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School Mental Health Initiative

School Mental Health Implementation Slide Deck

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Exploration Meeting

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Learning Targets

- Identify the "Why, Who, What, How, When and Where" of implementing trauma-responsive, cross-system school mental health processes and practices.
- Identify the steps for participation in a District-Community Leadership Team.

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Overview

Why	Improve mental health outcomes for children/youth
Who	District-Community Leadership Teams
What	Implement effective, cross-system, school mental health processes and practices
How	*School Mental Health Implementation Process and Planning Components*
When	Monthly/Bi-Monthly
Where	Onsite and Online

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Check for Understanding

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Core Principles of Trauma-Responsive School Mental Health Implementation

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

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Why: Cross-System Alignment to Improve Outcomes

Increase Efficiency	Increase Effectiveness	Ensure Sustainability
❑ Integrate processes, practices, and resources ❑ Utilize cross-training and teaming to enhance coordination of support ❑ Align with existing district and community improvement efforts (i.e. Board goals and the Kansas Education Systems Accreditation)	❑ Improve collaboration ❑ Make decisions informed by both district and community data ❑ Establish fidelity and progress monitoring measures across settings ❑ Align implementation of evidence- and research-based practices ❑ Establish a cohesive continuum of support with ongoing refinement via a self-correcting feedback loop	❑ Establish a cross-system infrastructure, continuity of policies, practices, and common language ❑ Develop plans to address competencies and capacity to facilitate implementation ❑ Clearly defined roles and processes for school- and community-employed mental health providers

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Who: District-Community Leadership Team Members

	EXECUTIVE-LEVEL LEADERSHIP	DISTRICT/COMMUNITY IMPLEMENTATION COACHES	BUILDING/ORGANIZATION IMPLEMENTATION COACHES
Position	CMHC ❑ Executive Director or Designee ❑ Community-Based Service Director or Designee District ❑ Superintendent or Designee ❑ Special Education Director or Designee	CMHC ❑ Community-Based Service Provider; Clinical Director District ❑ School Social Worker, School Psychologist, School Counselor, Behavior Specialist	CMHC ❑ School-based social worker, case manager, other District ❑ School Social Worker, School Psychologist, School Counselor, Behavior Specialist
Role	Establish an enabling context for the implementation and sustainability of district-community school mental health practices via authorization, policy adjustments, and coordination of time and resources.	Implement school-community mental health processes and practices at the district/community level by taking a lead on action item follow up, provision of training and coaching, and coordination of data collection activities. Eventually, facilitate the DCLT without external support.	Under the guidance of District/Community Implementation Coaches, implement school-community mental health processes and practices at the building/organization level by taking a lead on training, coaching, and data collection activities. Provide feedback on application of policies, processes, and practices.

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What: Trauma-Responsive Planning Components

Component	Description
Trauma-Responsive School Community	School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.
Trauma-Responsive Support Planning	Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.
Trauma-Responsive Referral Protocol	Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.
Trauma-Responsive Transition and Reintegration Planning	Protocol for transition from alternative settings, including a psychiatric residential treatment facility.

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How: Trauma-Responsive Process and Planning Components

PROCESS COMPONENTS → **PLANNING COMPONENTS**

- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

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Phased Implementation

Exploration	Installation	Initial Implementation	Full Implementation	Innovation and Sustainability
Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.

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Example Implementation Timeline

Process Components	Beginning (August)	Year-End (May)
Teaming and Planning	Exploration	Initial Implementation
Data-Based Decision Making	Exploration	Initial Implementation
Training and Coaching	Exploration	Initial Implementation
Stakeholder Communication	Exploration	Initial Implementation
Planning Components	**Beginning (August)**	**Year-End (May)**
Trauma-Responsive School Community	Exploration	Installation
Trauma-Responsive Support Planning	Exploration	Initial Implementation
Trauma-Responsive Referral Protocol	Exploration	Installation
Trauma-Responsive Transition and Reintegration Planning	Exploration	Exploration

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Data Collection Activities

Gathered From	Measure	Description	Timeline
District and Partnering Organization	Implementation Guide Rubric and District-Community Leadership Team Documents	An implementation guide is utilized to support District-Community Leadership Teams through the development and implementation of effective school mental health processes and practices and assess progress.	Each District-Community Leadership Team Meeting
	Individual Progress Monitoring Data	District-Community Leadership Teams share non-identifiable support and progress monitoring data with the School Mental Health Initiative to inform the effectiveness of cross-system teaming to improve outcomes for children/youth.	Semi-Annually
	Coaching Feedback	District-Community Leadership Teams are asked to provide quantitative and qualitative feedback on the depth and usefulness of the coaching and support provided by the School Mental Health Initiative to inform any needed adjustments.	Annually
District	Family Engagement Survey	Districts/buildings collect feedback from families regarding perceptions of engagement to inform family engagement planning and practices that result in shared decision making and deep collaboration.	Annually
	Student School Culture Survey	District/buildings collect aggregated, non-identifiable feedback from children/youth to determine the overall degree to which they feel safe, supported, and connected at school.	Annually
	Inclusive MTSS Implementation Scale (IMIS)	Completed by all instructional staff and administrators. This scale provides school-level data on core and intervention implementation in reading, math, behavior, and social-emotional development.	Annually
	Inclusive MTSS Implementation Scale: SMH Supplement	District/buildings collect responses to supplemental questions within the Inclusive MTSS Implementation Scale from instructional staff and administrators. Responses measure social validity, personal implementation, and administrator support and are used by the cross-system team to gauge progress, inform practice profile ratings, and inform action planning.	Annually
Partnering Organization	Community Implementation Scale	Community partner(s) complete a brief implementation scale that helps to identify strengths, beliefs, and areas to target for improved cross-system collaboration. This measure complements the Inclusive MTSS Implementation Scale: SMH Supplement that the partnering district is asked to complete.	Annually

When: Planning Schedule and Time Commitments

Suggested Meeting Arrangements

District-Community Leadership Team Meetings:
- Five times per year
- Approximately three hours per meeting
- Onsite

District-Community Leadership Team Coaches Follow-Up:
- Approximately four hours per month:
  - District-Community Leadership Team Coaches Meeting:
    - Two weeks following District-Community Leadership Team meetings
    - 90 minutes per month
  - Action items/follow up:
    - Occurs between meetings
    - Approximately two hours per month

EXAMPLE DCLT SCHEDULE

Date	Time	Training Location	Participants	Topic/Component
August 18	8:30 - 9:30 AM	Zoom	DCLT Coaches	Coaching Roles and Commitments
September 1	8:30 - 11:30 AM	Wellington	DCLT	Implementation Process
October 20	8:30 - 9:30 AM	Zoom	DCLT Coaches	Trauma-Responsive Support Planning
November 17	8:30 - 11:30 AM	Wellington	DCLT	Trauma-Responsive Support Planning
December 15	8:30 - 9:30 AM	Zoom	DCLT Coaches	Trauma-Responsive Support Planning
January 19	8:30 - 11:30 AM	Wellington	DCLT	Trauma-Responsive School Community
February 2	8:30 - 9:30 AM	Zoom	DCLT Coaches	Trauma-Responsive School Community
March 23	8:30 - 9:30 AM	Wellington	DCLT	Trauma-Responsive School Community
April 6	8:30 - 11:30 AM	Wellington	DCLT	Referral Protocol
May 18	8:30 - 9:30 AM	Zoom	DCLT Coaches	Referral Protocol

Next Steps: Agreement to Participate

- Readiness Assessment
- Review and Return Invitation/ Agreement to Participate

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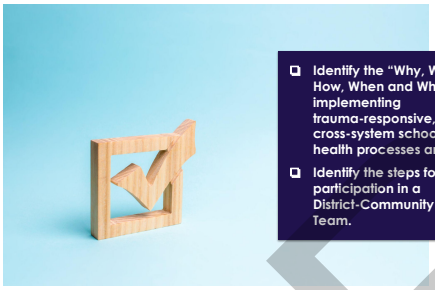
Check for Understanding

Conclusion



- Identify the "Why, Who, What, How, When and Where" of implementing trauma-responsive, cross-system school mental health processes and practices.
- Identify the steps for participation in a District-Community Leadership Team.

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Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices

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Learning Target

Articulate the need for trauma-responsive, cross-system school mental health processes and practices.

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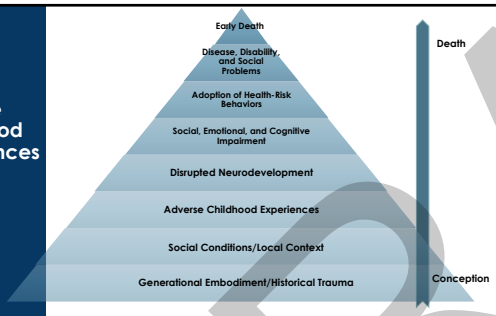
Adverse Childhood Experiences Study



Materials developed by CDC *

Graphic adapted from CDC-Kaiser ACE Study: Centers for Disease Control and Prevention. (n.d.). About the CDC-Kaiser ACE Study [Webpage]. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/about.html

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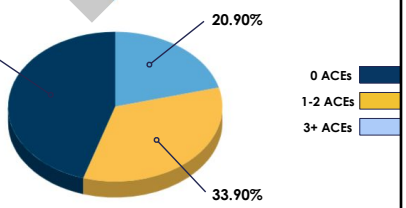
Kansas Adverse Childhood Experiences Study



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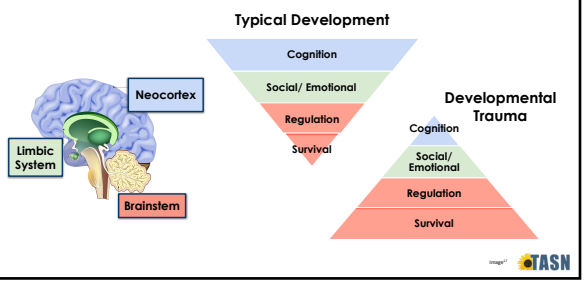
Brain Architecture and Functioning



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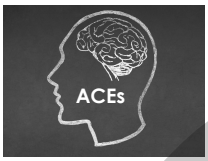
Impact of Adverse Childhood Experiences on Children/Youth

Increased risk of failing grades and poor test scores



Greater number of suspensions or expulsions

Experience language difficulties and higher referral rates to special education

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Impact of Adverse Childhood Experiences on Caregivers

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Schools: The De Facto Mental Health System

20% of children and youth have a clearly identified need for mental health services but only about one-third of these children/youth receive any help at all.

For children/youth who do receive any type of mental health service, over 70% receive the service from their school.

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Addressing Mental Health In Kansas School Communities

Barriers identified in addressing student mental health

- Consistency in services
- Relationships with families
- Little mental health training
- Stigma
- Access to services

84% of educators agreed or strongly agreed that further professional development training is needed

- Mental health disorders
- Behavioral management techniques
- Specialized skill training
- PBIS
- Trauma

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School Mental Health Defined

All aspects of social-emotional development, including mental health, mental illness, substance abuse, and the impact of ACEs/trauma.	Practices that support the emotional well-being of all children/youth, including those at risk of and/or with mental health challenges.	Supports (and the coordination thereof) provided by both school and community mental health professionals to address barriers to learning.

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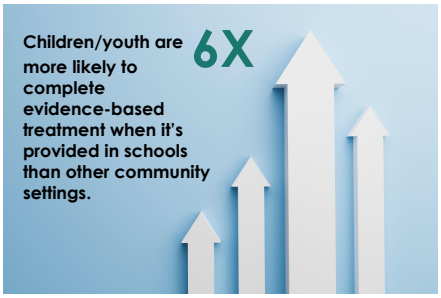
Treatment Access and Outcomes



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Trauma-Responsive Principles

- **Ensure** emotional and physical safety
- **Believe** that healing happens in relationships
- **View** children/youth holistically
- **Strive** for cultural competence
- **Support** choice, control, and empowerment
- **Understand** trauma and its impact
- **Use** a collaborative approach

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Check for Understanding

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Conclusion

Articulate the need for trauma-responsive, cross-system school mental health process and practices.

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Alignment of Cross-System, School Mental Health Processes and Practices

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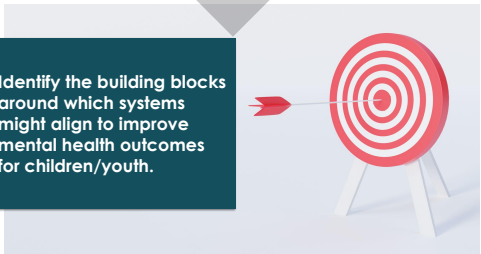
Learning Target

Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.



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Kansans Can Integrated Learning Process

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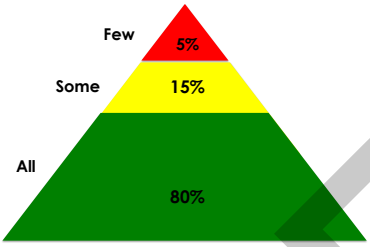
Framework for Cross-System Implementation



Kansas School Mental Health Framework
https://ksdetasn.org/resources/1354

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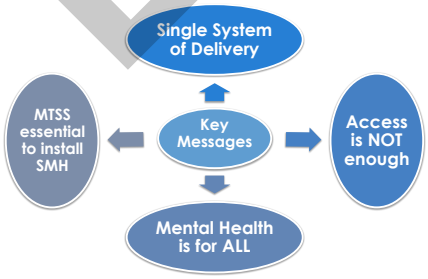
Key Messages for the Alignment of Cross-System Processes and Practices



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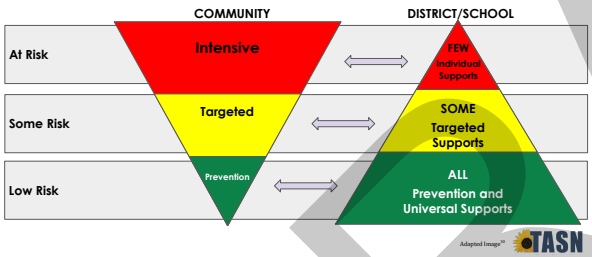
Where and How to Begin Aligning System Efforts



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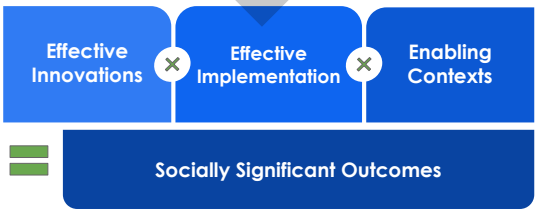
Effective Implementation



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Conclusion

Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.

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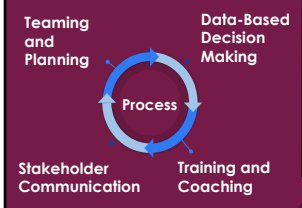
Overview of the School Mental Health Implementation Process Components

PROCESS COMPONENTS



PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

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Learning Target

Describe the application of the School Mental Health Implementation Process.

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Core Principles of the School Mental Health Implementation Process

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

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Implementation Process Components Defined

Teaming and Planning

Leadership from education and partnering organization(s) regularly meet to review/address policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Data-Based Decision Making

District, school, community, and caregiver engagement data are utilized to inform cross-system goals and plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Training and Coaching

Coaches from education and partnering organization(s) collaborate to align and facilitate the implementation of goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Stakeholder Communication

Goals, plans, policies, protocols, processes, practices, and resources are documented and communicated to stakeholders, including children/youth and caregivers.

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Trauma-Responsive Planning Components

Component	Description
Trauma-Responsive School Community	School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.
Trauma-Responsive Support Planning	Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.
Trauma-Responsive Referral Protocol	Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.
Trauma-Responsive Transition and Reintegration Planning	Protocol for transition from alternative settings, including a psychiatric residential treatment facility.

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Implementation Process and Planning Applicaiton

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.
Application Questions	What practices, policies, or resources are in place; Needed? (Teaming and Planning)				
	What data points are being utilized; Could be utilized? (Data-Based Decision Making)				
	What supports are in place/provided; Needed and how they will be provided? (Training and Coaching)				
	What is communicated; Needs to be communicated? (Stakeholder Communication)				

SMART GOAL	
Specific – What will be done and who will do it.	
Measurable – How the action will be measured.	
Attainable – Realities faced within the community.	
Relevant – Fit with the purpose, culture and structure of the community, and addresses the vision for outcomes.	
Time-Bound – Outlines a specific timeline.	

ACTION PLAN AND PROGRESS MONITORING LOG			
Who	What	When	Outcome

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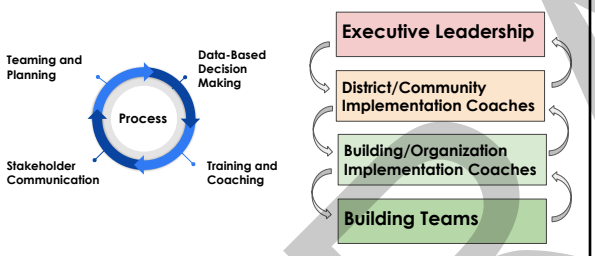
Self-Correcting Feedback Loop



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Check for Understanding

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Conclusion

Describe the application of the School Mental Health Implementation Process.

Teaming and Planning Process Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Targets

- Define "Teaming and Planning".
- Outline membership roles and responsibilities.
- Identify how to establish a meeting schedule and set a planning agenda.

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Core Principles of Teaming and Planning

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

Definition of Teaming and Planning

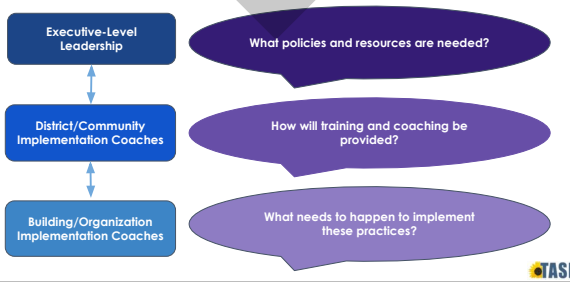
Leadership from education and partnering organization(s) regularly come together to review and address goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.

District-Community Leadership Teams:

- ❑ Establish a meeting schedule and meeting format/location.
- ❑ Establish clearly defined roles and responsibilities.
- ❑ Attend and actively participate in all meetings.
- ❑ Utilize a structured meeting agenda.
- ❑ Utilize a shared electronic platform for collaborative activities.

Roles and Responsibilities



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Schedules and Agendas

Date	Time	Training Location	Participants
September 21, 2021	8:30 AM - 11:30 AM	In person – Centralized	DCLT
October 5, 2021	10:00 AM - 11:30 AM	Online via Zoom	DCLT Coaches
November 2, 2021	8:30 AM - 11:30 AM	In person – Centralized	DCLT
November 16, 2021	10:00 AM - 11:30 AM	Online via Zoom	DCLT Coaches
January 25, 2022	8:30 AM - 11:30 AM	In person – Centralized Location	DCLT
February 8, 2022	10:00 AM - 11:30 AM	Online via Zoom	DCLT Coaches
March 1, 2022	8:30 AM - 11:30 AM	In person – Centralized Location	DCLT
March 22, 2022	10:00 AM - 11:30 AM	Online via Zoom	DCLT Coaches
April 26, 2022	8:30 AM - 11:30 AM	In person – Centralized Location	DCLT

DESCRIPTION: Review the overarching objectives of the School Mental Health Professional Development and Coaching System.

MEETING OBJECTIVES:
- Identify the key principles of a trauma responsive school community
- Articulate a SMART goal for installing trauma responsive school community

GENERAL AGENDA:
- Review meeting objectives
- Trauma Responsive School Community
- SMART goal
- Next steps/Action Items

HANDOUTS/ATTACHMENTS:
- Trauma Responsive School Community Facilitation Guide
- Moodle Users Guide

WHAT TO BRING/HOW TO PREPARE:
- Computer
- Consider: Your system's previous experience and definition of "Trauma-Responsive"
- Prepare any stakeholder feedback received

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Check for Understanding

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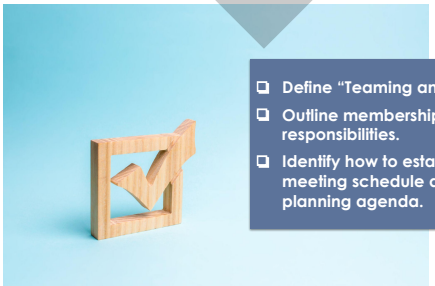
Conclusion



- Define "Teaming and Planning".
- Outline membership roles and responsibilities.
- Identify how to establish a meeting schedule and set a planning agenda.

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Data-Based Decision Making Process Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

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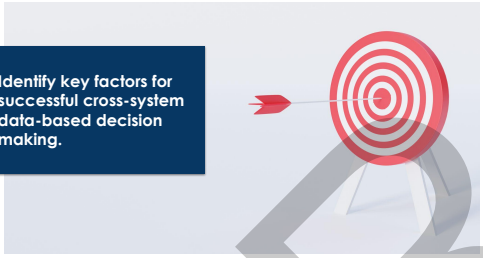
Learning Target

Identify key factors for successful cross-system data-based decision making.



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Core Principles for Data-Based Decision Making

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

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Definition of the Data-Based Decision-Making Process Component

Review of district, school, community, and caregiver engagement data to inform cross-system goals and plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.

Data collection activities are:

- Clear – Directly informs planning and outcomes.
- Appropriate – Accurately informs concerns and supports.
- Comprehensive – Provides a view of the *whole* child/youth.
- Flexible – Is adjusted based upon relevant measures and reviews.
- Feasible – Is manageable to collect and utilize in a meaningful way.

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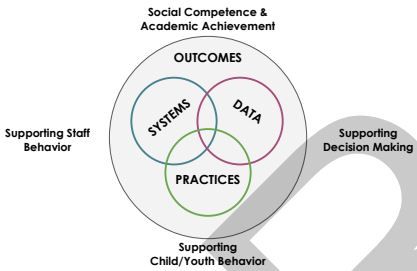
Clear Data-Based Decision Making



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Appropriate Data-Based Decision Making

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Comprehensive Data-Based Decision Making

Simply gaining access to SMH programs, however, is an insufficient metric of effectiveness and systems must move from access to outcomes as their determining measurement of impact.

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Flexible Data-Based Decision Making

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Feasible Data-Based Decision Making

CMHC Data (Analytical)		District Baseline (Analytical)	
❑ Adverse Childhood Experiences (ACEs) ❑ Child and Adolescent Functional Assessment Scale (CAFAS)	❑ Child Behavior Checklist (CBCL) ❑ Diagnosis ❑ Gene testing ❑ Psych evaluation	❑ Achievement scores ❑ Diagnostic Assessments (such as Behavior Assessment System for Children - BASC (Parent & Teacher)	❑ Woodcock-Johnson (WJ-IV) ❑ IQ/cognitive testing ❑ Universal Screener (such as SAEBRS, SRSS-IE, etc.)
CMHC Progress Monitoring		**District Progress Monitoring**	
❑ Child Behavior Checklist (CBCL) ❑ Child and Adolescent Functional Assessment Scale (CAFAS) ❑ Self-soothing skills ❑ Self/parent reports (every 90 days) ❑ Therapy notes	❑ Medication logs ❑ General assessments ❑ Case management reports ❑ DSM ❑ Treatment plan meetings ❑ Wraparound meetings ❑ Lab work ❑ Group psycho/social reports	❑ On task observation ❑ Social work notes ❑ Daily point sheet ❑ Plus/minus sheets ❑ Behavior reports/Incident reports ❑ Punch cards (positive) ❑ Sticker charts	❑ Time in class ❑ Behavior rating scores ❑ Nurse visits ❑ Counselor visits ❑ Attendance ❑ Office discipline referrals ❑ Check In Check Out (CICO)

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Check for Understanding

TASN

Conclusion

Identify key factors for successful cross-system data-based decision making.

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Training and Coaching Process Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

TASN

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Learning Targets

- Identify drivers essential for successful school mental health implementation.
- Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.
- Define implementation and intervention fidelity.
- Identify an implementation quotient to measure system level implementation fidelity.

Core Principles for Training and Coaching

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

Definition of the Training and Coaching Component

Coaches from education and partnering organization(s) collaborate to align and facilitate the implementation of goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.

"Implementation drivers" include:

- Competency – Provide system and individual training/coaching for implementation (e.g., cross-system processes, trauma-responsive, practices, etc.) to develop capacity at all district/organization levels.
- Organization – Develop/establish systems-level structures and processes that provide an enabling environment for implementation.
- Leadership – Utilize a District-Community Leadership Team to resolve adaptive (e.g., identify needs; measure progress toward goals) and technical issues (e.g., time) that arise throughout all stages of implementation.

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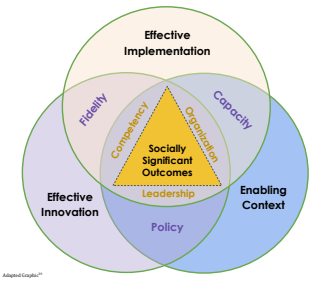
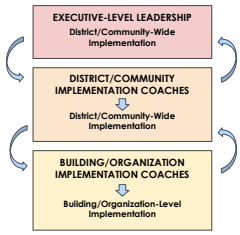
Scaling Implementation





Adapted Graphic[24]

Implementation Fidelity

Implementation Quotient Fidelity Measure

Assesses systems level implementation and fidelity in order to develop action items for achieving fidelity across all professionals intended to utilize the process/practice.

Process	Description	Example
Outline Assessment System	How many staff are expected to use a particular practice? (N)	10
	What is the fidelity criteria?	Observation form and survey
	What two periods will be used for assigning staff scores?	October and March
Assign Staff Scores	0 = Staff position vacant 1 = Staff untrained 2 = Staff completed initial training 3 = Staff trained and receives weekly coaching 4 = Staff met fidelity criteria in the previous monitoring period 5 = Staff met fidelity criteria previously in 2 of 3 previous monitoring periods	2 2 2 2 3 3 3 3 4 4
Add the scores together for all staff	Staff Sum = ___	28
Divide the Staff Sum by the Total Sum	Staff Sum (X) / Total Staff (N) = Implementation Quotient	28/10 = 2.8

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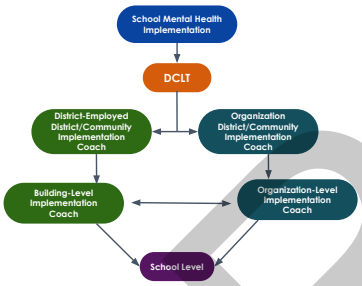
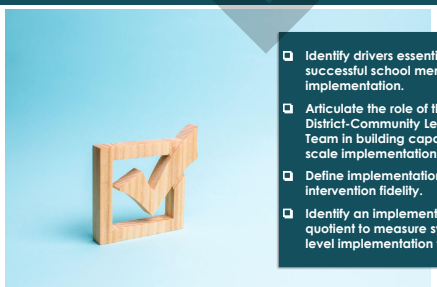
Check for Understanding

APPLICATION: Role Reflection



Conclusion



- Identify drivers essential for successful school mental health implementation.
- Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.
- Define implementation and intervention fidelity.
- Identify an implementation quotient to measure system level implementation fidelity.

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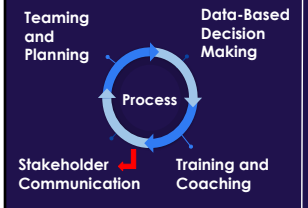
Stakeholder Communication Process Component

PROCESS COMPONENTS



PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

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Learning Target

Identify an effective process for communicating school mental health implementation efforts with stakeholders.

TASN

Core Principles of Stakeholder Communication

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

TASN

DRAFT

Definition of the Stakeholder Communication Process Component

Goals, plans, policies, protocols, processes, practices, and resources to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by review and documented planning.	Change, evidenced by policies, protocols, processes, practices, resource allocation, and stakeholder communication practices.	Fidelity and outcomes, measured by process fidelity and documented outcomes.	Regular review and adjustments, evidenced by documentation and outcomes.

District-Community Leadership Teams:

- ❑ Assess the communication need
- ❑ Prioritize the audience(s) to be reached
- ❑ Determine desired outcome of message
- ❑ Develop the message(s)
- ❑ Identify methods for conveying message(s)
- ❑ Establish specific outreach activities and timeline[43,44,45]

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Assess Communication Need

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Prioritize Stakeholders

Caregivers and Children/Youth

District/Community Leadership

- District Superintendent
- Other Administrators
- School Board

Community Partners

- Youth service groups
- Mental health organizations
- Other community-based organizations
- Foundations
- Community members

Building/Organization Leadership and Staff

- Principal, other administrators
- Instructional staff
- Non-instructional staff (school mental health professionals; administrative, custodial, food service staff; school bus drivers; others)

ASN

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Determine Desired Outcome

Develop the Message

CORE STATEMENT: Message mapping will assist District-Community Leadership Teams to develop an effective communication strategy to engage stakeholders.

KEY MESSAGE 1: Clear goals at the outset of communication planning ensures that the time and resources are well spent.

SUPPORT POINTS

1. Examples of clear communications goals:
   a. Persuade parents to support a particular district or school event.
   b. Demonstrate the importance of child/youth mental health to staff.
   c. Connect mental health and "hot topic" education issues such as employee retainment and staff well-being.
2. If seeking to demonstrate the importance of mental health, DCLTs may, for example, revise their district's/agencies mission statements and inform stakeholders about the work taking place.
3. The goal setting process can help to establish clarity on an issue or the purpose of a new policy and practice.

KEY MESSAGE 2: Media coverage, exposure, and social media platforms can be vehicles for reaching key stakeholders.

SUPPORT POINTS

1. The media is not a target audience.
2. Individual bloggers and opinion writers are thought leaders in their own right and, depending on DCLT goals, should be included as target audiences in outreach plans.
3. Specific outlet's geographic reach, circulation, and demographics in light of its alignment with identified stakeholders should be considered.

KEY MESSAGE 3: Track outreach results to determine whether progress towards goals of the communications plan are made.

SUPPORT POINTS

1. Different ways to measure the success of communications efforts include the number of views, published stories, followers, and shares.
2. Identify key metrics for the initiative and monitor them appropriate to the length of the outreach effort.
3. Through regular review, DCLTs will be able to get a sense of which activities are most effective and adjust the strategy as needed.

Identify Methods for Conveying the Message

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Establish Specific Outreach Activities and Timeline

Presentation to School Board on Supporting Collaboration with Community Mental Health Center on School-Based Mental Health Services		
Action Items	**Due Date**	**Responsibility**
Draft and send letter to Board Chair asking for time to present at next Board meeting	April 15	James
Meet with evaluator to gather data on success of school-based mental health services	March 1	James
Draft and ensure adoption of messages to be presented to Board	March 5	James
Select three stakeholders for presentation (e.g., home caregiver, community partner, and project director)	March 8	Jane
Develop a PowerPoint for use by project director	March 12	John
Draft 4-minute presentations by home caregiver and community partner	March 20	Jane
Arrange for stakeholder rehearsals	March 21	John
Prepare packet of "leave behind" materials for board	March 22	Joan
Send out invitations to home caregivers of children/youth to attend	March 29	Jane
Communicate with School Board office on logistics for presentation day	April 2	John
Ensure transportation to presentation site for stakeholders and selected invitees	April 11	Joan

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Check for Understanding

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APPLICATION: Message Mapping

Goal: Establish a District-Community Leadership Team to implement cross-system School Mental Health Processes and Practices				
Who do you want to reach?	**What do you want to achieve?**	**What do you want to say?**	**How will you say this?**	**How will you follow up?**
Children/Youth				
Home Caregivers				
Classified Staff				
Certified Staff				
Community Members				
Organization Staff				
Administrators				
Board of Education or Governing Board				

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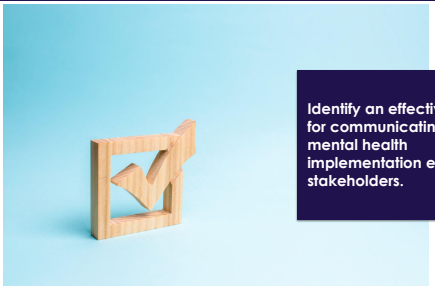
Conclusion



Identify an effective process for communicating school mental health implementation efforts with stakeholders.

Overview of the School Mental Health Implementation Planning Components

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Target

Describe the components around which District-Community Leadership Teams initially plan, using the implementation process.

DRAFT

Core Principles of School Mental Health Implementation Planning

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

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Definition of Implementation Planning Components

PLANNING COMPONENTS	
Trauma-Responsive School Community	School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources in place.
Trauma-Responsive Support Plans	Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.
Trauma-Responsive Referral Protocol	Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.
Trauma-Responsive Transition and Reintegration Planning	Protocol for transition from alternative settings, such as a psychiatric residential treatment facility.

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Check for Understanding

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Conclusion

Describe the components around which District-Community Leadership Teams initially plan, using the implementation process.

Trauma-Responsive School Community Planning Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Targets

- Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

DRAFT

Core Principles of a Trauma-Responsive School Community

- **Ensure** emotional and physical safety
- **Believe** that healing happens in relationships
- **View** children/youth holistically
- **Strive** for cultural competence
- **Support** choice, control, and empowerment
- **Understand** trauma and its impact
- **Use** a collaborative approach

Definition of a Trauma-Responsive School Community

School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.
Examples	❑ Participation in exploration meeting	❑ Coaches are trained ❑ Development of SMART goal and action plan for district/community-wide training	❑ Enacted training/coaching implementation data ❑ Child/youth outcome data ❑ Enacted stakeholder communication plan	❑ Documentation of at least 50% implementation fidelity ❑ Child/youth outcome data ❑ Documented policies, protocols, processes, and practices	❑ Established review schedule ❑ Documented outcomes ❑ Documented adjustments ❑ Training/coaching for new staff

Training and Coaching Resource: *Trauma-Responsive School Community eLearning Modules*

- **Tool** — eLearning Modules
  - ❑ 11 interactive modules
  - ❑ Individual Applications
  - ❑ Reports and Management
- **Content** — Facilitation Guide
  - ❑ Facilitator Applications
  - ❑ Facilitation Notes, Content and Timeline
- **Purpose**
  - Knowledge and application for individual development
  - Structure for trauma-responsive school community

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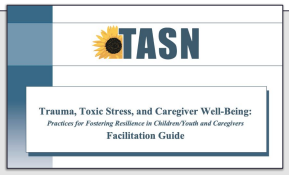
Training and Coaching Resource: *Trauma, Toxic Stress, and Caregiver Well-Being: Practices for Fostering Resilience in Children/Youth and Caregivers*

Facilitation Guide
https://www.ksdetasn.org/resources/2689

Slide Deck
https://www.ksdetasn.org/resources/2690



Learning Objectives
- ❑ Articulate how ACEs can impact child/youth development.
- ❑ Identify practices to support children/youth's emotional regulation and foster resilience.
- ❑ Identify effective practices to enhance caregiver well-being.

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Training and Coaching Resource: *Mindfulness + School-Based Yoga Tools*

Application for Children and Youth
+
Application for Staff and Caregivers

Developed by
Little Flowers Yoga — EMBODIED MINDFULNESS HELPING KIDS THRIVE
https://www.littleflowersyoga.com/

In partnership with
TASN School Mental Health Initiative
https://ksdetasn.org/smhi/school-mental-health-initiative

Find more information at
https://ksdetasn.org/smhi/mindfulness-school-based-yoga-tools

TASN

Aligned Training and Coaching Plan

Date	Activity	Format	Evaluation	Planning Dates
Aug 23	❑ DCLT Coaches facilitate weekly PD with BCLT Coaches to model building/agency-level facilitation. ❑ Develop template for buildings/agencies to utilize to document implementation plans, following completion of training series.	Training with Building/Agency - Level Coaches.	• Implementation Plans • Template	8/3
Sept 12	❑ Create a training schedule for buildings/agency. ❑ BCLT Coaches begin facilitating the training series ❑ Conduct Initial Implementation Quotient Review		• Training Schedule • Pre/post assessment • Implementation Quotient	
Nov 17	❑ Establish check-in dates with BCLT coaches.	Meeting		
Dec 6	❑ Observe BCLT Coach facilitation and provide follow-up coaching.	Meeting	• Observation Form	
Jan 25	❑ Conduct middle of the year Implementation Quotient review	In person	• Implementation Quotient	
Feb 18	❑ Develop District/Community Goals			
March 3	❑ BCLT Coaches summarize building-level implementation recommendations into a plan for building-level review.	Online		
April 6	❑ Support/Check in on School/Community Goal Setting and Progress ❑ Encourage all staff to complete the IMIS Supplement ❑ Conduct Implementation Quotient Review	In person Coaches Meeting	• Implementation Quotient	

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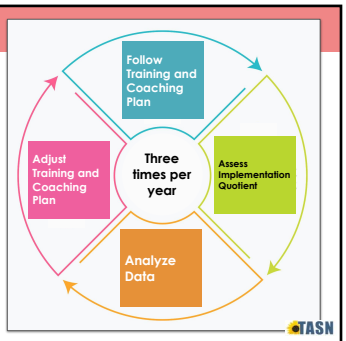
Implementation Quotient

Implementation Quotient Spreadsheet

Implementation Quotient Scoring	
0	Vacant
1	Untrained
2	Completed initial training
3	Trained and receives coaching
4	Met fidelity criteria in previous monitoring period
5	Met fidelity criteria in 2 of 3 previous monitoring periods



APPLICATION: Process and Planning

School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.
Process Questions	What practices, policies, or resources are in place; Needed? (Teaming and Planning)				
	What data points are being utilized; Could be utilized? (Data-Based Decision Making)				
	What supports are in place/provided; Needed and how they will be provided? (Training and Coaching)				
	What is communicated; Needs to be communicated? (Stakeholder Communication)				

SMART GOAL	
Specific – What will be done and who will do it.	
Measurable – How the action will be measured.	
Attainable – Realities faced within the community.	
Relevant – Fit with the purpose, culture and structure of the community, and addresses the vision for outcomes.	
Time-Bound – Outlines a specific timeline.	

ACTION PLAN AND PROGRESS MONITORING LOG			
Who	What	When	Outcome

Check for Understanding

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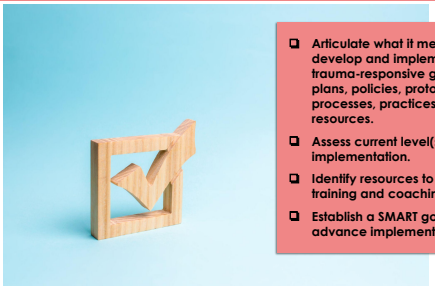
Conclusion



- Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

Trauma-Responsive Support Planning Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Process

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Targets

- Articulate what it means to develop and implement trauma-responsive support plan for children/youth.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

DRAFT

Core Principles of Trauma-Responsive Support Planning

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

TASN

Definition of Trauma-Responsive Support Planning

Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.
Example(s)	❑ Participation in exploration meeting	❑ Coaches are trained ❑ Development of SMART goal and action plan	❑ Enacted training/coaching plan ❑ Individual child/youth outcome data	❑ Documentation of at least 50% implementation fidelity ❑ Individual child/youth outcome data ❑ Documented policies, protocols, processes, and practices	❑ Established review schedule ❑ Documented outcomes ❑ Documented adjustments ❑ Training/coaching for new staff

TASN

Training and Coaching Resource: *Trauma-Responsive Support Planning: A Facilitation Guide for District and Building-Level Implementation Coaches*

TASN

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Aligned Training and Coaching Plan

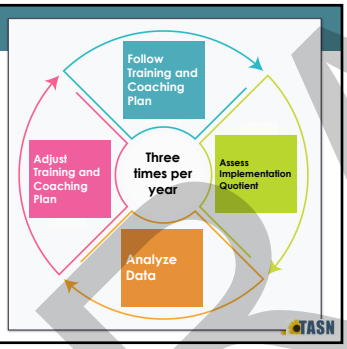
Date	Activity	Format	Evaluation	Planning Dates
Aug 23	☐ DCLT Coaches participate in training ☐ Develop District/Community Goals ☐ Collaborate to determine a shared child/youth in need of a TRSP	Modules	• Pre/post	8/3
Sept 12	☐ Implement TRSP with at least one shared child/youth ☐ Conduct initial Implementation Quotient Monitoring	Meeting	• Schedule • Implementation Quotient	8/25-9/12
Oct 17	☐ Train building/agency staff to implement and support TRSPs. ☐ Select TRSP leads to target training/coaching for each building/agency- BCLT coaches	Meeting	• Pre/post Assessment	10/1, 10/9
Nov 6	☐ DCLT coaches train BCLT coaches to lead TRSP in each building ☐ Establish coaching dates with BCLT coaches. ☐ BCLT coaches determine any shared child in need of TRSP	Meeting	• Pre/post Assessment • Coaching schedule • Observation Form	10/24, 11/1
Dec 1	☐ BCLT and DCLT coaches schedule check in and support for staff implementing and supporting any TRSPs	Meeting	• Schedule	11/6
Jan 25	☐ DCLT coaches observe BCLT coaches leading TRSP ☐ Conduct middle of the year Implementation Quotient monitoring	In person	• Implementation Quotient	11/16, 12/13
Feb 18	☐ DCLT and BCLT coaches continue implementing and DCLT checks in using the process components.	DCLT Meeting	• Process and Planning Application	2/6
April 6	☐ Support/Check in on Building/Agency Goals and Progress ☐ Encourage all staff to complete the Inclusive MTSS Implementation Scale Supplement ☐ Conduct Implementation Quotient Monitoring	In person Coaches Meeting	• Implementation Quotient	

TASN

Implementation Quotient

Implementation Quotient Spreadsheet

Implementation Quotient Scoring	
0	Vacant
1	Untrained
2	Completed initial training
3	Trained and receives coaching
4	Met fidelity criteria
5	Met fidelity criteria in current and previous monitoring period



TASN

APPLICATION: Process and Planning

Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
Description	Willingness, demonstrated by participation in exploration meetings.	Commitment, evidenced by agreement to participate.	Change, evidenced by implementation activities.	Fidelity and outcomes, evidenced by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.

Process Questions	
	What practices, policies, or resources are in place; Needed? (Teaming and Planning)
	What data points are being utilized; Could be utilized? (Data-Based Decision Making)
	What supports are in place/provided; Needed and how they will be provided? (Training and Coaching)
	What is communicated; Needs to be communicated? (Stakeholder Communication)

SMART GOAL	
Specific – What will be done and who will do it.	
Measurable – How the action will be measured.	
Attainable – Realities faced within the community.	
Relevant – Fit with the purpose, culture and structure of the community, and addresses the vision for outcomes.	
Time-Bound – Outlines a specific timeline.	

ACTION PLAN AND PROGRESS MONITORING LOG			
Who	What	When	Outcome

TASN

DRAFT

Check for Understanding

TASN

Conclusion

- Articulate what it means to develop and implement trauma-responsive support plan for children/youth.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

TASN

Trauma-Responsive Referral Protocol Planning Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

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Learning Targets

- Articulate what it means to develop and implement a district-/community-wide referral protocol that addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

TASN

Core Principles of a Trauma-Responsive Referral Protocol

Ensure	emotional and physical safety
Believe	that healing happens in relationships
View	children/youth holistically
Strive	for cultural competence
Support	choice, control, and empowerment
Understand	trauma and its impact
Use	a collaborative approach

TASN

Definition of a Trauma-Responsive Referral Protocol

Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
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Example(s)	❑ Participation in exploration meeting	❑ Development of SMART goal and action plan	❑ Utilization of shared protocol ❑ Enacted training/coaching plan ❑ Incorporation of shared protocol into policies and practices	❑ Documentation of at least 50% implementation fidelity ❑ Implementation resulting in positive child/youth outcome data ❑ Documented policies, protocols, processes, and practices	❑ Established review schedule ❑ Documented outcomes ❑ Documented adjustments ❑ Training/coaching for new staff

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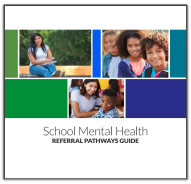
Training and Coaching Resources: Trauma-Responsive Referral Protocol

School Mental Health Referral Pathways (SMHRP) Toolkit

Wisconsin School Mental Health Referral Pathways Guide



Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS)

APPLICATION: Process and Planning

Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.					
Phase	**Exploration**	**Installation**	**Initial Implementation**	**Full Implementation**	**Sustainability and Innovation**
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ACTION PLAN AND PROGRESS MONITORING LOG			
Who	**What**	**When**	**Outcome**

Check for Understanding

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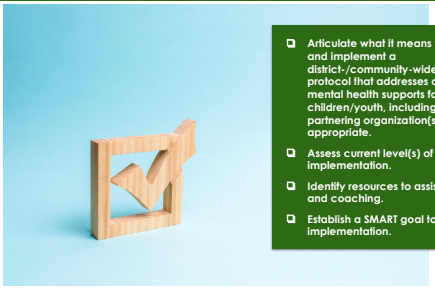
Conclusion



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Trauma-Responsive Transition and Reintegration Planning Component

PROCESS COMPONENTS

Teaming and Planning

Data-Based Decision Making

Stakeholder Communication

Training and Coaching

PLANNING COMPONENTS

- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Targets

- Articulate what it means to develop and implement a trauma-responsive protocol for transitioning children/youth from alternative settings, including a psychiatric residential treatment facility.
- Assess current level(s) of implementation.
- Identify resources to assist with training and coaching.
- Establish a SMART goal to advance implementation.

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Core Principles of Transition and Reintegration Planning

- **Ensure** emotional and physical safety
- **Believe** that healing happens in relationships
- **View** children/youth holistically
- **Strive** for cultural competence
- **Support** choice, control, and empowerment
- **Understand** trauma and its impact
- **Use** a collaborative approach

Definition of Trauma-Responsive Transition and Reintegration Planning

Protocol for transition from alternative settings, including a psychiatric residential treatment facility.

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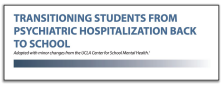
Training and Coaching Resource: *Transitioning Students From Psychiatric Hospitalization Back to School*

Agreement	❑ Liaisons for relevant agencies ❑ Guidelines for transition and reintegration
Consent	❑ Release/exchange of information
Communication & Planning	❑ Collaboration/planning around mental health, social, emotional, behavioral, and academic needs ❑ Discharge/reintegration planning



Download at
https://www.ksdetasn.org/resources/1265

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APPLICATION: Process and Planning

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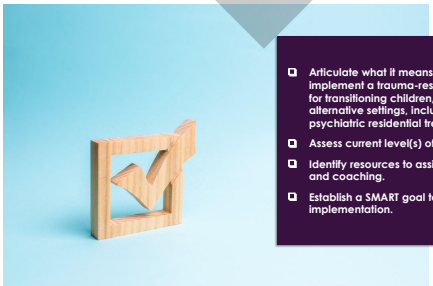

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