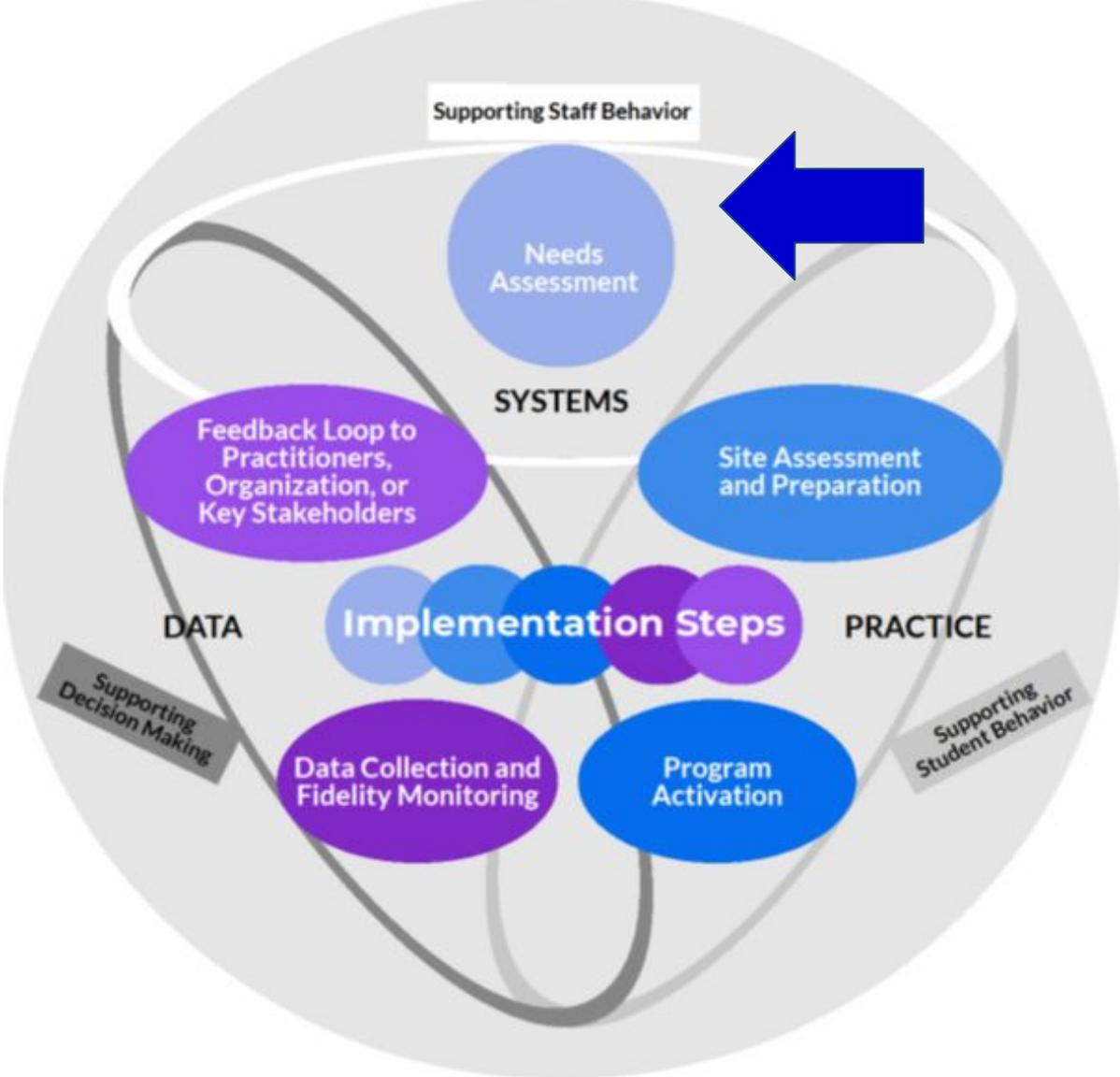


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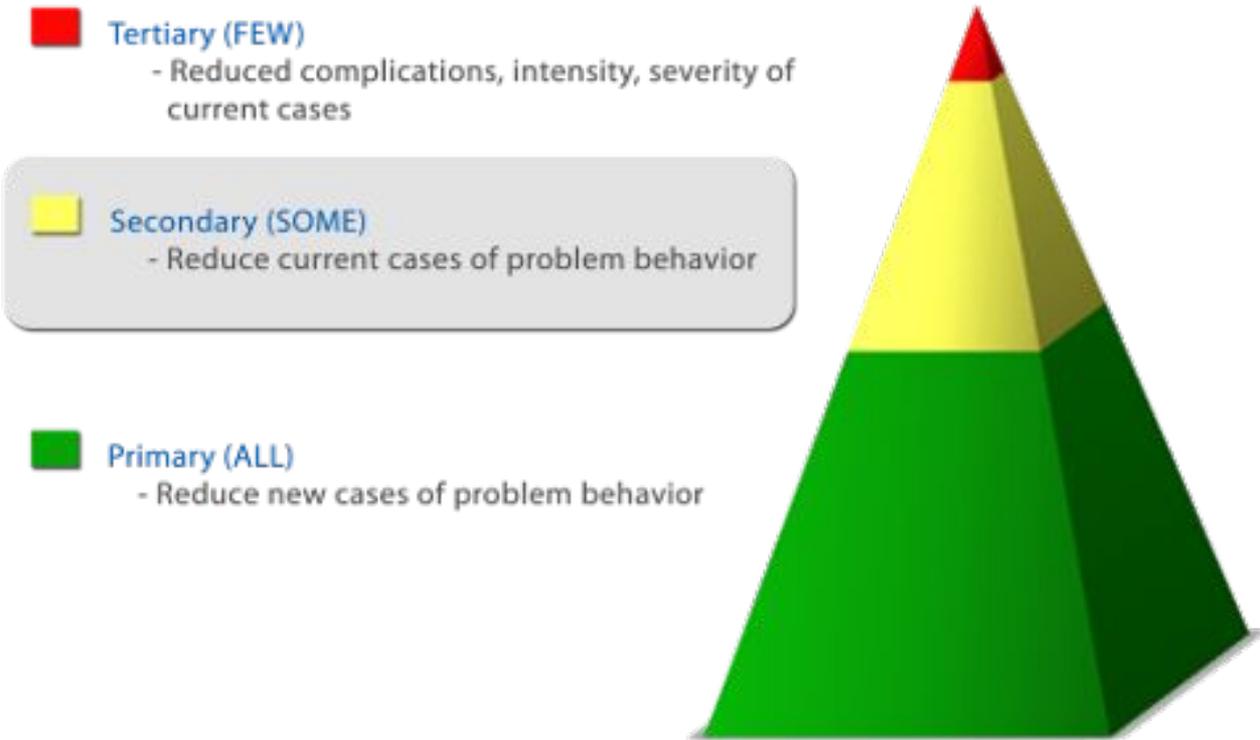


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# Supporting Social Competence & Academic Achievement Through Implementation Science



# How data informs each tier



**What data do we need?**

**What does it mean?!?!?**

**How much data do we need?**

**What now?**



**KEEP  
CALM  
AND  
USE DATA  
WISELY**



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# Working with data - it's easier than you think (It has to be!)

**First Step** - look at what data your school already collects

**Second Step** - look to other sources

**Third step** - Analyze your findings

**Fourth step** - Prioritize results

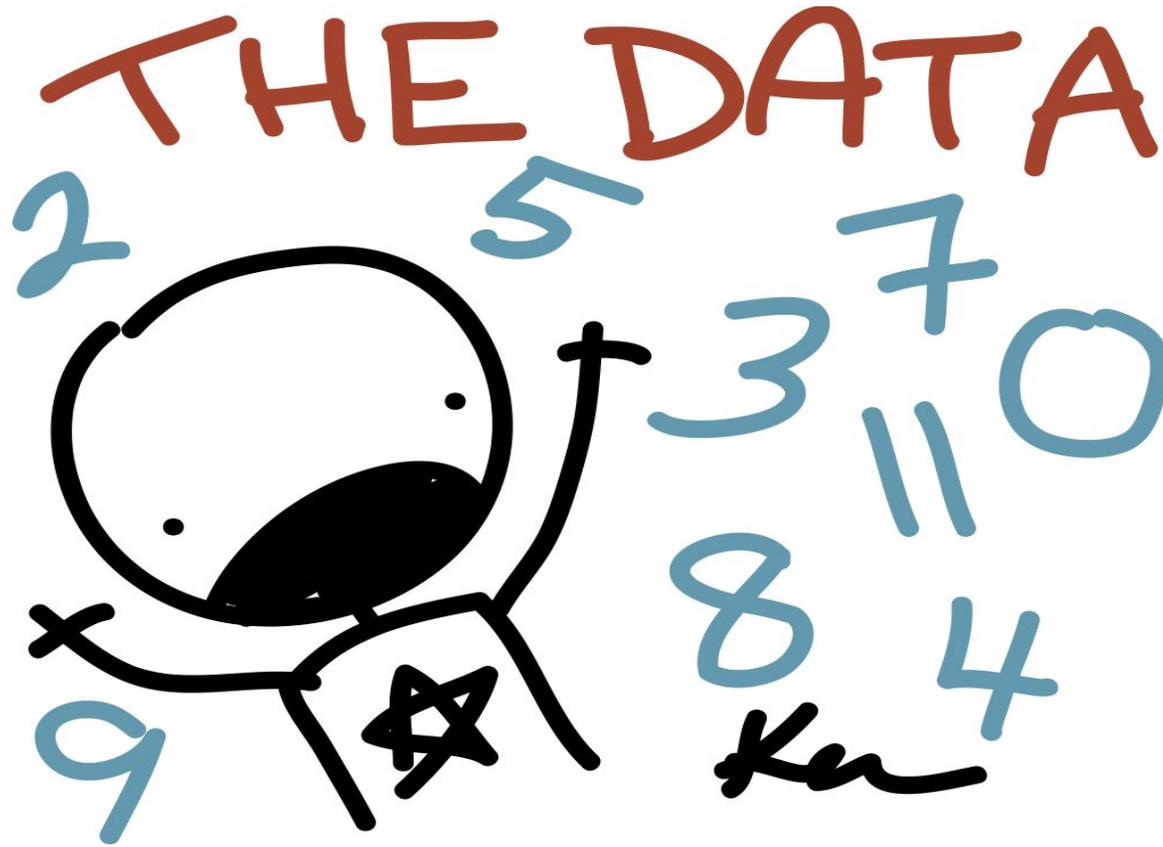


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# First Step



**To collect or not to collect - that is the question**

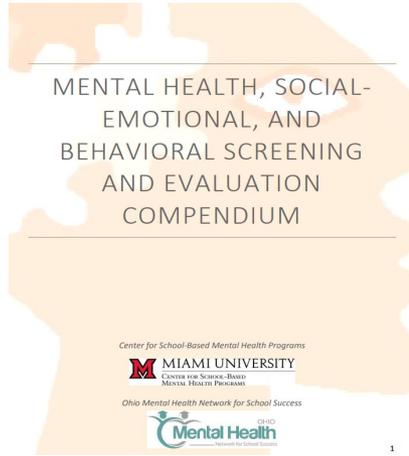


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# Second Step: Ways to Identify Mental Health Needs



<http://resources.oberlinkconsulting.com/uploads/compendiums/Compendium-Version-2.pdf>



<http://www.ohyes.ohio.gov/>

## Youth Risk Behavior Surveillance System (YRBSS)

[https://www.cdc.gov/healthyouth/data/yrbs/index.htm?s\\_cid=tw-zaza-1016](https://www.cdc.gov/healthyouth/data/yrbs/index.htm?s_cid=tw-zaza-1016)

## Referrals



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# OH YES!

Ohio Healthy Youth Environments Survey



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# Customize Reports

By

- school
- gender
- race
- grade
- other

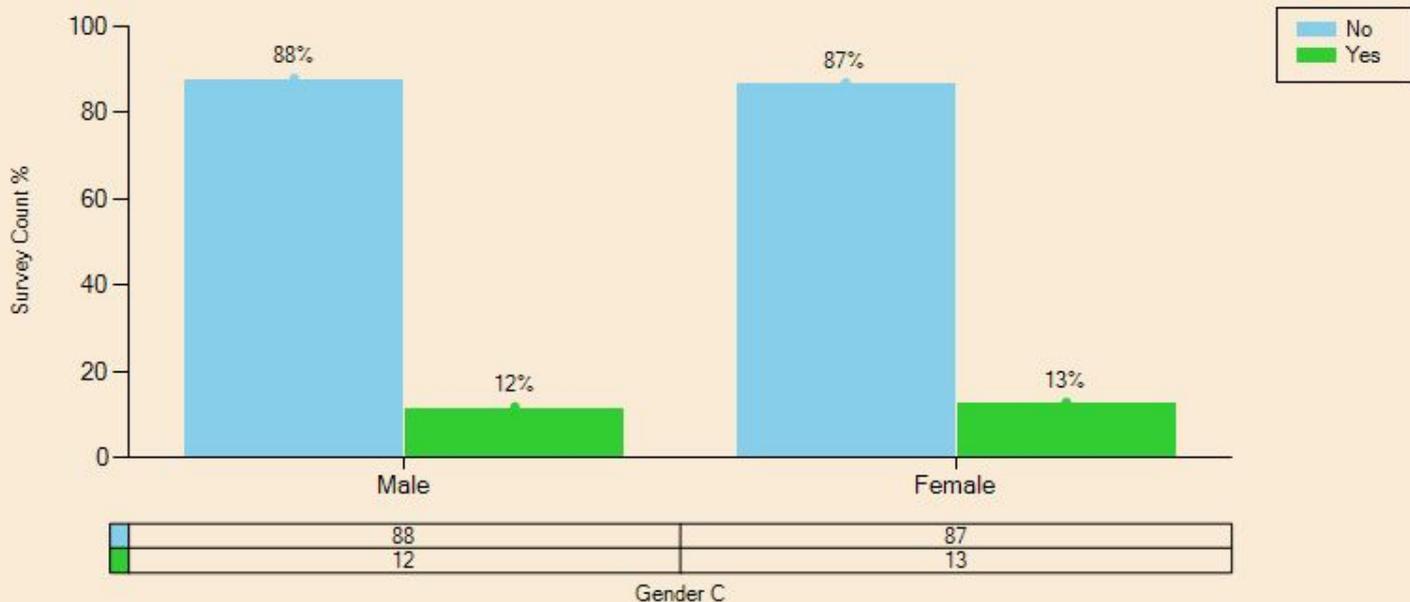


## OHYES! Alcohol Use in the past 30 days

for Grade = (9th, 10th, 11th, 12th) , Survey Year = (2017-2018)

Gender

Consumed at least one drink of alcohol on one or more of the past 30 days



\* indicates less than 15 people responded.

Data provided by OHYES! Ohio Healthy Youth Environments Survey Data

Data Last updated 1/9/2018

Chart created 5/17/2018

Because OHYES! is a voluntary survey, data may not be generalizable to the entire county, region, or state, and are representative only of the students that participated. A list of participating districts is available at [www.ohyes.ohio.gov](http://www.ohyes.ohio.gov).



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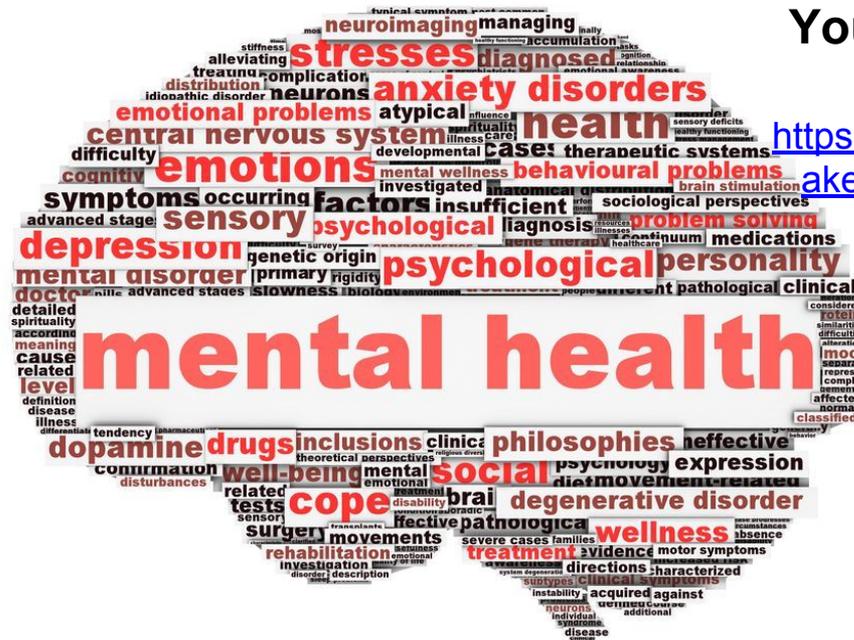
# Professional Development

## Youth Mental Health First Aid Training

<https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>

## Trauma Informed Care Training

<http://mha.ohio.gov/Initiatives/Trauma-Informed-Care>



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# Youth Leaders / Focus Groups

**benefit** - the youth know what's what and they are part of the solution

**challenge** - lack mechanisms and programs to identify and develop youth leaders



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• **anecdotal data...**

**...information received from people**

- **statements**
- **behaviors**
- **interactions**
- **other observations**



# Third Step - Data Analysis Team



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# Example of How Data Informs

- There were a total of 2,204 formal discipline events in 1997-98 involving 541 different children in an inner ring urban school.
- There were 147 children who were officially suspended at least once, as recorded by aggregated system data. They were involved in 1,262 formal discipline events throughout the year.
- Therefore, **6.9%** of the students were involved in **57%** of formal discipline activity.





# Fourth Step





”

Good things do not come easy.  
The road is lined with pitfalls.

~ Dezi Arnaz



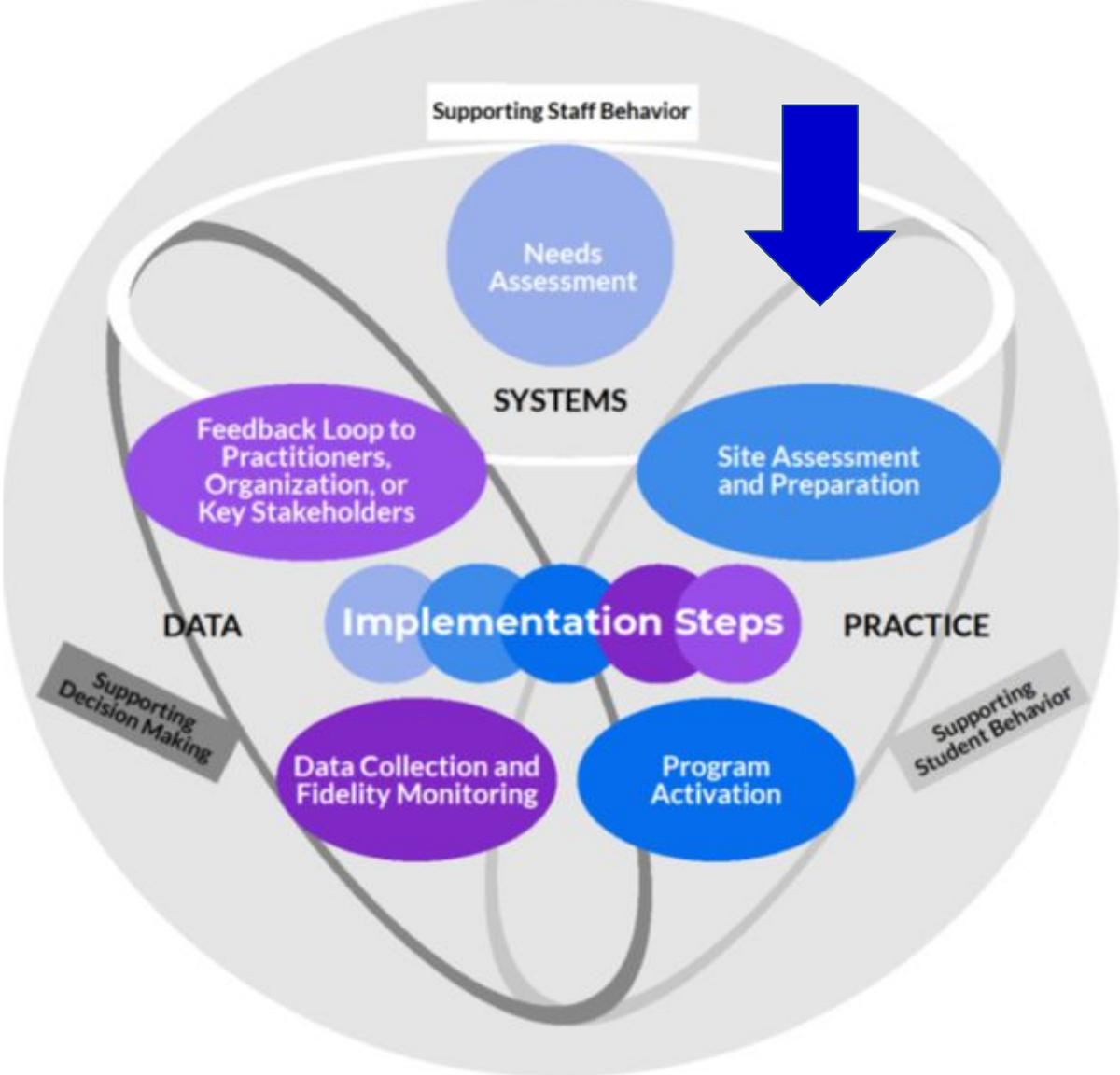
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# Best Practices to Match Intervention with Need

- Use of multiple data sources
- Use of validated screening/assessment/survey tool (s) appropriate to your student population
- Consistent and systematic process of using screening and assessment data to “triage” students into appropriate levels of support



# Identifying EPB's



<https://www.samhsa.gov/nrepp>



<http://www.blueprintsprograms.com/standards-of-evidence>



<https://ies.ed.gov/ncee/Wwc/>



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# BLUEPRINTS CERTIFIED

Meeting the highest standards of evidence through independent review by the nation's top scientists.

STANDARDS OF EVIDENCE				
Evidence-Based	Evidence Continuum	Type of Evidence	Confidence Continuum	Blueprints Program
✓	Experimentally Proven (Ready for Scale)	Independent Replication Multiple Randomized Control Trials	Very High	Model Plus Program
✓	Experimentally Proven (Ready for Scale)	Randomized Control Trials with Replication	High	Model Program
✓	Experimental	Regression Discontinuity Interrupted Time Series Matched Comparison Group	Moderate	Promising Program
	Research Informed	Correlational Study Pre-Post Outcome Survey Post-Test Outcome Survey	Low	
	Opinion Informed	Satisfaction Survey Personal Experience Testimonials Anecdotes	Very Low	

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# Considerations



- Who will implement the program?
- What is the current level of buy-in among staff?
- How much professional development training is needed for staff?
- How much class time is necessary to conduct the program?
- Will a school coordinator or coach for the EBP need to be hired?
- What is the cost of training? of programming? of data support?
- Who will monitor fidelity of implementation?
- What evidence is there to support the effectiveness of this EBP?
- What was the population of students in the research?
- What outcomes does the program impact?





**NEED**

**EBP**

**Fit**

Reduce disruptive behavior as determined by the number of suspensions



Reconnecting Youth



Was to be conducted during ISS but is a 9 week program



Check In/Check Out



Fit with both students' and teachers' schedules



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# Slipping through the cracks



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# ***PBIS Meets Implementation Science***

**Michelle Riske-Morris, PhD, JD**

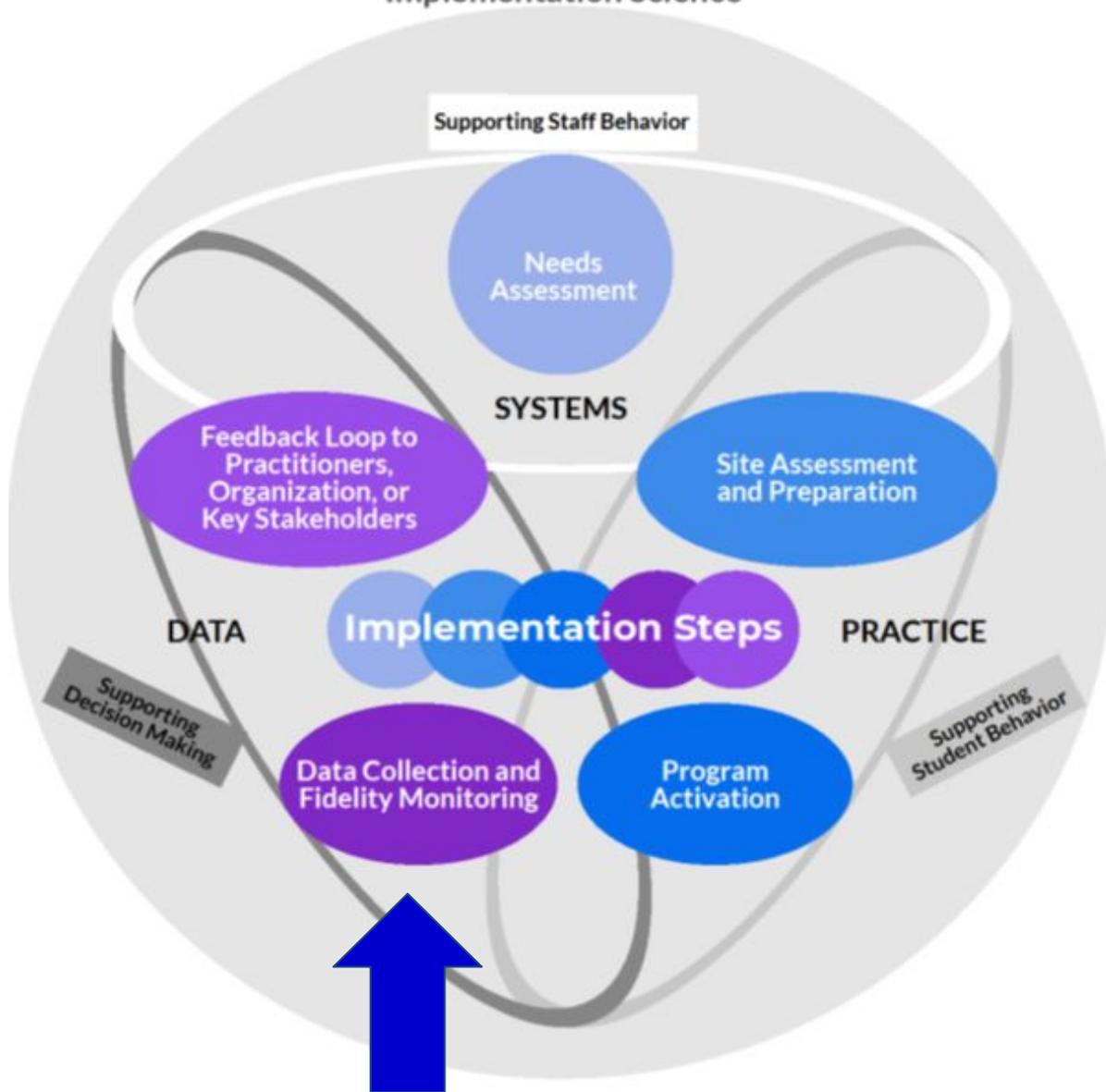


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# So What is Implementation Science?



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# ASPE Research Brief: The Importance of Quality Implementation for Research, Practice, and Policy (Durlak, February 2012)

- Is a systematic process of coordinated steps; quality implementation can be achieved with careful planning;
- Has a temporal sequence; some things should be done before others; in fact, 10 of the 14 steps should be addressed **before the program begins**; and
- Requires many different types of activities and skills that include assessment, negotiation, collaboration, planning, and critical self-reflection.

# ASPE Quality Implementation

- Phase One: Initial Considerations Regarding the Host Setting
  - Assessment Activities
  - Decisions about Adaptation
  - Capacity-Building Strategies
- Phase Two: Creating a Structure for Implementation
  - Structural Features for Implementation
- Phase Three: Ongoing Structure Once Implementation Begins
  - Ongoing Implementation Support Strategies
- Phase Four: Improving Future Applications



# Implementation Factors

- Community-wide or societal factors
- Practitioner characteristics
- Characteristics of the program



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# TRAINING



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# Training is the first step, not the last...



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# Implement with Fidelity



It's like following a recipe  
- not a pre-packaged  
item that can just be  
plugged into your  
classroom.

Delivering an evidence based  
practice or program in the  
manner in which it was  
designed.



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# UNIVERSAL & TARGETED COACHING



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# Avoid program drift...



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# Problems with Implementation

- Incomplete implementation - inadequate training
- Program drift overtime
- Difficulty with sustainability
- Limited impact or reach
- Administrative changes



This is an  
example 



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# SHAPE Site Administration

Accounts

Join Us

Screening and Assessments

Site Administrators

Files to be Processed

Refresh List

Add New Files

There are currently no files that need to be processed.

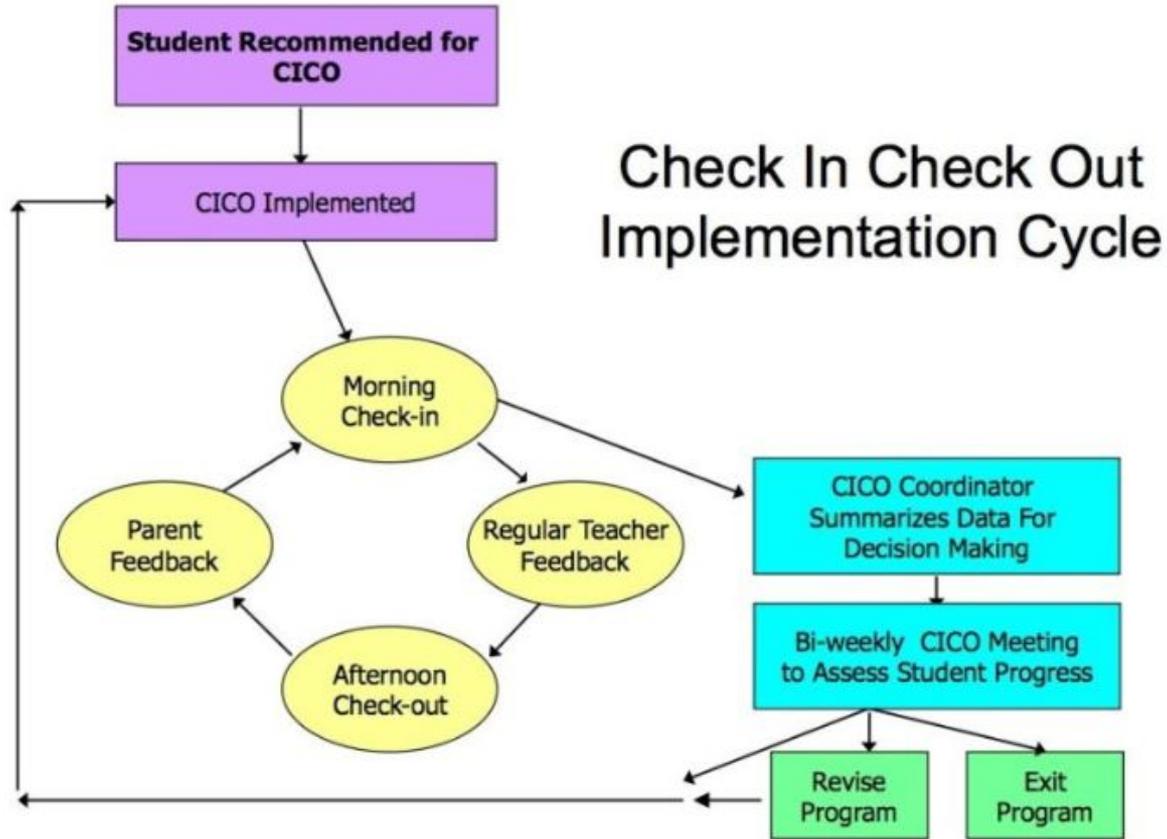
Clear 0 files selected

Search:

	Instrument Name	Purpose	Target Symptoms	Reporter (Age)
Assessment Purpose	Brief Impairment Scale (BIS)	Screening/Initial Assessment	Academic Engagement Social Skills	Parent
Assessment Target	Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Screening/Initial Assessment Progress Monitoring	Depression	Student/Self-Report
Student Age	Child and Adolescent Disruptive Behavior Inventory (CADBI)	Screening/Initial Assessment Diagnosis	Hyperactivity Oppositional Behavior	Parent Teacher
Language	Eating Attitudes Test-26 (EAT-26)	Screening/Initial Assessment	Disordered Eating	Student/Self-Report Parent
Reporter	Pediatric Symptom Checklist (PSC-35 or PSC-17)	Screening/Initial Assessment Progress Monitoring	Anxiety Depression Global Functioning Hyperactivity/Inattention Oppositional Behavior	Student/Self-Report (11-18) Parent (4-16)
Cost				



# check IN check OUT





# Implementation Checklist

## Check in/Check Out Fidelity Checklist

The following are the 7 active ingredients associated with developing and implementing an effective Check in/Check out structured school-based mentoring intervention. For each of the active ingredients below, put a check mark in the ones that have been implemented when delivering this intervention.

- Assignment of an adult mentor who the student likes and is willing to meet with
- Mentor provided unconditional positive regard and encouragement to the student (mentor does not get involved with discipline)
- Mentor checked in with the student in the morning on a daily basis to pre-correct problems, make sure the child is ready for the day, and engage in positive conversation with the student
- Mentor checked out with the student in the afternoon on a daily basis to connect with the student, provide feedback and reinforcement, and offer advice and encouragement
- Point sheet was completed by teachers to serve as a basis for monitoring progress and providing performance-based feedback
- Student received positive reinforcement for improved behavior (such as, praise, public recognition, access to desired privileges/rewards)
- If willing and able, parents were included and provided with daily point sheet to support their child's behavior in the home.

Total Check in/Check out Fidelity Score (# of ✓/7) = \_\_\_\_\_%





### Don't

- Enroll every student
- Use a point card tailored to each student
- Treat check in as an afterthought
- File paper away
- Leave students on CICO forever
- Stop CICO cold turkey
- Assume things will run smoothly

### Do

- Enroll students who like attention from teachers
- Use standardized point cards
- Have a deliberate check in
- Use a data system
- Watch progress and modify as needed
- Use self management when transitioning off of CICO
- Check fidelity of implementation

credit: <https://www.pbisapps.org/community/Pages/7-Dos-and-Don'ts-for-a-Successful-CICO-Program.aspx>



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## Possible Outcomes

- Reduction in Disciplinary Referrals
- Academic Progress
- Improved Attendance



# MORE EXAMPLES



PLEASE



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# Referrals for Tier 2 & 3 Services

<http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>

## Form for SBMH Referrals

### Tool 1.1. Example Referral Forms

#### Example Referral Form: School Staff

Name of student: \_\_\_\_\_

Your name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

The school's problem-solving team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Area of concern (please describe):

- Academic Concerns:
- Behavioral Concerns:
- Social Concerns:
- Emotional Concerns:
- Physical Health Concerns:
- Family Concerns:
- Other: \_\_\_\_\_

Behavioral concerns (please mark all boxes that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Sad, depressed or irritable mood          |
| <input type="checkbox"/> Nightmares, intrusive thoughts              | <input type="checkbox"/> Hopelessness, negative view of future     |
| <input type="checkbox"/> Anxious, fearful or irritable mood          | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Jumpy or easily startled                    | <input type="checkbox"/> Difficulty concentrating                  |
| <input type="checkbox"/> Avoids reminders of trauma                  | <input type="checkbox"/> Diminished interest in activities         |
| <input type="checkbox"/> Aggressive                                  | <input type="checkbox"/> Low or decreased motivation               |
| <input type="checkbox"/> Sexualized play or behaviors                | <input type="checkbox"/> Anxious and fearful                       |
| <input type="checkbox"/> Difficulty concentrating                    | <input type="checkbox"/> Worries excessively                       |
| <input type="checkbox"/> Talks excessively                           | <input type="checkbox"/> Difficulty sleeping                       |
| <input type="checkbox"/> Gets out of seat and moves constantly       | <input type="checkbox"/> Restless and on edge                      |
| <input type="checkbox"/> Interrupts and blurts out responses         | <input type="checkbox"/> Specific fears or phobias                 |
| <input type="checkbox"/> Inattentive, distractible, forgetful        | <input type="checkbox"/> Difficulty concentrating                  |
| <input type="checkbox"/> Disorganized, makes careless mistakes       | <input type="checkbox"/> Clingy behavior                           |
| <input type="checkbox"/> Angry towards others, blames others         | <input type="checkbox"/> Appears distracted                        |
| <input type="checkbox"/> Fights and is aggressive                    |  |
| <input type="checkbox"/> Argumentative and defiant                   |  |



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# Tier 2 Programs

## Coping Cat

<http://www.cebc4cw.org/program/coping-cat/detailed>



THE CALIFORNIA EVIDENCE-BASED  
**CLEARINGHOUSE**  
FOR CHILD WELFARE

Information and Resources for Child Welfare Professionals



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# Tier 3 In House SBMH CBITS

<https://cbitsprogram.org/>

**Cognitive Behavioral Intervention for Trauma in Schools**

Home Learn More About Us Success Stories News School Crises

**School Crises**

Please [click here](#) for more information about helping students through school crises.

**CBITS At-a-Glance**

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.

CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.

CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).

**Take a CBITS Training Course**

CBITS offers both online and in-person training. To learn more about our online training or to take the online course, [register with our website](#). For more information about our in-person training, contact us at [info@cbitsprogram.org](mailto:info@cbitsprogram.org) or (213) 821-4398.

**Access our Free Resources**

Professionals can [register with our website](#) for training and implementation information.

By [registering](#), you'll gain access to a host of free resources, including everything you'll need to implement CBITS in your school:

- Our interactive online training course that will prepare you to implement CBITS
- A link to a free download of the CBITS manual
- Sample materials and forms to help you deliver the CBITS intervention
- A robust online community where you can engage with discussion boards, "ask the experts," and collaborate on documents
- Video clips of experts providing practical advice on CBITS implementation
- And more!



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# Tier 3 In House SBMH Ohio Scales

<http://mha.ohio.gov/Funding/Outcomes-Research/Planning-Training-Tools/Ohio-Scales>

## Measuring Outcomes



Ohio Mental Health Consumer Outcomes System  
Ohio Youth Problem, Functioning, and Satisfaction Scales  
Agency Worker Rating – Short Form

W

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_ ID#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By: \_\_\_\_\_  Case Manager  Therapist  Other: \_\_\_\_\_

Instructions: Please rate the degree to which the designated child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total \_\_\_\_\_

**Markers:**

School Placement: \_\_\_\_\_

Current Psychoactive Medications: \_\_\_\_\_



# Tier 3 In House SBMH Strengths and Difficulties Questionnaire

<http://www.sdqinfo.com/>

## Measuring Outcomes

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Male/Female

Date of birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature .....

Date .....

Parent / Teacher / Other (Please specify):



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# Measuring Outcomes for Referred Tier 3 Services



<http://www.wraparoundohio.org/>

**MST**<sup>®</sup>  
S e r v i c e s

<http://www.mstservices.com/>



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# Referred Tier 3 Services

I hereby authorize the Member agencies of the Family & Children First Council of \_\_\_\_\_ County, named on the reverse side of this Authorization, to exchange, give, receive, share, or redisclose information in their records, from whatever source derived, related to my participation and that of my minor child:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

in the services provided by one or more of these agencies.

I understand the following:

1. The purpose of this information sharing is to improve the communication about services to me and my family.
2. Each of the member agencies has agreed:
  - a) to share this information only with other member agencies;
  - b) not to share information with non-member agencies without my written consent unless otherwise required or authorized by law; and
  - c) Information exchanged due to this authorization will not be used against me or my children for purposes of criminal investigation, prosecution, or sentencing, unless otherwise required by law or judicial order.
3. Any and all rights to confidentiality, which I may have under state or federal law, will continue, except for information covered by this form
4. I may revoke this Authorization at any time except for information that has been previously exchanged.
5. This Authorization shall automatically expire 180 days from the date below unless I revoke it sooner.
6. This Authorization shall not restrict information sharing otherwise authorized by law.

I authorize sharing of the following information: (Circle and initial, if yes, and sign below)

- Yes \_\_\_\_\_ Case Information: Identifying information, plus medical and social history, treatment/service history, Psychological evaluations, IEP's, IFSP's, transition plans, vocational assessments, grades and attendance, financial information and other personal information held by any of the member agencies regarding me or my minor children.
- Yes \_\_\_\_\_ HIV and AIDS- related diagnosis and treatment
- Yes \_\_\_\_\_ Substance abuse diagnosis and treatment
- Yes \_\_\_\_\_ Social Security Number

If yes: This Authorization for information sharing has been explained to me. I have read the disclosures below. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

\_\_\_\_\_  
Signature of Client \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of parent/guardian (if applicable) \_\_\_\_\_  
Staff Person Facilitating this Authorization

\_\_\_\_\_  
Relationship of Person Signing to Client \_\_\_\_\_  
If applicable, date of revocation. (Revocation must be submitted in writing)

I am also authorizing the exchange of information with the following specific persons/agencies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

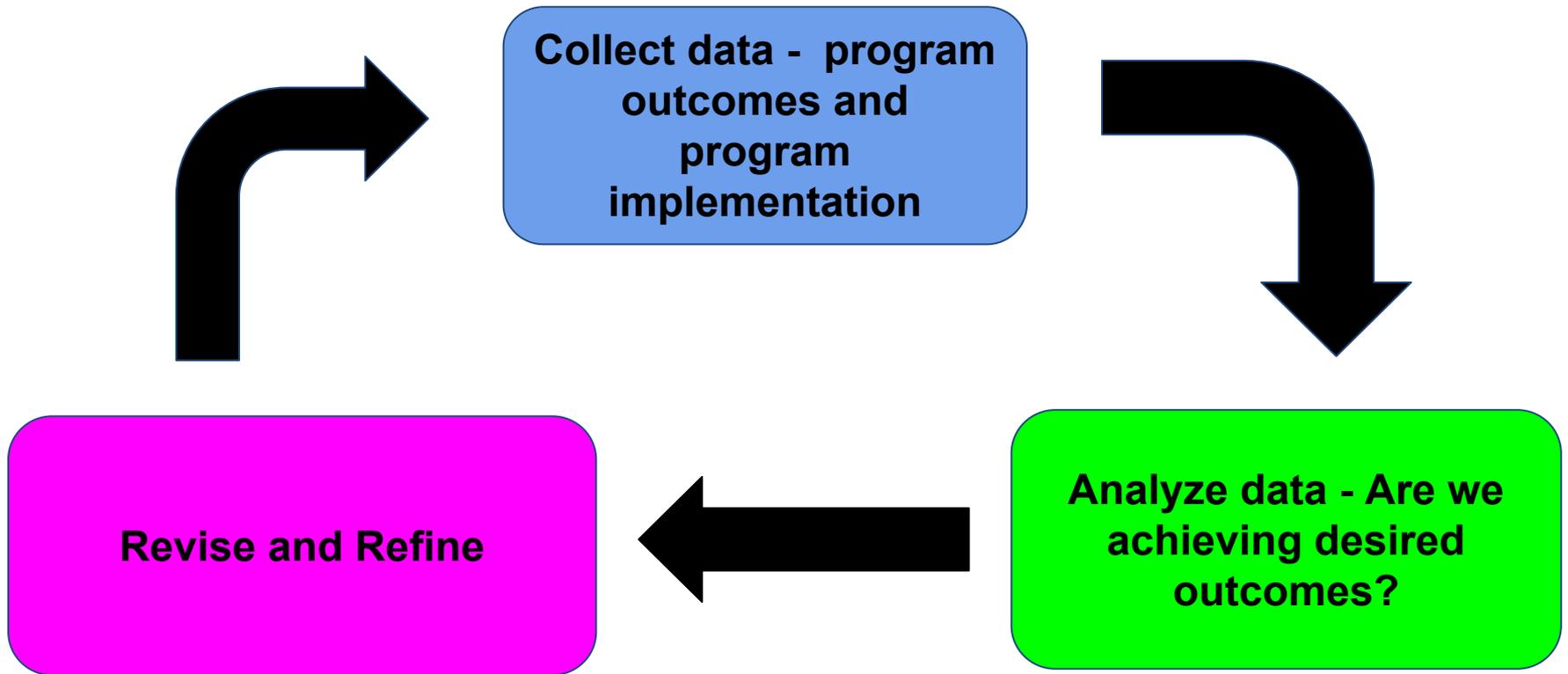
\_\_\_\_\_

\_\_\_\_\_  
Signature of Client (or parent/guardian if applicable) \_\_\_\_\_  
Date Signed

FAMILY & CHILDREN FIRST COUNCIL Address Phone

# Release of Information

# Data Driven Decision Making



# Reflection and Revision



# ***Communicating Results - It's All About the Presentation***

**Chase Klingenstein**



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# Supporting Social Competence & Academic Achievement Through Implementation Science

Supporting Staff Behavior

Needs Assessment

SYSTEMS

Site Assessment and Preparation

Feedback Loop to Practitioners, Organization, or Key Stakeholders

Implementation Steps

PRACTICE

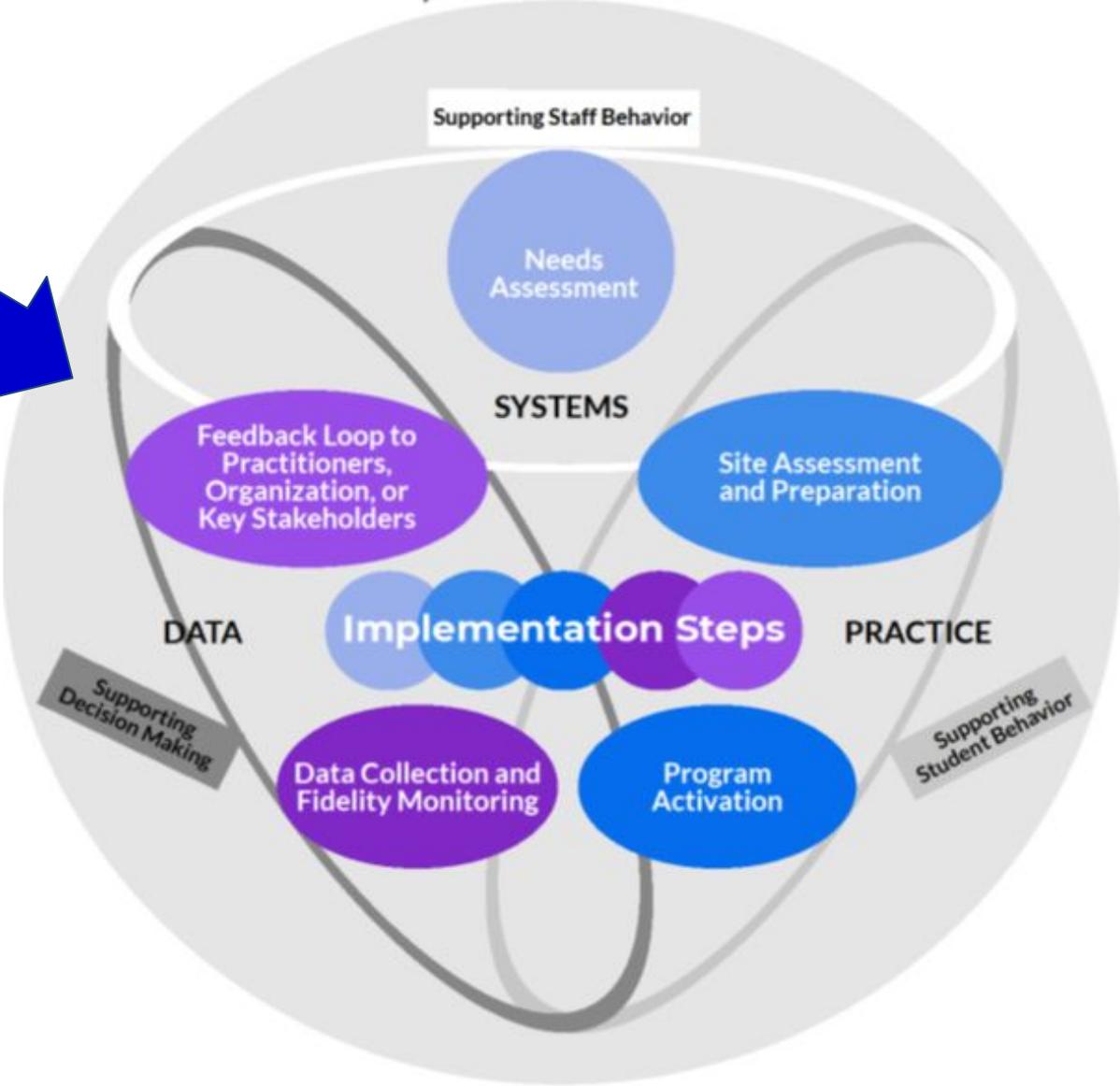
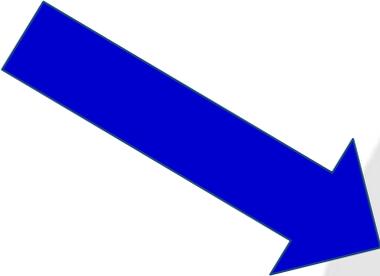
DATA

Data Collection and Fidelity Monitoring

Program Activation

Supporting Decision Making

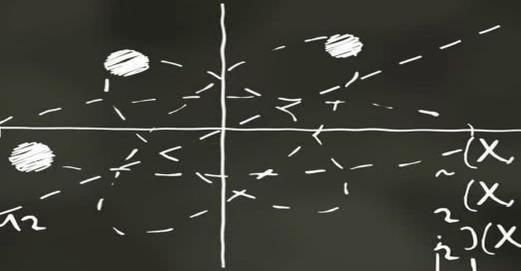
Supporting Student Behavior



# Know Your Audience

PHYSICS

$$\begin{aligned} S_{12} &= \frac{1}{\sqrt{2}} \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix} \\ S_{13} &= \frac{1}{\sqrt{2}} \begin{pmatrix} 1 & 0 \\ 0 & -1 \end{pmatrix} \\ S_{23} &= \frac{1}{\sqrt{2}} \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix} \\ S_{123} &= \frac{1}{\sqrt{2}} \begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix} \end{aligned}$$



$$\begin{aligned} - (X, T) + T(X, T) &= 0 \quad X \\ (X, T) &= | (X, T) \\ (X, T) &= | + 1 + \sin(1) \exp(1) \\ N_1 &= \sin(1) \\ N_2 &= \exp \end{aligned}$$

$$\begin{aligned} \exp(1) \sin(1) &= A = \frac{1}{2} \cos(2) + \frac{1}{2} \sin(2) \\ S_N &= N \quad S = N_1 X_1^2 + N_2 Y_1^2 + N_3 Z_1^2 = N \\ (N_1, N_2, N_3) &= (\sin, \cos, \sin, \cos) \end{aligned}$$

## Examples



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# Communicating Data

user_consen	State	Dist	agreem									
1	OH		2	3	4	2	1	1	1	2	2	1
1	OH		1	5	2	5	4	3	2	2	2	3
1	OH		1	1	1	1	1	1	1	1	1	1
1	OH		3	4	2	4	2	2	2	2	2	2
1	OH		2	1	2	2	2	3	2	2	2	1
1	OH		6	6	1	1	1	6	1	6	1	1
1	OH		2	2	3	5	4	2	2	2	3	3
1	OH		2	2	2	2	2	1	3	2	2	1
1	OH		1	1	1	1	2	2	1	2	1	1
1	OH		1	1	1	1	1	1	1	2	1	1
1	OH		3	2	2	1	1	2	2	2	1	1
1	OH		2	2	2	2	2	2	2	2	1	2
1	OH		2	3	3	2	3	5	3	3	4	2
1	OH		2	2	2	2	2	2	2	2	2	2
1	OH		1	3	1	1	1	1	1	2	1	1
1	OH		2	2	2	2	2	2	2	3	2	3
1	OH		1	1	1	1	1	3	1	1	1	1
1	OH		2	2	1	2	1	1	1	1	1	1

Collecting Raw Data <> Analyzing Data <> Presenting Data

# KISS Principle

\*Keep It Simple Stupid\*

Different Learning Styles

Something for everyone

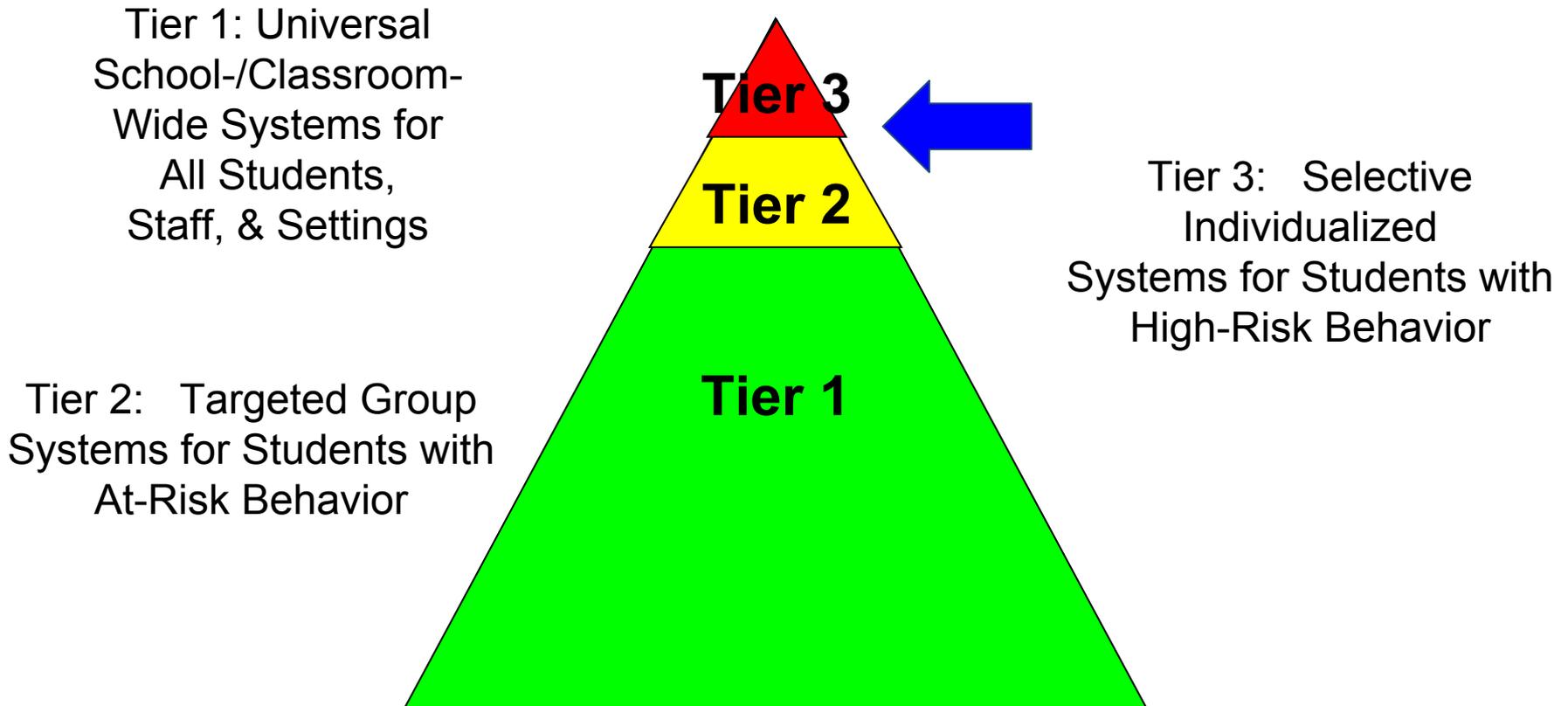


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# PBIS Pyramid



# Administrators

Big Picture

Cost Effective

Sustainability



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# Teachers and School Staff



Parts of the Program

Implementation

Fidelity



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# Community Providers

How can they help?

How can they benefit?

How can we recruit more?



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# Parents

**What information do they have?**

**How can they help?**

**How can we get them engaged?**



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# Students



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# How do you communicate your results



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# Focus on the Positive



# Fact Sheets

- **Eye-catching colors** and readable font
- **Organized Information**
- **Something for everyone**
- **Contact Information**





# Safe Schools Healthy Students

Family Engagement

FY 2015

Funded by the federal Substance Abuse and Mental Health Services Administration, SS/HS collaboratively networks community agencies and institutions to ensure continuity of care for children and youth struggling with mental, emotional and behavioral needs.



For Element Three seeks is to improve the engagement between schools, families and communities. Activities associated with this element include providing family engagement activities as well as providing training on family, school and community partnerships.

## Williams County

The Parent Survey received 473 responses representing over 1000 children across 7 school districts



79% responded that their child felt safe at school while 18% answered that they were unsure

81.8% felt their child has the same opportunities as other students

F.A.S.T (Families and Schools Together) in Stryker schools, reached 10 families with all continuing involvement in the FASTworks program.

308 parents were involved in the SSHS initiative through FAST and the Care Coordination programs

8,000 SSHS brochures distributed to parents, students and the public

## Project - Safe Schools / Healthy Students

## Topic - Family Engagement

## Showcase - Progress by 3 Counties

## Harrison Hills City School District



35 parents signed up for the Advisory Board

Harrison Hills Safe Schools Healthy Students Facebook Page

713 Likes 3400 Views

### Back to School Rally

Included a health fair with free school supplies, haircuts, dental supplies, lice kits, child fingerprinting and backpacks

### Backpack in a Blessing

Backpacks filled with school supplies and food given to children to take home for the weekend. 170 backpacks each week!

94 family engagement surveys were completed by caregivers of Harrison Hills students

96% responded "Yes" when asked if the school fosters an appreciation for student diversity and respect

## Green County

ESL (English Second Language) Family Night at Fairbrook Elementary School conducted a survey.



Opportunities include participation in CMT meetings, family involvement in EBPs including PBIS, increased youth coalition memberships and working with Limited English Proficiency families specifically



On a scale of 1 (Strongly Agree) to 5 (Strongly Disagree) ESL parents asked "How much do you agree you feel a part of the school community" the average answer was...



1.4





# Safe Schools Healthy Students

PAX Program Fact Sheet  
Academic Year 2015-2016



Funded by the federal Substance Abuse and Mental Health Services Administration, SS/HS collaboratively networks with community agencies and institutions to ensure continuity of care for children and youth struggling with mental, emotional and behavioral needs.



The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control, and self-management. The facts below show progress made by each Ohio County working to implement the PAX Good Behavior Game and the impact PAX has had on student self-regulation, self-control, and self-management

## Project - Safe Schools / Healthy Students

### Topic - PAX Program

### Showcase - Progress by 3 Counties

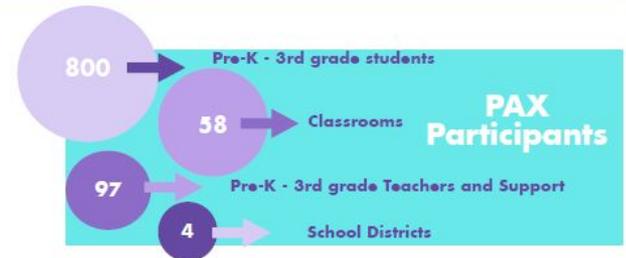
### Contact Information- Logos

#### Williams County

67% decrease in disruptive behaviors among preschool PAX participants

61% decrease in disruptive behaviors after implementing PAX in Kindergarten

58% decrease in disruptive behaviors after implementing PAX in 1st through 3rd graders



#### Harrison Hills City School District

**170**

HHCSHD has increased the number students who receive the PAX Good Behavior Game

Pre-K and K students were exposed to the PAX program

**99%**

Reduction in disruptive behaviors for Pre-K students

**97%**

Reduction in disruptive behaviors for Kindergarten students

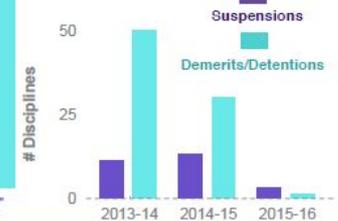
**489**

1st - 6th grade students were exposed to the PAX program

**99%**

Reduction in disruptive behaviors for 1st - 6th grade students

#### Disciplinary Actions for 1st & 2nd Graders



What PAX means to the students: "I want a harmonica to practice being a PAX leader at home..."

#### Greene County



502 students Pre-K and Kindergarten students were exposed to PAX Good Behavior



1,058 students in grades 1-5 were exposed to PAX Good Behavior Game

34% reduction in disruptive behaviors for 1st through 5th grade students



43% reduction in disruptive behaviors for Kindergarten students





# Harrison Hills City School District

Safe Schools Healthy Students Initiative

AY 2015-2016

Elementary Students



Funded by the federal Substance Abuse and Mental Health Services Administration, SS/HS collaboratively networks community agencies and institutions to ensure continuity of care for children and youth struggling with mental, emotional and behavioral needs.



**Student Assistance Program (SAP)**



A comprehensive model, grades K - 12, designed to reduce student risk factors, promote protective factors, and increase asset development.

**120**

elementary students were identified through the SAP program as needing behavioral and mental health services.

## Project - Safe Schools / Healthy Students

## Topic - Overview of Services

## Showcase - Harrison County Progress

## Contact Information- Logos

### School Therapists

One school therapist provided school-based mental health services (SBMH) for 69 elementary students. Of those students 32 received individual counseling and services..

### Tuancy Prevention Specialist

The Tuancy Prevention and Early Intervention Program focuses on reducing absences among youth attending HHCS. In 2015-2016 truancy prevention specialist worked individually with 16 elementary students.

### Community-Based Mental Health

Occasionally some students need to be referred for CBMH services.

### Student Prevention Specialists

Students received prevention education through assemblies, classroom presentations, individual and small group meetings. The Prevention Specialist worked individually with 62 elementary students.

### PAX Good Behavior Game

The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control and self-management.

659 total Pre-K through 6th graders have participated in PAX over this past year.

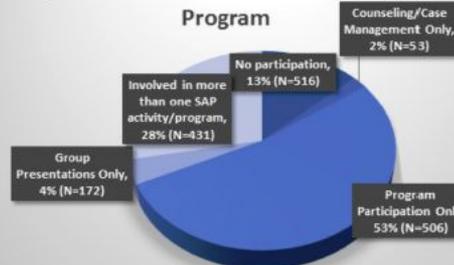
Over the last year their has been on average at least a 90% reduction in disruptive and off-task behaviors during a PAX game.

### Child Lures

A child sexual abuse prevention program implemented in 2nd and 5th grade. there was a significant increase in knowledge measured after participating in the program.



### Impact of the HHCS Student Assistance Program



### Harrison Hills Safe Schools Healthy Students Facebook Page

713



Likes



3400



Views



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# Presentations

JUST LIKE THIS

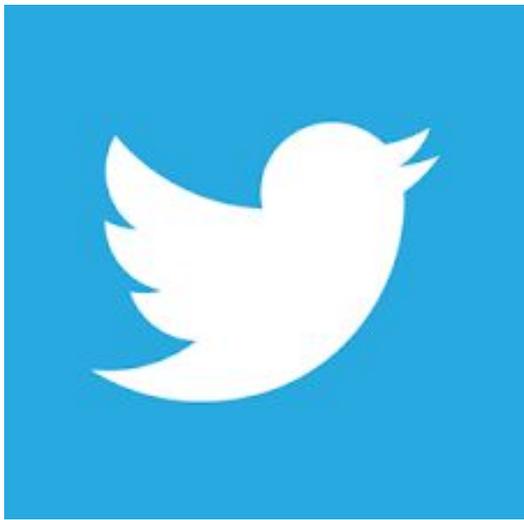
Something for Everyone



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# Social Media



*The next generation*



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# Reports

- Length
- Depth
- Width





## Ohio and Community Partnerships Creating Safe and Healthy Schools

### BACKGROUND

Before Safe Schools/Healthy Students (SS/HS), Ohio's (OH's) rural communities needed better access to services and a system of school and community partnerships to support the mental health promotion and substance use and violence prevention needs of students and families. In 2013, SS/HS grants offered two rural communities and an urban school district an opportunity to identify partners, needs, plans, and processes for using state and local resources to develop safer and healthy students, families, schools, and communities.



### HIGHLIGHTS

- School climate and mental health:** The state has met 100% of its objective by increasing the number of students who have received behavioral health services. Prior to this grant, Greene County had school-based mental health services but has significantly expanded its programs. In the other two communities, there are now school-based mental health services where there were none before the SS/HS grant. These services are now available within all three local SS/HS communities.
- Family and community partnership teams:** The goal is to engage families and family engagement partners to achieve and sustain effective partners and programs. Grant communities have received training to establish a family engagement team. Parent survey data are used to assess progress and to support the health, well-being, and educational needs of children and families.
- Prevention of alcohol, tobacco, and drug use and violence in Ohio schools:** Evidence-based programs are being implemented in SS/HS grant communities. Primary prevention education activities and early intervention services are in place to address primary, secondary, and tertiary populations in K-12. In addition, adult leaders and youth members have been trained to implement evidence-based prevention programs to prevent alcohol, tobacco, and drug use and violence in Ohio schools.
- Ohio's Healthy Schools and Communities Resource Team (HSCRT):** The Ohio State Management Team was renamed the HSCRT to describe the integration and work among Ohio's federal-funding initiatives. The HSCRT provides guidance and support to Ohio's SS/HS grantees, Project AWARE grantees, and the School Climate Transformation Grant to support schools, students, and families at the state and local levels.

### EVIDENCE-BASED PRACTICES AND PROGRAMS

Ohio currently implements the following practices and programs in Greene County, Williams County, and Harrison Hills City School District:

- ✓ PAX Good Behavior Game
- ✓ PBIS
- ✓ Alcohol Literacy Challenge
- ✓ Safe Dates
- ✓ Student Assistance Program Model
- ✓ Youth Mental Health First Aid Training
- ✓ Youth Engagement
- ✓ New Ohio/Georgetown ECMH Consultation
- ✓ Traumatic Event Crisis Intervention Plan (TECIP)
- ✓ F.A.S.T.
- ✓ Care Coordination (Hot Springs Model)
- ✓ Second Step
- ✓ Too Good for Drugs
- ✓ Peer-to-Peer Mediation

*"Teaching elementary students about making healthy choices has helped me make better choices for myself."  
—Youth Peer Educator, Harrison County*

**HSCRT vision:** Ohio's children will be socially, emotionally, and behaviorally resilient and productive citizens.

### Greene County, Ohio

- Early Childhood Development:** The Early Childhood Mental Health Consultation program was created to promote young children's social and emotional development and reduce challenging behaviors.
- School Mental Health Services:** Through a shared-cost funding model, the Greene County Educational Service Center (Greene ESC) expanded school mental health services in one of our largest districts. Greene ESC provides mental health professional development to district staff, therapists, and community members, on topics such as the Traumatic Event Crisis Intervention Plan and Trauma-informed Care.
- Collaborative Relationships:** Strengthening countywide partnerships and collaboration has enabled the provision of technical assistance, professional development, trainings, and skill building to achieve collective impact.

*"We have a need for mental health services in our buildings, and this service helps our students and their families. Many of them would not seek outside services."  
—Greene County, OH, School Counselor*

*"[She] is amazing! She even agreed to be on our PBIS committee that we started this year and is helping us fuse PAX and PBIS throughout the building."  
—Greene County, OH, Principal*

### Harrison Hills City School District, Ohio

- Community Network:** By establishing a Community Management Team, Harrison Hills City School District receives feedback and suggestions from a wide variety of community members, programs, and services to ensure inclusive program representation.
- Violence Prevention:** To ensure the personal safety of students through increased awareness, education, advocacy, and action, we implemented Safe Dates, Community Action for Safe Teens (CAST), and Child Lures (CL). The assigned school resource officer from the Sheriff's Office teaches CL to the elementary schools. All second and fifth grades are receiving CL annually. Evaluations show a significant increase in student knowledge.
- Family, Youth, and Community Engagement:** Family and community engagement was promoted by conducting a parent survey. Parents stated they believe the schools are meeting the students' needs. In 2017, parents and youth were incorporated into the CMT decision making team. Positive Youth Development Specialists led groups that encourage healthy life choices for elementary, middle, and high school students.

### Williams County, Ohio

- Strategic Partnerships:** By partnering with Ohio's Whole Child Matters Initiative, Williams County provides mental health and behavioral support to preschool staff, children, and parents.
- School Mental Health Services:** The local hospital in partnership with SS/HS is funding and employing school-based mental health therapists who are stationed in schools as part of the school team.
- Care Coordination:** Williams County hired and implemented care coordinators to help and support students and families struggling with behavioral and mental health issues and created the *Williams County Resource Guide*, which will benefit families and schools.

**64% decrease** in disruptive behaviors by implementing PAX

**50% decrease** in expulsion and/or suspension for first grade students  
—in Williams County

*"I love PAX. They, the students, want to be PAX Leaders. It is changing their thinking!"  
—First Grade Teacher, Williams County*

We are committed to sustaining and/or expanding the following programs and services in Ohio:

- ✓ Prevention 101 Education and Technical Assistance
- ✓ Local Community Partnership Teams
- ✓ School Safety Plans and School Climate Supports
- ✓ Early Childhood Mental Health Consultation and Support
- ✓ Link With Regional DACC Consultants

### LOOKING DOWN THE ROAD

The Healthy Schools Community Resource Team will be maintained after SS/HS funding has ended through the existing collaboration of Project AWARE and the School Climate grant. In addition, Ohio is defining how state health and human service agencies work together to maintain a system of services and supports for students in preschool through age 25 based on the activities of the SS/HS and State Youth Treatment Planning grants.

# ***Sustainability and Collective Impact - The First Cut is the Deepest***

**David Hussey, PhD. &  
Michelle Riske-Morris, PhD, JD**

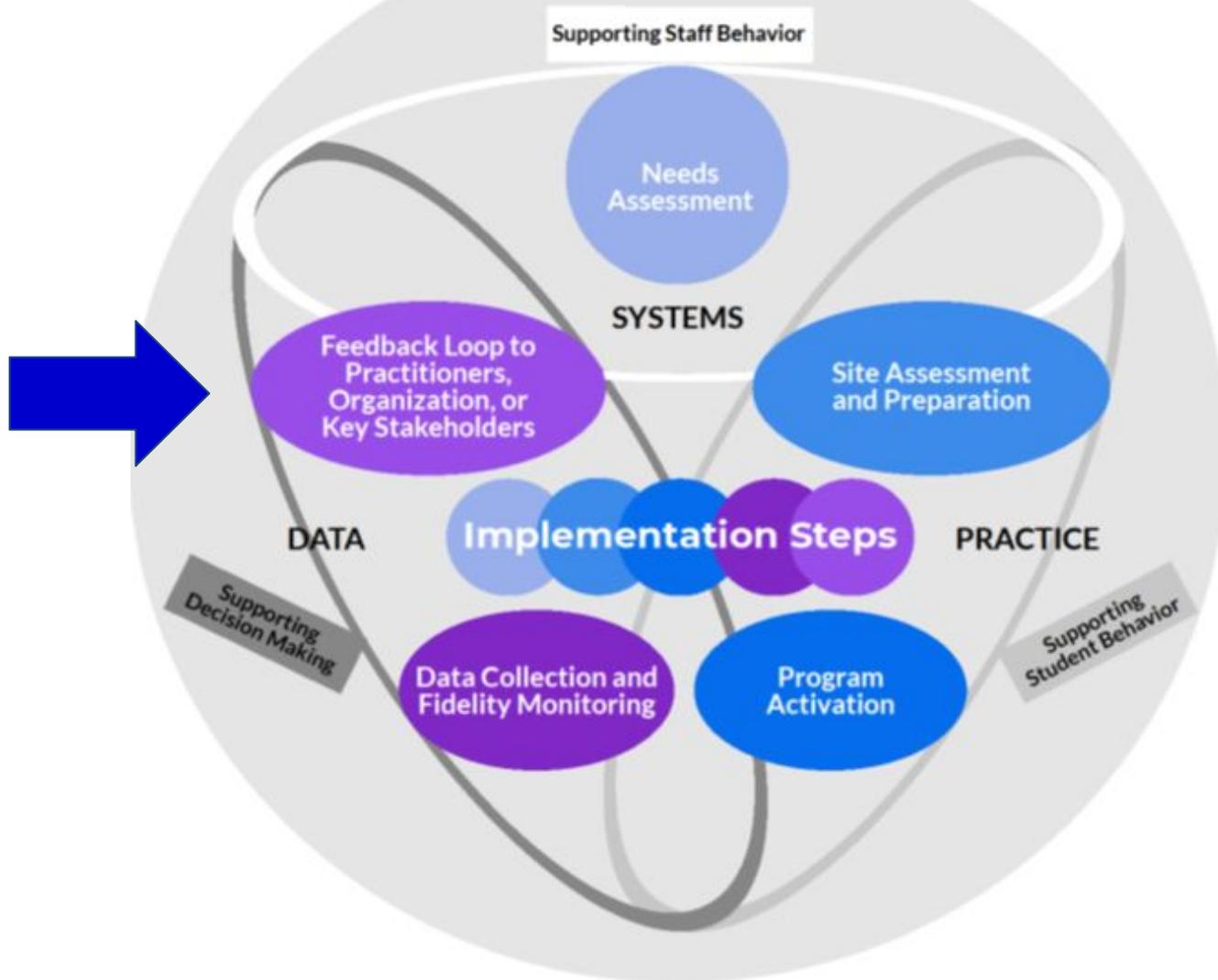


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# Supporting Social Competence & Academic Achievement Through Implementation Science



# Sustainability

Resources

Collaboration

Communication

Staffing

Program Fidelity



Administrative Buy-In



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# How Do We Continue to Support our SBMH Programs and Services?



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# Are We Communicating Yet?



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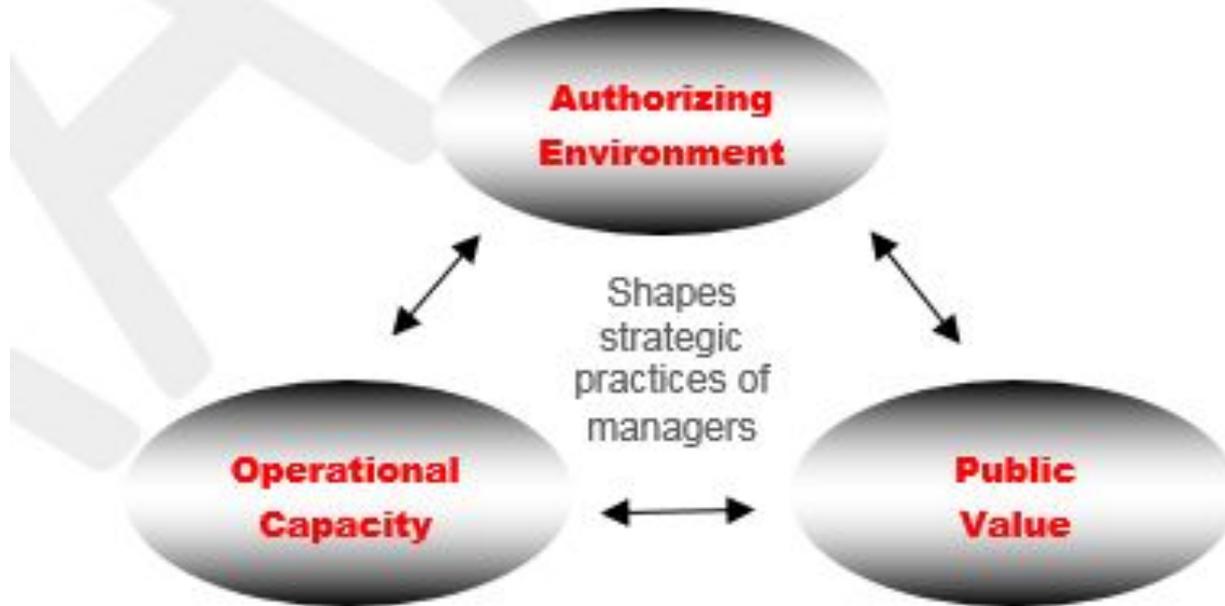
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# Can We Improve Implementation Fidelity?



# Public Value Model

Depiction of the Public Value Model as the Strategic Triangle



# Staffing



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# Collaboration is Key



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# Collective Impact



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# SMH as an Expansive Model

- Increasing need for school staff to provide school based mental health services. Persistent challenges in finding money to support these positions.
- Move toward increasing community mental health staff joining with school-employed mental health staff and educators to realize this expanded model of SMH.
- In addition to community mental health staff, there are other stakeholders that should be invited to the table.

# You Cannot Do It Alone



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# Who's On Your Team

School PBIS Team

Children Services

ADAMHS Board

Juvenile Court

Community BH Providers

FCFC



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# Conditions for Collective Success

(Kania & Kramer, 2011 )

- Common Agenda
- Shared Measurement System
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organization



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# Collective Impact in Action

**EXAMPLE**



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## STAGE 0 Preparing for the OIP

Preparing for the OIP provides the basics on establishing the collaborative structures and processes necessary to develop, implement, monitor and evaluate the OIP. In addition to defining the necessary collaborative structures, it describes the practices of communication and engagement, decision-making and resource management that are threaded throughout the OIP.

## STAGE 1 Identify Critical Needs of Districts and Schools

### How

do these teams work in districts and schools?

Teams use data to identify critical needs

## STAGE 2 Develop a Focused Plan

### How

do these teams work in districts and schools?

Develop goal(s), strategies, indicators, and action steps focused on stage 1 critical needs

### How

do these teams work in districts and schools?

Review data  
Gather evidence of implementation and impact

### How

do these teams work in districts and schools?

Implement strategies and action steps to achieve district goals  
Monitor fidelity of implementation and effect on changes in adult practice and student learning

## STAGE 4 Evaluate the Improvement Process

Evaluate the Improvement Process

## STAGE 3 Implement and Monitor the Focused Plan

Implement and Monitor the Focused Plan

### Who is Involved?

- District and Community School Leadership Team (DLT/CSLT)
- Building Leadership Teams (BLTs)
- Teacher-Based Teams (TBTs)

**STEP 1**  
Collect and chart data

**STEP 5**  
Collect, chart, and analyze post data

**OHIO 5-STEP PROCESS**

**STEP 2**  
Analyze data

**STEP 4**  
Implement changes consistently

**STEP 3**  
Establish shared expectations for implementing specific changes

***Workshop I - Setting the Stage  
Identifying What Programs/  
Services Work Best for  
Your School***

**The Begun Center**



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# What Data Is Currently Collected?

## The 3 R's of Data Collection

- Recent
- Reliable
- Representative

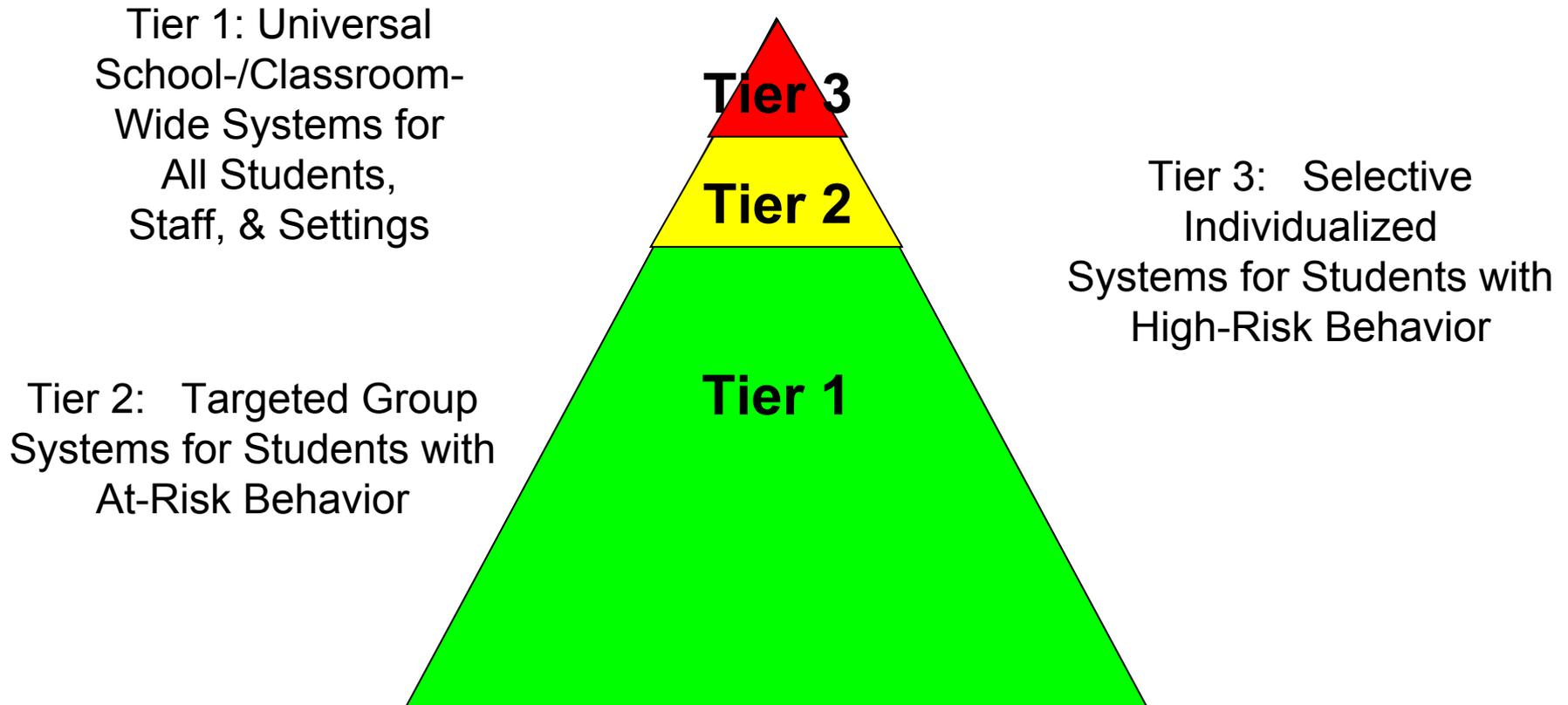
## What is our data telling us?

- What's working well
- Unmet needs





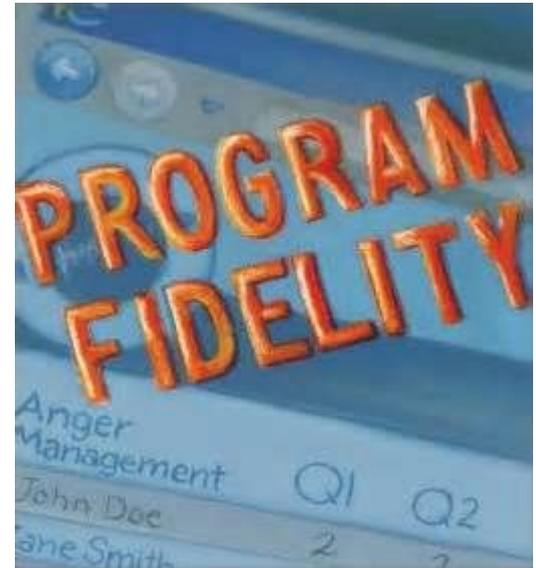
# Programs and Services In Place



# How are we doing?

Are current programs addressing needs or risk factors?

- Staff not properly trained
- Poor implementation - program drift
- Not achieving outcomes/limited impact
- Minimal administrative support/buy-in



# Current Programs/Services Meeting Needs?



- Are current programs and services achieving desired outcomes?
- Outcomes should be tied to reason for referral.
- Are you measuring outcomes?



# Challenges/Pitfalls with Current Programs/Services



## What's Not Working?



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# ***Workshop II - Moving Forward A Call to Action***

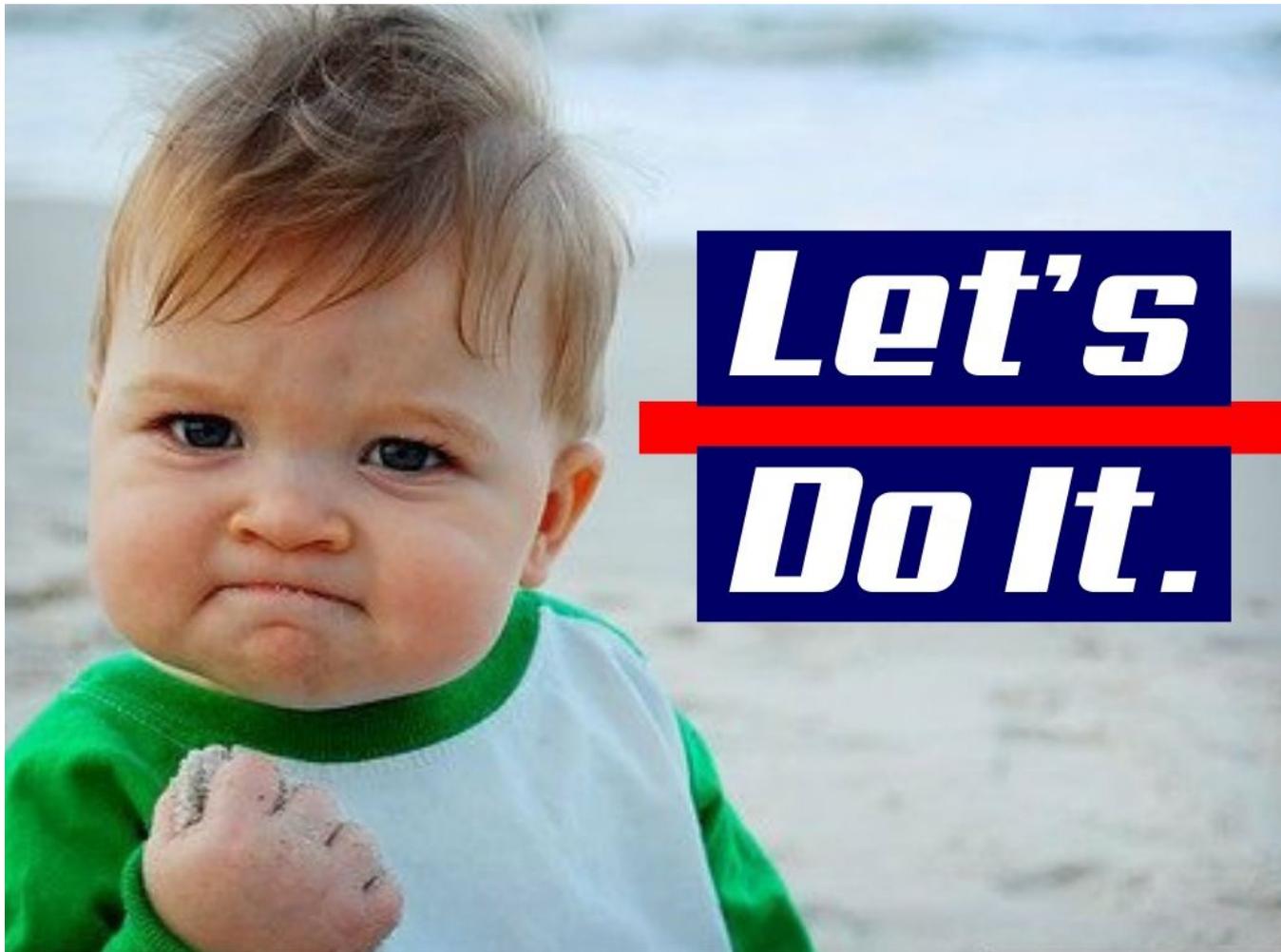
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# Who's at the Table? - Who's Missing?



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# Considerations



- Who will implement the program?
- What is the current level of buy-in among staff?
- How much professional development training is needed for staff?
- How much class time is necessary to conduct the program?
- Will a school coordinator or coach for the EBP need to be hired?
- What is the cost of training? of programming? of data support?
- Who will monitor fidelity of implementation?
- What evidence is there to support the effectiveness of this EBP?
- What was the population of students in the research?
- What outcomes does the program impact?



# Outcomes and Process Measures



# Assessing Whether It's the Right Fit

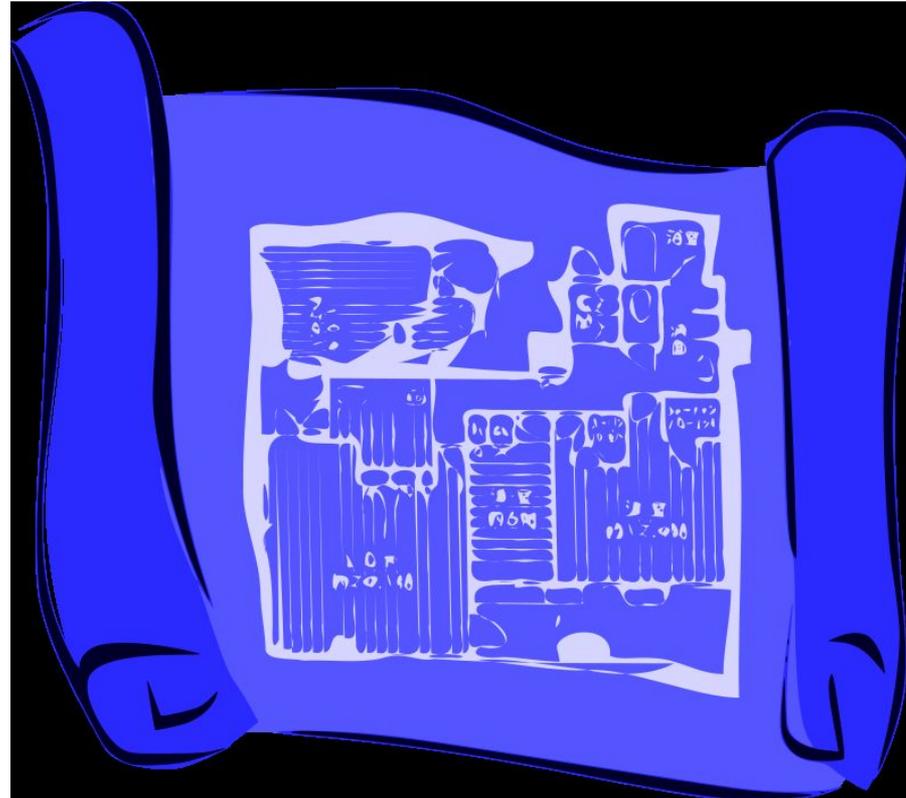


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# Logic Model - What is it?



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# Going Forward

- It's working - Now how do we sustain it?
- Troubleshooting - accessibility and timeliness
- Parental Engagement (resistance)
- Unintended outcomes



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