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?
Tier 1: Universal School-/Classroom-Wide Systems for All Students, Staff, & Settings

Tier 2: Targeted Group Systems for Students with At-Risk Behavior

Tier 3: Selective Individualized Systems for Students with High-Risk Behavior

PBIS Pyramid
# Continuum of Supports

<table>
<thead>
<tr>
<th>Public Health Approach</th>
<th>Who</th>
<th>Academic (RTI)</th>
<th>Behavior (PBIS)</th>
<th>Behavioral Health Prevention and Promotion*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicated/Targeted/Tertiary</td>
<td>High-risk/Identified problems Individual attention</td>
<td>❖ 1:1 Instruction ❖ Increased Time ❖ Tutoring ❖ 504 or IEP</td>
<td>❖ FBA/BIP ❖ Individual Counseling ❖ Wraparound Services</td>
<td>❖ Screening, consultation and referral ❖ Coordination with community-based treatment ❖ Individual intervention/treatment plan</td>
</tr>
<tr>
<td>Selective/Secondary</td>
<td>At-risk Small groups</td>
<td>Small Group Supplemental Instruction</td>
<td>❖ CICO ❖ Behavior Chart/Plan ❖ Small Group Skill Development</td>
<td>❖ Peer support groups ❖ Psychosocial Education for specific groups ❖ Mentoring</td>
</tr>
<tr>
<td>Universal</td>
<td>All settings Communities All students</td>
<td>Core Curriculum</td>
<td>❖ 3-5 Behavior Expectations ❖ Teach Appropriate Behavior ❖ Reinforce Appropriate Behavior</td>
<td>❖ Programs to Increase Protective Factors ❖ Prevention Programs ❖ Youth-led Prevention ❖ Social Norms &amp; Media Campaigns</td>
</tr>
</tbody>
</table>
Behavioral Health Supports and Services - Moving Beyond Academics

David Hussey, PhD
Why is this important?
Benefits of School-Based Behavioral and Mental Health Supports

GOOD MENTAL
BEING HAPPY IN A WORLD OF SADNESS!
Key PBIS Elements
(https://www.pbis.org/school)
Laying the Foundation

Laying the Foundation
Identification of Common Symptoms

WHAT YOU SEE

WHAT I FEEL

g sides

INTIMIDATING

nothing

sad

into

painful

judged

here

alone

bored

upset

anti-social

disliked

upset

depressed

judged

defeated

empty

tired

angry

scared

cold

judges

empty

angry

nothing
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

Outside Referrals - Pediatrician

School staff and teachers

Student or Family
Addressing Needs of Special Populations
Examples of Tier 2 Interventions

• Check-In Check-Out (CICO)
• Sources of Strength [https://sourcesofstrength.org/](https://sourcesofstrength.org/)
• Trauma Informed Interventions - Psychological First Aid - LPC [https://traumaawareschools.org](https://traumaawareschools.org)
• Girls Circle [https://onecirclefoundation.org/GC.aspx](https://onecirclefoundation.org/GC.aspx)
• Coping Cat [http://www.cebc4cw.org/program/coping-cat/detailed](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.

LITERATURE REVIEW

  - 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

- ODIPP (2014)
  - 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

PROGRAM EVALS & STUDIES

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
- 7th 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
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)  

• 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

Holistic Child Centered Plan

Yoga Group

Relaxation Group

CBITS

School-wide teaching of coping skills and self regulation

Consistent behavior expectations taught school-wide

Calming Kits in Every Room

Healthy Habits of Mind

Social Emotional Learning
Hurdles
Pitfalls in Identifying Needs and Strategies for Selecting Evidence Informed and Best Practices

Laura Overman, MA, MEd
How data informs each tier

- **Tertiary (FEW)**
  - Reduced complications, intensity, severity of current cases

- **Secondary (SOME)**
  - Reduce current cases of problem behavior

- **Primary (ALL)**
  - Reduce new cases of problem behavior
What data do we need? 
How much data do we need?
What does it mean?!?! 
What now?
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
To collect or not to collect - that is the question
Second Step: Ways to Identify Mental Health Needs

Youth Risk Behavior Surveillance System (YRBSS)
https://www.cdc.gov/healthyyouth/data/yrbs/index.htm?s_cid=tw-zaza-1016

Referrals


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

<table>
<thead>
<tr>
<th>Gender</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Female</td>
<td>87%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*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.
Professional Development

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

Youth Mental Health First Aid Training
https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/
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
anecdotal data...

...information received from people

- statements
- behaviors
- interactions
- other observations
Third Step - Data Analysis Team
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.
Assessing Yearly Referrals

<table>
<thead>
<tr>
<th>ID</th>
<th>Referral Reason</th>
<th>If Reason is &quot;Other&quot; Please Int</th>
<th>Date</th>
<th>School</th>
<th>Grade</th>
<th>SEMH or CBMH</th>
<th>Who made referral</th>
<th>Individual/Agency Student Referred to</th>
<th>Linked with Service</th>
<th>System Navigator involved</th>
<th>Comments</th>
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</table>
Fourth Step

Priorities

1.

2.

3.
"Good things do not come easy. The road is lined with pitfalls."

~ Dezi Arnaz
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/
# BLUEPRINTS CERTIFIED

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

## STANDARDS OF EVIDENCE

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

[BLUEPRINTSPROGRAMS.COM](http://BLUEPRINTSPROGRAMS.COM)
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?
Reduce disruptive behavior as determined by the number of suspensions

Reconnecting Youth

Check In/Check Out

Fit with both students’ and teachers’ schedules

Was to be conducted during ISS but is a 9 week program
Slipping through the cracks
Assessing Yearly Referrals

<table>
<thead>
<tr>
<th>ID</th>
<th>Referral Reason</th>
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PBIS Meets Implementation Science

Michelle Riske-Morris, PhD, JD
So What is Implementation Science?
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
TRAINING
Training is the first step, not the last...
Implement with Fidelity

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

It’s like following a recipe - not a pre-packaged item that can just be plugged into your classroom.
Avoid program drift...
Problems with Implementation

• Incomplete implementation - inadequate training
• Program drift overtime
• Difficulty with sustainability
• Limited impact or reach
• Administrative changes
This is an example 😊
SHAPE Site Administration

Files to be Processed

There are currently no files that need to be processed.

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Purpose</th>
<th>Target Symptoms</th>
<th>Reporter (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Impairment Scale (BIS)</td>
<td>Screening/Initial Assessment</td>
<td>Academic Engagement Social Skills</td>
<td>Parent</td>
</tr>
<tr>
<td>Center for Epidemiological Studies Depression Scale (CES-D) for Children (CES-DC)</td>
<td>Screening/Initial Assessment Progress Monitoring</td>
<td>Depression</td>
<td>Student/Self-Report</td>
</tr>
<tr>
<td>Child and Adolescent Disruptive Behavior Inventory (CADDI)</td>
<td>Screening/Initial Assessment Diagnosis</td>
<td>Hyperactivity Oppositional Behavior</td>
<td>Parent</td>
</tr>
<tr>
<td>Eating Attitudes Test-26 (EAT-26)</td>
<td>Screening/Initial Assessment</td>
<td>Disordered Eating</td>
<td>Student/Self-Report</td>
</tr>
<tr>
<td>Pediatric Symptom Checklist (PSC-35 or PSC-17)</td>
<td>Screening/Initial Assessment Progress Monitoring</td>
<td>Anxiety Depression Global Functioning Hyperactivity/Inattention Oppositional Behavior</td>
<td>Student/Self-Report (11-18 Parent (4-16))</td>
</tr>
</tbody>
</table>
Check In Check Out Implementation Cycle

- Student Recommended for CICO
- CICO Implemented
- Morning Check-in
  - Parent Feedback
  - Regular Teacher Feedback
- Afternoon Check-out
- CICO Coordinator summarizes data for decision making
- Bi-weekly CICO meeting to assess student progress
  - Revise Program
  - Exit Program
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) = _____%
<table>
<thead>
<tr>
<th>Don’t</th>
<th>Do</th>
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</thead>
<tbody>
<tr>
<td>Enroll every student</td>
<td>Enroll students who like attention from teachers</td>
</tr>
<tr>
<td>Use a point card tailored to each student</td>
<td>Use standardized point cards</td>
</tr>
<tr>
<td>Treat check in as an afterthought</td>
<td>Have a deliberate check in</td>
</tr>
<tr>
<td>File paper away</td>
<td>Use a data system</td>
</tr>
<tr>
<td>Leave students on CICO forever</td>
<td>Watch progress and modify as needed</td>
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<td>Stop CICO cold turkey</td>
<td>Use self management when transitioning off of CICO</td>
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<td>Assume things will run smoothly</td>
<td>Check fidelity of implementation</td>
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credit: https://www.pbisapps.org/community/Pages/7-Dos-and-Don'ts-for-a-Successful-CICO-Program.aspx
### Daily Check In Check Out Data Summary

**Student's Name:** Amy  
**Mo/Year:** Sept 2012

**Comments:** Started CICO 9-4-12.

**Standard:** 80%

#### Data Entry Section

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#### Daily Percentage of Points Earned

![Bar Chart]

- **X-axis:** Dates from September 1st to 18th, 2012
- **Y-axis:** Daily percentage of points earned ranging from 0.00 to 1.00

---

**School of Applied Social Sciences**

**Case Western Reserve University**

**Mandel School**

** Inspiriting Hope. Shaping the Future.**
Possible Outcomes

● Reduction in Disciplinary Referrals
● Academic Progress
● Improved Attendance
Referrals for Tier 2 & 3 Services

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

Form for SBMH Referrals
Monitoring Student Behavioral and Mental Health Services

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<th>Referral Reason</th>
<th>If Reason is &quot;Other&quot;, Please list</th>
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Tier 2 Programs

Coping Cat

http://www.cebc4cw.org/program/coping-cat/detailed
Tier 3 In House SBMH

CBITS

https://cbitsprogram.org/
Tier 3 In House
SBMH Ohio Scales
http://mha.ohio.gov/Funding/Outcomes-Research/Planning-Training-Tools/Ohio-Scales

Measuring Outcomes
Tier 3 In House SBMH
Strengths and Difficulties Questionnaire

http://www.sdqinfo.com/

Measuring Outcomes
Measuring Outcomes for Referred Tier 3 Services

http://www.wraparoundohio.org/

http://www.mstservices.com/
Referred Tier 3 Services

Release of Information

FAMILY & CHILDREN FIRST COUNCIL
CLIENT AUTHORIZATION FOR INFORMATION SHARING

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 or 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, IEPs, IUP’s, transition plans, vocational assessments, grades and transcripts, 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 disclosure 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 person/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)

__________________________
Signature of Client (or parent/guardian if applicable)

__________________________
Date Signed

FAMILY & CHILDREN FIRST COUNCIL

Address

Phone

JACK, JOSEPH AND MORTON MANDEL

SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE UNIVERSITY

Mandell School

100 Inspiring Hope. Shaping the Future.
Data Driven Decision Making

Collect data - program outcomes and program implementation

Revise and Refine

Analyze data - Are we achieving desired outcomes?
Reflection and Revision

- Expand Services
- Improve Fidelity of Implementation
- Modify/Revise
- Find a Better Fit
- Keep As Is

Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University

Mandel School
Inspiring Hope. Shaping the Future.
Communicating Results - It’s All About the Presentation

Chase Klingenstein
Know Your Audience

Examples
### Communicating Data

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Collecting Raw Data <> Analyzing Data <> Presenting Data
KISS Principle

*Keep It Simple Stupid*

Different Learning Styles

Something for everyone
PBIS Pyramid

Tier 1: Universal School-/Classroom-Wide Systems for All Students, Staff, & Settings

Tier 2: Targeted Group Systems for Students with At-Risk Behavior

Tier 3: Selective Individualized Systems for Students with High-Risk Behavior
Administrators

Big Picture
Cost Effective
Sustainability
Teachers and School Staff

Parts of the Program

Implementation

Fidelity
Community Providers

How can they help?

How can they benefit?

How can we recruit more?
Parents

What information do they have?

How can they help?

How can we get them engaged?
Students
How do you communicate your results
Focus on the Positive
Fact Sheets

- Eye-catching colors and readable font
- Organized Information
- Something for everyone
- Contact Information
Project - Safe Schools / Healthy Students

Topic - Family Engagement

Showcase - Progress by 3 Counties
Project - Safe Schools / Healthy Students

Topic - PAX Program

Showcase - Progress by 3 Counties

Contact Information- Logos
Project - Safe Schools / Healthy Students

Topic - Overview of Services

Showcase - Harrison County Progress

Contact Information- Logos
Presentations

JUST LIKE THIS

Something for Everyone
Social Media

The next generation
Reports

- Length
- Depth
- Width
Ohio and Community Partnerships Creating Safe and Healthy Schools

BACKGROUND
Before Safe Schools/Healthy Students (SS/HS), Ohio’s (OH) 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 safe 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 community 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 ECOMH 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

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 its 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.

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 through 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 suspension for first grade students

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

"We need a medical plan services in our building, and this service helps our students and their families. Many of them would not seek outside services."
—Greene County, OH, School Counselor

“We’re getting a lot more trauma-informed care. It’s really important for our students.”
—Greene County, OH, Principal

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

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

"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

For more information about the many programs and services offered through the OH Department of Mental Health and Addiction Services, contact James Trevino at james.trevino@mba.ohio.gov or 864.664.9132.

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Sustainability and Collective Impact - The First Cut is the Deepest

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

Resources

Collaboration

Communication

Staffing

Program Fidelity

Administrative Buy-In
How Do We Continue to Support our SBMH Programs and Services?
Are We Communicating Yet?
Can We Improve Implementation Fidelity?

- Coaching and TA
- Ongoing Monitoring
- Use Data to support In-house Evaluation
- Communication and Input from Stakeholders
- Training Staff
- Stakeholder support
Public Value Model

Depiction of the Public Value Model as the Strategic Triangle

- Authorizing Environment
- Operational Capacity
- Public Value

Shapes strategic practices of managers
Staffing
Collaboration is Key
Collective Impact
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

It Takes a Whole Village to Raise a Child

African Proverb
Who’s On Your Team

- School PBIS Team
- ADAMHS Board
- Juvenile Court
- Community BH Providers
- FCFC
- Children Services
Conditions for Collective Success
(Kania & Kramer, 2011)

- Common Agenda
- Shared Measurement System
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organization
Collective Impact in Action
**OHIO IMPROVEMENT PROCESS (OIP)**

**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

**STAGE 3** Implement and Monitor the Focused Plan

- **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

- **How do these teams work in districts and schools?**
  - Review data
  - Gather evidence of implementation and impact

**OHIO 5-STEP PROCESS**

- **STEP 1** Collect and chart data
- **STEP 2** Analyze data
- **STEP 3** Establish shared expectations for implementing specific changes
- **STEP 4** Implement changes consistently
- **STEP 5** Collect, chart, and analyze post data

**Who is Involved?**

- District and Community School Leadership Team (DLT/CSLT)
- Building Leadership Teams (BLTs)
- Teacher-Based Teams (TBTs)
Workshop I - Setting the Stage
Identifying What Programs/Services Work Best for Your School

The Begun Center
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
Identify Current Risk Factors/Needs

Data has identified the following:
- Needs
- Risk factors
- Protective factors

OR

Insufficient data - Next Steps
Tier 1: Universal School-/Classroom-Wide Systems for All Students, Staff, & Settings

Tier 2: Targeted Group Systems for Students with At-Risk Behavior

Tier 3: Selective Individualized Systems for Students with High-Risk Behavior
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?
Workshop II - Moving Forward
A Call to Action

The Begun Center
Let’s Do It.
Who’s at the Table? - Who’s Missing?
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
Logic Model - What is it?
Going Forward

• It’s working - Now how do we sustain it?

• Troubleshooting - accessibility and timeliness

• Parental Engagement (resistance)

• Unintended outcomes
Contact Information

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