



# School Mental Health Implementation Facilitation Guide

*Updated 2021.05.28*

The TASN School Mental Health Initiative (SMHI) is funded through a grant from the U.S. Department of Education (#H323A17006) and is administered by the Kansas Department of Education. The contents do not necessarily represent the policy of the U.S. Department of Education and endorsement by the Office of Special Education Programs should not be assumed. The SMHI does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries regarding non-discrimination policies should be sent to: Deputy Director, Keystone Learning Services, 500 E. Sunflower Blvd., Ozawie, KS 66070; 785-876-2214. This resource is intended for educational purposes only. The information contained herein is not intended to take the place of informed professional diagnosis, advice, or recommendations. TASN SMHI assumes no liability for errors or for the way in which this information is used. Certain photographs/images used in this presentation/educational materials have been licensed from Adobe Stock. These photographs & videos are protected by copyright law. Resale or use of any photos and/or videos used in this presentation/educational materials is prohibited. Photographs and Images © / Adobe Stock.

## Table of Contents

<b>Acknowledgements</b>	<b>9</b>
<b>Introduction</b>	<b>9</b>
<b>District-Community Leadership Team Engagement</b>	<b>10</b>
<b>Engagement Checklist</b>	<b>10</b>
<b>EXPLORATION MEETING</b>	<b>12</b>
<b>Introduction</b>	<b>12</b>
<b>Learning Targets</b>	<b>12</b>
<b>Overview</b>	<b>13</b>
<b>Check for Understanding</b>	<b>13</b>
<b>Core Principles of Trauma-Responsive School Mental Health Implementation</b>	<b>14</b>
<b>Why: Cross-System Alignment to Improve Outcomes</b>	<b>14</b>
<b>Who: District-Community Leadership Team Members</b>	<b>15</b>
<b>What: Trauma-Responsive Planning Components</b>	<b>17</b>
<b>How: Trauma-Responsive Process and Planning Components</b>	<b>17</b>
<b>Phased Implementation</b>	<b>18</b>
<b>Example Implementation Timeline</b>	<b>19</b>
<b>Data Collection Activities</b>	<b>20</b>
<b>When: Planning Schedule and Time Commitments</b>	<b>23</b>
<b>Next Steps: Agreement to Participate</b>	<b>24</b>
<b>Check for Understanding</b>	<b>24</b>
<b>Conclusion</b>	<b>25</b>
<b>District-Community Leadership Team, School Mental Health Implementation Process and Planning Facilitation Guide</b>	<b>26</b>
<b>Timeline, Scope, Sequence, Objectives, and Outcomes</b>	<b>26</b>
<b>Slides and Content</b>	<b>31</b>
<b>NEED FOR TRAUMA-RESPONSIVE, CROSS-SYSTEM SCHOOL MENTAL HEALTH PROCESSES AND PRACTICES</b>	<b>31</b>
<b>Introduction</b>	<b>31</b>
<b>Learning Target</b>	<b>31</b>
<b>Adverse Childhood Experiences Study</b>	<b>31</b>



<b>Kansas Adverse Childhood Experiences Study</b>	<b>32</b>
<b>Brain Architecture and Functioning</b>	<b>33</b>
<b>Impact of Adverse Childhood Experiences on Children/Youth</b>	<b>33</b>
<b>Impact of Adverse Childhood Experiences on Caregivers</b>	<b>34</b>
<b>Schools: The De Facto Mental Health System</b>	<b>34</b>
<b>Addressing Mental Health in Kansas School Communities</b>	<b>35</b>
<b>School Mental Health Defined</b>	<b>35</b>
<b>Treatment Access and Outcomes</b>	<b>36</b>
<b>Trauma-Responsive Principles</b>	<b>36</b>
<b>Check for Understanding</b>	<b>37</b>
<b>Conclusion</b>	<b>37</b>
<b>ALIGNMENT OF CROSS-SYSTEM, SCHOOL MENTAL HEALTH PROCESSES AND PRACTICES</b>	<b>37</b>
<b>Introduction</b>	<b>38</b>
<b>Learning Target</b>	<b>38</b>
<b>Kansans Can Integrated Learning Process</b>	<b>38</b>
<b>Framework for Cross-System Implementation</b>	<b>40</b>
<b>Key Messages for the Alignment of Cross-System Processes and Practices</b>	<b>42</b>
<b>Check for Understanding</b>	<b>43</b>
<b>Where and How to Begin Aligning System Efforts</b>	<b>44</b>
<b>Effective Implementation</b>	<b>45</b>
<b>Conclusion</b>	<b>45</b>
<b>OVERVIEW OF THE SCHOOL MENTAL HEALTH IMPLEMENTATION PROCESS COMPONENTS</b>	<b>45</b>
<b>Introduction</b>	<b>46</b>
<b>Learning Target</b>	<b>46</b>
<b>Core Principles of the School Mental Health Implementation Process</b>	<b>46</b>
<b>Implementation Process Components Defined</b>	<b>47</b>
<b>Implementation Planning Components</b>	<b>48</b>
<b>Implementation Process and Planning Application</b>	<b>49</b>
<b>Self-Correcting Feedback Loop</b>	<b>50</b>
<b>Check for Understanding</b>	<b>51</b>
<b>Conclusion</b>	<b>51</b>

<b>TEAMING AND PLANNING PROCESS COMPONENT</b>	<b>51</b>
Introduction	52
Learning Targets	52
Core Principles of Teaming and Planning	52
Definition of Teaming and Planning	53
Roles and Responsibilities	54
Schedules and Agendas	55
Check for Understanding	56
Conclusion	57
<b>DATA-BASED DECISION MAKING PROCESS COMPONENT</b>	<b>57</b>
Introduction	57
Learning Target	58
Core Principles for Data-Based Decision Making	58
Definition of the Data-Based Decision Making Process Component	58
Clear Data-Based Decision Making	59
Appropriate Data-Based Decision Making	60
Comprehensive Data-Based Decision Making	60
Flexible Data-Based Decision Making	61
Feasible Data-Based Decision Making	61
Check for Understanding	62
Conclusion	62
<b>TRAINING AND COACHING PROCESS COMPONENT</b>	<b>62</b>
Introduction	63
Learning Targets	63
Core Principles for Training and Coaching	63
Definition of the Training and Coaching Process Component	64
Scaling Implementation	65
Implementation Fidelity	66
Implementation Quotient Fidelity Measure	67
Check for Understanding	68
<b>APPLICATION: Role Reflection</b>	<b>68</b>

Conclusion	69
<b>STAKEHOLDER COMMUNICATION PROCESS COMPONENT</b>	<b>69</b>
Introduction	70
Learning Target	70
Core Principles of Stakeholder Communication	70
Definition of the Stakeholder Communication Process Component	71
Assess Communication Need	72
Prioritize Stakeholders	72
Determine Desired Outcome	73
Develop the Message	73
Identify Methods for Conveying the Message	74
Establish Specific Outreach Activities and Timeline	74
Check for Understanding	74
APPLICATION: Message Mapping	75
Conclusion	76
<b>OVERVIEW OF THE SCHOOL MENTAL HEALTH IMPLEMENTATION PLANNING COMPONENTS</b>	<b>76</b>
Introduction	76
Learning Target	77
Core Principles of School Mental Health Implementation Planning	77
Definition of Implementation Planning Components	78
Check for Understanding	78
Conclusion	79
<b>TRAUMA-RESPONSIVE SCHOOL COMMUNITY PLANNING COMPONENT</b>	<b>79</b>
Introduction	79
Learning Targets	80
Core Principles of a Trauma-Responsive School Community	80
Definition of a Trauma-Responsive School Community	81
Training and Coaching Resource: Trauma-Responsive School Community eLearning Modules	82
Training and Coaching Resource: Trauma, Toxic Stress, and Caregiver Well-Being: Practices for Fostering Resilience in Children/Youth and Caregivers	83
Training and Coaching Resource: Mindfulness + School-Based Yoga Tools	84

Aligned Training and Coaching Plan	85
Implementation Quotient	85
APPLICATION: Process and Planning	87
Check for Understanding	88
Conclusion	89
<b>TRAUMA-RESPONSIVE SUPPORT PLANNING COMPONENT</b>	<b>89</b>
Introduction	89
Learning Targets	90
Core Principles of Trauma-Responsive Support Planning	90
Definition of Trauma-Responsive Support Planning	91
Training and Coaching Resource: Trauma-Responsive Support Planning: A Facilitation Guide for District and Building-Level Implementation Coaches	92
Aligned Training and Coaching Plan	93
Implementation Quotient	93
APPLICATION: Process and Planning	95
Check for Understanding	96
Conclusion	97
<b>TRAUMA-RESPONSIVE REFERRAL PROTOCOL PLANNING COMPONENT</b>	<b>97</b>
Introduction	97
Learning Targets	98
Core Principles of a Trauma-Responsive Referral Protocol	98
Definition of a Trauma-Responsive Referral Protocol	99
Training and Coaching Resources: Trauma-Responsive Referral Protocol	100
APPLICATION: Process and Planning	100
Check for Understanding	102
Conclusion	102
<b>TRAUMA-RESPONSIVE TRANSITION AND REINTEGRATION PLANNING COMPONENT</b>	<b>102</b>
Introduction	103
Learning Targets	103
Core Principles of Transition and Reintegration Planning	104
Definition of Trauma-Responsive Transition and Reintegration Planning	104

Training and Coaching Resource: Transitioning Students From Psychiatric Hospitalization Back To School	106
APPLICATION: Process and Planning	106
Check for Understanding	108
Conclusion	108
Appendix A: Implementation Rubric	109
Process Components	109
Teaming and Planning	109
Data-Based Decision Making	109
Training and Coaching	110
Stakeholder Communication	111
Planning Components	111
Trauma-Responsive School Community	112
Trauma-Responsive Support Planning	112
Trauma-Responsive Referral Protocol	113
Trauma-Responsive Transition and Reintegration Planning	114
Appendix B: District-Community Leadership Team Engagement Materials	116
Invitation to Participate Email Template	116
Readiness Assessment and Application Template	116
Organization	116
District	120
Agreement to Participate Template	125
Appendix C: Member Preparation Activities and Resources	137
Checklist	137
Google Drive Access	137
Technical Assistance System Network School Mental Health Initiative Moodle Access	138
Continuing Education Information and Professional Development Points	139
Media Consent	139
Appendix D: Meeting Checklists and Logistics	141
Pre-Training/Meeting Checklist	141
Meeting Checklist	142
Swivl Set-Up Instructions	143

WiFi Information/Social Media Handout	145
Appendix E: Facilitation Materials	146
Timed Agenda and Facilitation Template	146
Topic/Planning Component	146
Process and Planning Application	147
Aligned Training and Coaching Plan for District/Community and Building/Organization Implementation Coaches Template	149
Message Map	150
References	152

DRAFT

## Acknowledgements

The Kansas State Department of Education (KSDE) Technical Assistance System Network (TASN) School Mental Health Initiative (SMHI) team would like to acknowledge the organizations and individuals whose support, collaboration, contributions, and feedback made this resource possible.

- ❑ **Technical Assistance System Network Partners:** Autism and Tertiary Behavior Supports, Kansas Multi-Tier System of Supports and Alignment, Families Together, the Kansas Parent Information Resource Center, Evaluation Project.
- ❑ **Additional Partnerships:** Rick Gaskill, Ed.D, (Executive Director at Sumner Mental Health Center and Fellow with the Child Trauma Academy); Linda Aldridge (LaLearn, LLC); Rich Harrison, PhD, (Behavioral Consultant for USD 345 Seaman and USD 450 Shawnee Heights); Jeanne Brown, MA, LCP, RPT/S (Clinical Director at Sumner Mental Health Center); Erin P. Hambrick, PhD (Assistant Professor, University of Missouri Kansas City and Director of Research, Child Trauma Academy); Jurdene Coleman, LMFT (Mental Health Services Supervisor, Pawnee Mental Health Services and Board Member, USD 383); and Samantha Brown, MS (Mental Health Liaison, USD 383).
- ❑ **Exemplar District-Community Leadership Teams:**
  - ❑ **Central Kansas Mental Health:** Abilene, Twin Valley, Central Kansas Coop in Education (CKCIE)
  - ❑ **Sumner Mental Health:** Wellington, Caldwell, Futures, Sumner County Educational Services
  - ❑ **The Center for Counseling and Consultation:** Great Bend, Ft Larned, Barton County SpEd Coop, Tri-County Special Services Coop
  - ❑ **Pawnee:** Manhattan
  - ❑ **Crosswinds Counseling & Wellness:** Southern Lyon County, Flint Hills Special Education Cooperative

## Introduction

Within the Kansas State Board of Education's *Kansans Can* vision, mental health is recognized as a foundational component for the development of social, emotional, and character competencies in children/youth and is connected to school improvement efforts outlined in the Kansas Education Systems Accreditation. Comprised of "emotional, psychological, and social well-being", mental health is an important element of lifelong health and wellness.<sup>1</sup> Further, "Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24."<sup>2</sup>

Children/youth can experience mental health needs for a variety of reasons. Recently, research has focused on the impact of trauma. According to a 2014-2015 study of behavioral risk factors by the Kansas Department of Health and Environment,<sup>3</sup> 54.8% of adults in the state reported one or more Adverse Childhood Experience (ACE), and 20.9% had three or more ACEs. In addition, children/youth with ACEs are at an increased risk of failing grades and poor test scores, a greater number of suspensions or expulsions, and experience language difficulties and higher referral rates to special education.<sup>4</sup> Further, many children/youth with disabilities experience mental health needs, resulting in lower performance or academic outcomes while in school. Specifically, compared to the general population, children/youth with

disabilities who have mental health needs earn lower grades,<sup>5,6</sup> have higher rates of absenteeism,<sup>7</sup> and higher rates of course failure,<sup>7,6</sup> are more likely to be suspended or expelled,<sup>5</sup> and have higher dropout rates.<sup>6,8</sup> Significantly, these children/youth are also at greater risk of suicide.<sup>7</sup>

To address these pressing needs and advance the *Kansans Can* vision, the Kansas State Department of Education (KSDE) is building upon the Kansas Multi-Tier System of Supports (MTSS) and Alignment Framework to incorporate effective school mental health practices alongside academic, behavior, and social-emotional growth. The School Mental Health Professional Development Coaching System, supported through the State Personnel Development Grant (SPDG) awarded to the Kansas State Department of Education. The State Personnel Development Grant is funded through the Office of Special Education Programs and the School Mental Health Professional Development and Coaching System places greatest emphasis on improving outcomes for children/youth experiencing mental health needs, accessing mental health services, and with an Individualized Education Program (IEP). The School Mental Health Professional Development and Coaching System, facilitated by the Technical Assistance System Network (TASN) School Mental Health Initiative (SMHI), serves to meet the following outcomes:

- ❑ Build capacity to implement a structured process for recognizing, assessing, identifying, and responding to children/youth at risk or experiencing mental health difficulties and emergencies;
- ❑ Implement evidence-based, multi-tier, trauma-responsive mental health supports with fidelity;
- ❑ Utilize data to inform decisions specific to the mental health needs of children/youth and caregivers;
- ❑ Develop resources, protocols, processes, and professional learning to sustain the implementation of tiered mental health supports.

For additional information, including available resources and trainings, visit:

- ❑ <https://www.ksdetasn.org/smhi/school-mental-health-initiative>
- ❑ <https://moodle.kansastasn.org/>

## District-Community Leadership Team Engagement

The *School Mental Health Implementation Facilitation Guide* is intended for use by school communities seeking to establish a District-Community Leadership Team to improve mental health outcomes for children/youth, and caregivers. For those interested in facilitating a District-Community Leadership Team, an “engagement checklist” with supporting materials may be found immediately below.


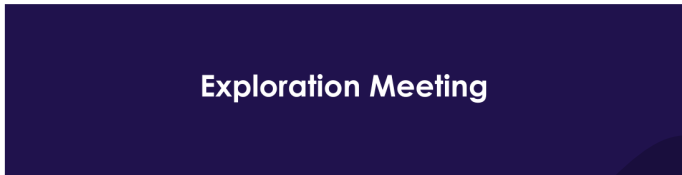

### Engagement Checklist

Date	Individual Responsible	Engagement Steps	Templates/Examples	Notes
------	------------------------	------------------	--------------------	-------



		Identify members of the initiating district/organization that will serve on the District-Community Leadership Team.	Refer to membership roles/responsibilities in the <i>Agreement to Participate Template</i> (Appendix B)	
		Identify partnering district(s)/organization(s) to form the District-Community Leadership Team and reach out to executive leadership of the identified district(s)/organization(s) to assess interest in and readiness to participate.	<i>Invitation to Participate Email Template</i> (Appendix B)	
		Facilitate an “exploration meeting” with the district(s)/organization(s) interested in partnering.	<i>Exploration Meeting Facilitation Guide</i> and accompanying <i>Slide Deck</i>	
		Assess readiness.	<i>Readiness Assessment and Application Template</i> (Appendix B)	
		Share Agreement to Participate.	<i>Agreement to Participate Template</i> (Appendix B)	
		Assist identified District-Community Leadership Team members in preparing for participation.	<input type="checkbox"/> Shared Health Insurance Portability and Accountability Act (HIPAA)/Family Educational Rights and Privacy Act (FERPA) compliant electronic platform (e.g., Google Drive with proper configuration) <input type="checkbox"/> Access to Moodle account If Applicable: <input type="checkbox"/> <i>Continuing Education Information and Professional Development Points</i> (if applicable)	

			<input type="checkbox"/> Media Consent	
		Facilitate school mental health implementation process and planning.	<i>School Mental Health Implementation Facilitation Guide</i>	

EXPLORATION MEETING				
Approximate Facilitation Time = 1.5 hours				
Slide		Content		
  <small>The TASN School Mental Health Initiative (SMHI) is funded through a grant from the U.S. Department of Education (#H323A17006) and is administered by the Kansas Department of Education. The content does not necessarily represent the policy of the U.S. Department of Education and endorsement by the Office of Special Education Programs should not be assumed. The SMHI does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries regarding non-discrimination policies should be sent to: Deputy Director, Keystone Learning Services, 300 E. Sycamore Blvd., Olathe, KS 66070. 781-879-2214. This resource is intended for educational purposes only. The information contained herein is not intended to take the place of informed professional diagnosis, advice, or recommendations. TASN SMHI assumes no liability for errors or for the way in which this information is used. Certain photographs/images used in this presentation/educational materials have been licensed from Adobe Stock. These photographs &amp; videos are protected by copyright law. Resale or use of any photos and/or videos used in this presentation/educational materials is prohibited. Photographs and images © / Adobe Stock.</small>		<p><b>Introduction</b></p> <p><b>Intro:</b> This module, <i>Exploration Meeting</i>, provides an overview of participation within a District-Community Leadership Team to implement trauma-responsive, cross-system school mental health processes and practices.</p> <p><b>Transition:</b> To identify learning targets for the <i>Exploration Meeting</i> module, continue to the next slide.</p>		
<p><b>Learning Targets</b></p> 		<p><b>Learning Targets</b></p> <p><b>Intro:</b> The learning targets for the <i>Exploration Meeting</i> module include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the “Why, Who, What, How, When and Where” of implementing trauma-responsive, cross-system school mental health processes and practices.</li> <li><input type="checkbox"/> Identify the steps for participation in a District-Community Leadership Team.</li> </ul> <p><b>Transition:</b> For an overview of what is involved in the implementation of trauma-responsive, cross-system school mental health processes and practices, continue.</p>		

## Overview

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



## Overview

**Intro:** In general, participation in the implementation of trauma-responsive, cross-system school mental health processes and practices is addressed by answering “Why, Who, What, How, When, and Where”:

- ☐ **Why** – Improve mental health outcomes for children/youth
- ☐ **Who** – District-Community Leadership Team
- ☐ **What** – Implement effective, cross-system, school mental health processes and practices
- ☐ **How** – *School Mental Health Implementation Process and Planning Components*
- ☐ **When** – Schedule includes five District-Community Leadership Team Meetings and four follow up coaches meetings
- ☐ **Where** – Onsite and online

**Transition:** To check for understanding as to the purpose of the School Mental Health Professional Development and Coaching System, continue.

## Check for Understanding



## Check for Understanding

**Intro:** Which of the following best describes the purpose of a District-Community Leadership Team?

- ☐ Provide building-level professional development around mental health referral processes.
- ☐ Build the capacity of school-employed mental health professionals to replace the need for community service providers.
- ☐ Support the development of trauma-responsive policies, practices, training, coaching, and resources to improve mental health outcomes.
- ☐ Build the capacity of community mental health providers to replace school-employed mental health professionals.

**Transition:** Prior to expanding upon the “why, who, what, how, when, and where”, continue to identify the core principles that inform school mental health implementation processes and practices.

**FACILITATION:** Share the check for understanding.

### Core Principles of Trauma-Responsive School Mental Health Implementation

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



### Core Principles of Trauma-Responsive School Mental Health Implementation

**Intro:** Trauma-responsive principles<sup>9</sup> inform all aspects of school mental health implementation. These principles are identified below:

- ☐ **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

**Transition:** To understand “why” district(s)/organization(s) serve to benefit by forming a District-Community Leadership team, continue.

### WHY: Cross-System Alignment to Improve Outcomes

Increased Efficiency	Increased Effectiveness	Refinement and Sustainability
<ul style="list-style-type: none"> <li><input type="checkbox"/> Shared vision to support the mental health needs of children/youth</li> <li><input type="checkbox"/> Consensus and commitment to align practices and share resources</li> <li><input type="checkbox"/> Continuity of policies, practices, and language across district-community partners</li> <li><input type="checkbox"/> Continuum of supports specific to the needs of the school community</li> <li><input type="checkbox"/> Decisions based on district and community data</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implementation of evidence- and research-based practices</li> <li><input type="checkbox"/> Development of a plan that addresses:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Capacity to support implementation</li> <li><input type="checkbox"/> Competencies necessary for implementation</li> <li><input type="checkbox"/> Implementation fidelity and progress monitoring</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Systems-level infrastructure to support effective practices</li> <li><input type="checkbox"/> Self-correcting feedback loop to refine implementation</li> <li><input type="checkbox"/> Alignment with existing community/district improvement efforts including Board goals and the Kansas Education Systems Accreditation</li> <li><input type="checkbox"/> Collaboration and shared learning with other participating DCLTs</li> </ul>



### Why: Cross-System Alignment to Improve Outcomes

**Intro:** Implementation and scaling effective cross-system school mental health practices requires examination and adjustment to existing system structures, roles, and functions, to create an enabling context capable of producing socially significant outcomes.

Through participation, District-Community Leadership Teams improve school mental health processes and practices in the following ways:

- ☐ **Increase Efficiency**
  - ☐ 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)
- ☐ **Increase Effectiveness**
  - ☐ 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
- ☐ **Ensure Sustainability**
  - ☐ 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

**Transition:** To learn about the essential roles of District-Community Leadership Team members, continue.

### Who: District-Community Leadership Team Members

**Intro:** Effective school mental health implementation across district and community partners requires high levels of collaboration, planning, and coordination within a District-Community Leadership Team that includes executive-level leadership from districts and partnering organizations to establish an enabling context.

Ideally, alignment efforts include all key organizations supporting children/youth (i.e., foster care, juvenile justice, etc.). Initially, however, it may be more manageable to align processes and practices with one organization (i.e., a regional Community Mental Health Center) and add additional organizations later on.

District-Community Leadership Team member roles consist of the following:

- ☐ **Executive-Level Leadership** – 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.
  - ☐ **Organization** – Executive Director or designee; Community-Based Service Director or Designee

Who: District-Community Leadership Team Members		
	EXECUTIVE-LEVEL LEADERSHIP	DISTRICT/COMMUNITY IMPLEMENTATION COACHES
Position	CMHC <ul style="list-style-type: none"> <li><input type="checkbox"/> Executive Director or Designee</li> <li><input type="checkbox"/> Community-Based Service Director or Designee</li> </ul> District <ul style="list-style-type: none"> <li><input type="checkbox"/> Superintendent or Designee</li> <li><input type="checkbox"/> Special Education Director or Designee</li> </ul>	CMHC <ul style="list-style-type: none"> <li><input type="checkbox"/> Community-Based Service Provider, Clinical Director</li> </ul> District <ul style="list-style-type: none"> <li><input type="checkbox"/> School Social Worker, School Psychologist, School Counselor, Behavior Specialist</li> </ul>
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.

	<ul style="list-style-type: none"> <li>❑ <b>District</b> – Superintendent or designee; Special Education Director or Designee</li> <li>❑ <b>District/Community Implementation Coaches</b> – 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 District-Community Leadership Team without external support. <ul style="list-style-type: none"> <li>❑ <b>Organization</b> – Community-Based Service Provider; Clinical Director</li> <li>❑ <b>District</b> – School Social Worker; School Psychologist; School Counselor; Behavior Specialist</li> </ul> </li> <li>❑ <b>Building/Organization Implementation Coaches</b> – Under the guidance of District/Community Implementation Coaches, implement 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. <ul style="list-style-type: none"> <li>❑ <b>Organization</b> – School-Based Social Worker; Case Manager</li> <li>❑ <b>District</b> – School Social Worker; School Psychologist; School Counselor; Behavior Specialist</li> </ul> </li> </ul> <p><b>Transition:</b> To check for understanding around the roles and commitments related to participation in the School Mental Health Professional Development and Coaching System, continue.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

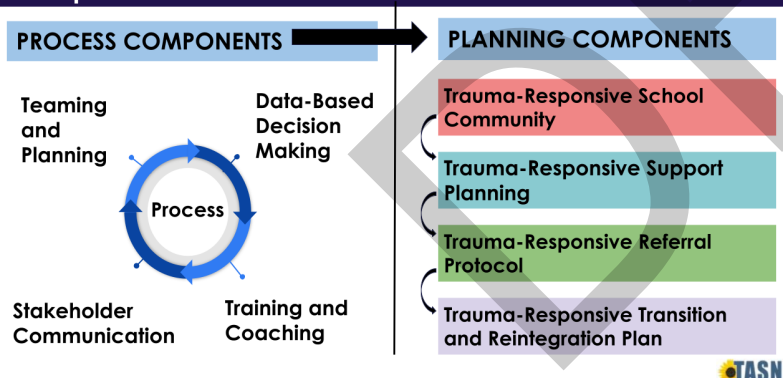
## What: Trauma-Responsive Planning Components

**Intro:** Initially, District-Community Leadership Teams utilize the process components to plan around the following specific, trauma-responsive planning components:

- ❑ **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.

**Transition:** To learn how trauma-responsive planning components are implemented, continue.

## How: Trauma-Responsive Process and Planning Components



## How: Trauma-Responsive Process and Planning Components

**Intro:** To implement effective trauma-responsive school mental health implementation processes and practices, District-Community Leadership Teams apply the following process components across all aspects of planning.

- ❑ **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 home caregiver engagement data are utilized to inform cross-system goals, 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 to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers.

**Transition:** To learn more about the application of implementation science in the planning process, continue.

#### 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, outcome data.



### Phased Implementation

**Intro:** Implementation science draws upon practices shown to effectively guide organization and system investments in innovations.<sup>10,11</sup> For a general description of each phase of implementation, see below.

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

### HANDOUT

- ❑ Implementation Rubric

**Transition:** For an example of phased implementation growth over time, continue.



### 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

TASN

### Example Implementation Timeline

**Intro:** Implementation growth timelines<sup>10</sup> are unique for each school community, based upon priorities, needs, and strengths.

This example shows progress made by a District-Community Leadership Team during the initial year of implementation:

#### ❑ Teaming and Planning

- ❑ Initial: Exploration
- ❑ Year-End: Initial Implementation

#### ❑ Data-Based Decision Making

- ❑ Initial: Exploration
- ❑ Year-End: Initial Implementation

#### ❑ Training and Coaching

- ❑ Initial: Exploration
- ❑ Year-End: Initial Implementation

#### ❑ Stakeholder Communication

- ❑ Initial: Exploration
- ❑ Year-End: Initial Implementation

#### ❑ Trauma-Responsive School Community

- ❑ Initial: Exploration
- ❑ Year-End: Installation

#### ❑ Trauma-Responsive Support Planning

- ❑ Initial: Exploration
- ❑ Year-End: Initial Implementation

#### ❑ Trauma-Responsive Referral Protocol

- ❑ Initial: Exploration
- ❑ Year-End: Installation

#### ❑ Trauma-Responsive Transition and Reintegration Planning

- ☐ Initial: Exploration
- ☐ Year-End: Exploration

**Transition:** To identify data collection activities, continue.

## Data Collection Activities

**Intro:** Just as District-Community Leadership Teams utilize data to inform their work, the School Mental Health Initiative asks that participating teams share data points to inform the training and coaching provided by state trainers.

Below are data collection activities and timelines required for participation in the School Mental Health Professional Development and Coaching System:

### ☐ District and Partnering Organization

#### ☐ Implementation Guide Rubric and District-Community Leadership Team Documents

- ☐ An implementation guide is utilized to guide 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 child/youth 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

Outcome Team	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	District/Building 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 progress 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
Partnering Organization	Inclusive MTSS Implementation Scale: IMIS 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 administrative support and are used by the cross-system team to gauge progress, inform practice profile change, and inform action planning.	Annually
	Community Implementation Scale	Community partners complete a brief implementation scale that helps to identify strengths, barriers, and areas to target for improved cross-system collaboration. This measure complements the Inclusive MTSS Implementation Scale. IMIS Supplement that the partnering district is asked to complete.	Annually

☐ **District**

☐ **Family Engagement Data**

- ☐ 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**

- ☐ Districts/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 Multi-Tier System of Supports (MTSS) Implementation Scale**

- ☐ 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 Multi-Tier System of Supports (MTSS) Implementation Scale: School Mental Health (SMH) Supplement**

- ☐ District/buildings collect responses to supplemental questions within the Inclusive Multi-Tier System of Supports (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 Multi-Tier System of Supports (MTSS) Implementation Scale: School Mental Health (SMH) Supplement that the partnering district is asked to complete.
- ☐ Annually

**Transition:** To identify planning and time commitments, continue.

## When: Planning Schedule and Time Commitments

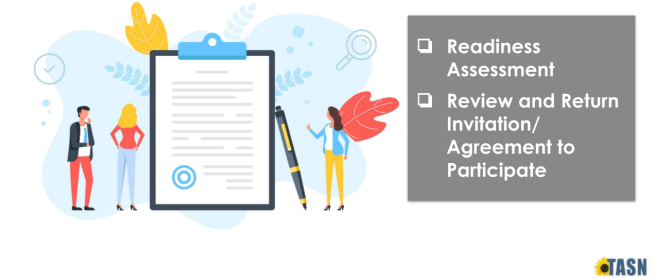

**Intro:** As previously noted, effective school mental health implementation across district and community partners requires high levels of collaboration, planning, and coordination.

A structured schedule that allows for meaningful planning and time allocated for follow-up activities between meetings advances implementation.

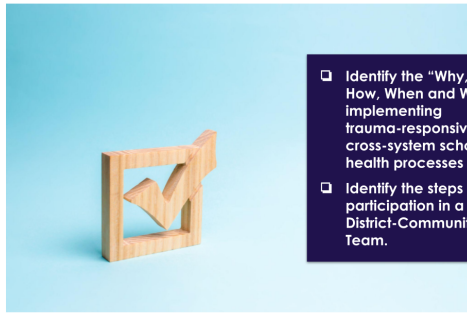
As District-Community Leadership Teams gain experience and progress through implementation of the process and planning components, the schedule may be adjusted. Newer District-Community Leadership Teams should anticipate the following:

- ☐ **District-Community Leadership Team Meetings**
  - ☐ Five times per year
  - ☐ Approximately three hours per meeting
- ☐ **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

When: Planning Schedule and Time Commitments				
Suggested Meeting Arrangements				
<b>District-Community Leadership Team Meetings:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Five times per year</li> <li><input type="checkbox"/> Approximately three hours per meeting</li> <li><input type="checkbox"/> Onsite</li> </ul>				
<b>District-Community Leadership Team Coaches Follow-Up:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Approximately four hours per month:               <ul style="list-style-type: none"> <li><input type="checkbox"/> District-Community Leadership Team Coaches Meeting:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Two weeks following District-Community Leadership Team meetings</li> <li><input type="checkbox"/> 90 minutes per month</li> </ul> </li> <li><input type="checkbox"/> Action items/follow up:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Occurs between meetings</li> <li><input type="checkbox"/> Approximately two hours per month</li> </ul> </li> </ul> </li> </ul>				
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 4	8:30 - 11:30 AM	Wellington	DCLT	Referral Protocol
May 18	8:30 - 9:30 AM	Zoom	DCLT Coaches	Referral Protocol

	<p><input type="checkbox"/> Approximately two hours per month</p> <p><b>Transition:</b> To identify next steps for participation in the District-Community Leadership Team, continue.</p>
<p><b>Next Steps: Agreement to Participate</b></p>  <p>Readiness Assessment</p> <p>Review and Return Invitation/Agreement to Participate</p> <p>TASN</p>	<p><b>Next Steps: Agreement to Participate</b></p> <p><b>Intro:</b> To participate in the District-Community Leadership Team, executive leadership should:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete a <i>Readiness Assessment</i></li> <li><input type="checkbox"/> Review the <i>Agreement to Participate</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial each section of the <i>Agreement to Participate</i></li> <li><input type="checkbox"/> Sign the <i>Agreement to Participate</i></li> <li><input type="checkbox"/> Complete the <i>District-Community Leadership Team Membership Table</i></li> <li><input type="checkbox"/> Agree to the proposed, or agreed upon, schedule</li> <li><input type="checkbox"/> Secure a letter of support from governing board</li> </ul> </li> <li><input type="checkbox"/> Return the completed <i>Agreement to Participate</i></li> </ul> <p><b>Transition:</b> To check for understanding, continue.</p>
<p><b>Check for Understanding</b></p>  <p>TASN</p>	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following is NOT a prerequisite for participation in a District-Community Leadership Team?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Knowledge of the organizational processes of participating districts/organizations</li> <li><input type="checkbox"/> Signed participation agreement</li> <li><input type="checkbox"/> Time commitment for planning meetings and implementation activities</li> <li><input type="checkbox"/> Identification of District-Community Leadership Team members</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Exploration Meeting</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>

## 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.



## Conclusion

**Intro:** The below learning targets for this module, *Exploration Meeting*, have been met:

- ❑ 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.

Return to this module at any time for review.

## District-Community Leadership Team, School Mental Health Implementation Process and Planning Facilitation Guide

### Timeline, Scope, Sequence, Objectives, and Outcomes

Date	Module	Learning Target(s)	Estimated Time
	<b>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</b>	<b>Learning Target</b> – Articulate the need for trauma-responsive, cross-system school mental health processes and practices.	
Date	Module	Learning Target(s)	Estimated Time
	<b>Alignment of Cross-System, School Mental Health Processes and Practices</b>	<b>Learning Target</b> – Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.	
Date	Module	Learning Target(s)	Estimated Time
	<b>Overview of the School Mental Health Implementation Process Components</b>	<b>Learning Target</b> – Describe the application of the School Mental Health Implementation Process.	
Date	Module	Learning Target(s)	Estimated Time
	<b>Teaming and Planning Process Component</b>	<b>Learning Targets</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Define “Teaming and Planning”.</li> <li><input type="checkbox"/> Outline membership roles and responsibilities.</li> <li><input type="checkbox"/> Identify how to establish a meeting schedule and planning agenda.</li> </ul>	
<b>Outcomes</b>			

- ☐ A District-Community Leadership Team meets regularly to review and address needs in the areas of resource allocation, policy, and effective practices across the school community to improve mental health outcomes for all children/youth. [District-Community Leadership Team only; School/District only; ARP Indicator 2e]
- ☐ Leadership from our organization regularly meets with school districts to review and address needs in the areas of resource allocation, policy, and effective practices across the community to improve mental health outcomes for all children/youth.

Date	Module	Learning Target(s)	Estimated Time
	<b>Data-Based Decision Making Process Component</b>	<b>Learning Target</b> – Identify key factors for successful cross-system data-based decision making.	

#### Outcome

- ☐ District, building, community, and family engagement data are reviewed to guide cross-system goals and action planning regarding mental health. [District-Community Leadership Team only]

Date	Module	Learning Target(s)	Estimated Time
	<b>Training and Coaching Process Component</b>	<b>Learning Targets</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify drivers essential for successful school mental health implementation.</li> <li><input type="checkbox"/> Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.</li> <li><input type="checkbox"/> Define implementation and intervention fidelity.</li> <li><input type="checkbox"/> Identify an implementation quotient to measure system level implementation fidelity.</li> </ul>	

#### Outcome

- ☐ I know how to access support (e.g., coaching, technical assistance) to assist with needs related to mental health practices and protocols.

Date	Module	Learning Target(s)	Estimated Time
------	--------	--------------------	----------------



	<b>Stakeholder Communication Process Component</b>	<b>Learning Target</b> – Identify an effective process for communicating school mental health implementation efforts with stakeholders.	
<b>Outcome</b> <input type="checkbox"/> Mental health and trauma-responsive policies are communicated across stakeholders, including children/youth, families/caregivers, and school/community service providers.			
Date	Module	Learning Target(s)	Estimated Time
	<b>Overview of the School Mental Health Implementation Planning Components</b>	<b>Learning Target</b> – Describe the components around which District-Community Leadership Teams initially plan, utilizing the implementation process.	
Date	Module	Learning Target(s)	Estimated Time
	<b>Trauma-Responsive School Community Planning Component</b>	<b>Learning Targets</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li><input type="checkbox"/> Assess current levels of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul>	
<b>Outcomes</b> <input type="checkbox"/> Staff I work with view children/youth holistically, strive to have meaningful relationships with children/youth, and maintain an emotionally and physically safe environment. <input type="checkbox"/> I know how to implement trauma-responsive practices. <input type="checkbox"/> I consistently implement trauma-responsive practices.			
Date	Module	Learning Target(s)	Estimated Time
	<b>Trauma-Responsive Support Planning Component</b>	<b>Learning Targets</b>	

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

### Outcomes

- ☐ All relevant stakeholders (children/youth, families/caregivers, and school/community providers) collaboratively determine mental health supports.
- ☐ Mental health supports are monitored for progress in collaboration with all relevant stakeholders, including children/youth, families/caregivers, and school/community service providers.
- ☐ Mental health interventions are implemented with fidelity. [District/school only; APR Indicator 2d]

Date	Module	Learning Target(s)	Estimated Time
	<b>Trauma-Responsive Referral Protocol Planning Component</b>	<b>Learning Target</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul>	



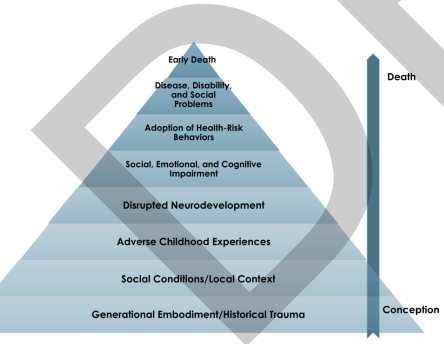
### Outcomes

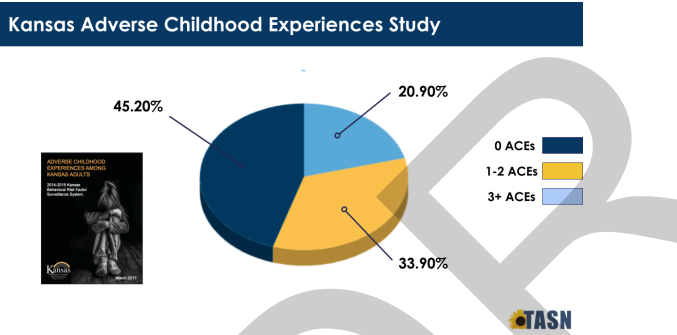
- ☐ My school community has a protocol that outlines a continuum of mental health supports for children/youth, including how to make a referral to a partnering organization when appropriate. [School/District only]
- ☐ I follow the established protocol when I have concerns about a child's/youth's mental well-being. [APR Indicator 2b]

Date	Module	Learning Target(s)	Estimated Time
------	--------	--------------------	----------------

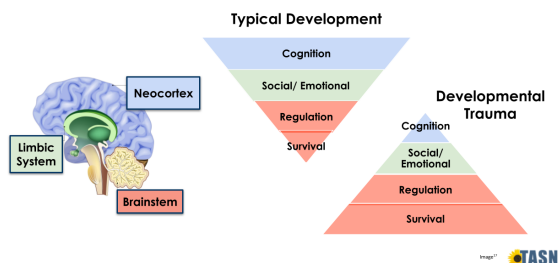
	<b>Trauma-Responsive Transition and Reintegration Planning Component</b>	<b>Learning Target</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Articulate what it means to develop and implement a trauma-responsive protocol for transitioning children/youth from alternative settings, including a psychiatric residential treatment facility.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul>	
<b>Outcome</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> We have a process in place for when a student transitions from a psychiatric residential treatment facility.</li> </ul>			
	<b>Collective Efficacy</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We have data to indicate that the changes we have made to policies and practices in an effort to better support mental health needs have improved outcomes for children/youth in our district/community.</li> <li><input type="checkbox"/> I know where to locate resources and/or how to engage appropriate staff for support with addressing the mental health needs of children/youth.</li> <li><input type="checkbox"/> Collectively, the professionals in our district/community have the knowledge and skills to meet the mental health needs of our children/youth. [ARP Indicator 2f]</li> <li><input type="checkbox"/> I am confident that continued cross-system collaboration will improve mental health outcomes for the children/youth I serve.</li> </ul>	

## Slides and Content

NEED FOR TRAUMA-RESPONSIVE, CROSS-SYSTEM SCHOOL MENTAL HEALTH PROCESSES AND PRACTICES		
Facilitator	Slide	Content
	 <p><b>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</b></p> <p><small>The TASN School Mental Health Initiative (SMHI) is funded through a grant from the U.S. Department of Education (H2024-1700) and is administered by the Kansas Department of Education. The contents do not necessarily represent the policy of the U.S. Department of Education and endorsement by the Office of Special Education Programs should not be construed. The SMHI does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Complaints regarding this discrimination should be sent to: U.S. Civil Rights Center, 400 Maryland Avenue, NE, Washington, DC 20002. (202) 455-2424. This resource is intended for educational purposes only. The information contained herein is not intended to take the place of a formal professional diagnosis, advice, or recommendations. Data have been used to identify the way in which the information is used. Content photographs/videos used in this presentation have been sourced from Adobe Stock. These photographs &amp; videos are protected by copyright law. Reproduction of any photos and/or videos used in this presentation without written permission is prohibited. Photographs and images © / Adobe Stock.</small></p>	<p><b>Introduction</b></p> <p><b>Intro:</b> This module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i>, describes the need for the implementation of cross-system, trauma-responsive school mental health processes and practices.</p> <p><b>Transition:</b> To identify the objective for this module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i>, continue.</p>
	<p><b>Learning Target</b></p>  <p><b>Articulate the need for trauma-responsive, cross-system school mental health processes and practices.</b></p>	<p><b>Learning Target</b></p> <p><b>Intro:</b> Identify the objective for this module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i>, below.</p> <ul style="list-style-type: none"> <li>❑ Articulate the need for trauma-responsive, cross-system school mental health processes and practices.</li> </ul> <p><b>Transition:</b> Awareness of the groundbreaking Adverse Childhood Experiences study is key to understanding the context for cross-system school mental health. To learn about this study, continue.</p>
	<p><b>Adverse Childhood Experiences Study</b></p>  <p><small>Materials developed by CDC*</small></p> <p><small>Graphic adapted from CDC-Kaiser ACE Study: Centers for Disease Control and Prevention. In A.J. Mullen, K.A. Mullen, K.A. Mullen (Eds.), <i>Adverse Childhood Experiences</i> (2018). Retrieved from <a href="https://www.cdc.gov/ncj19101/docs/2018/01/ACE-Study-Pyramid.pdf">https://www.cdc.gov/ncj19101/docs/2018/01/ACE-Study-Pyramid.pdf</a></small></p>	<p><b>Adverse Childhood Experiences Study</b></p> <p><b>Intro:</b> The Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences study, one of the largest investigations to date on the relationship between childhood abuse and neglect and later-life health and well-being (indicated in the Adverse Childhood Experiences pyramid),<sup>12,13,14</sup> identified that:</p> <ul style="list-style-type: none"> <li>❑ Children/youth exposed to more adverse childhood experiences have a greater risk for negative outcomes.<sup>15*</sup></li> <li>❑ Adverse Childhood Experiences are common. Almost two-thirds of study participants reported at least one Adverse Childhood</li> </ul>

		<p>Experience, and one in five adults report having had three or more adverse experiences as children/youth.<sup>12,13,14</sup></p> <p>Below, learn more about the Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences study.</p> <ul style="list-style-type: none"> <li>❑ Adverse Childhood Experiences reported in the original study included emotional abuse, physical abuse, sexual abuse, domestic violence, household substance abuse, household mental illness, a mother treated violently, parent separation or divorce, incarceration of a household member, and emotional and physical neglect.<sup>12,13,14,15*</sup></li> </ul> <p><b>Transition:</b> To identify the significance of this study for Kansas, continue.</p>
	<p><b>Kansas Adverse Childhood Experiences Study</b></p> 	<p><b>Kansas Adverse Childhood Experiences Study</b></p> <p><b>Intro:</b> A study<sup>16</sup> conducted by the Kansas Department of Health and Environment found that the number of Adverse Childhood Experiences in Kansas mirror findings from the initial Adverse Childhood Experiences study.</p> <ul style="list-style-type: none"> <li>❑ 54.8% of adults in Kansas have experienced one or more Adverse Childhood Experiences. <ul style="list-style-type: none"> <li>❑ 33.9% of adults in Kansas have experienced 1 or 2 Adverse Childhood Experiences.</li> <li>❑ 20.9% of adults in Kansas have experienced 3 or more Adverse Childhood Experiences.</li> </ul> </li> <li>❑ 45.2 % of adults in Kansas reportedly have experienced no Adverse Childhood Experiences.</li> </ul> <p><b>Transition:</b> To learn more about how Adverse Childhood Experiences impact well-being and implications for Kansas school communities, continue.</p>

### Brain Architecture and Functioning



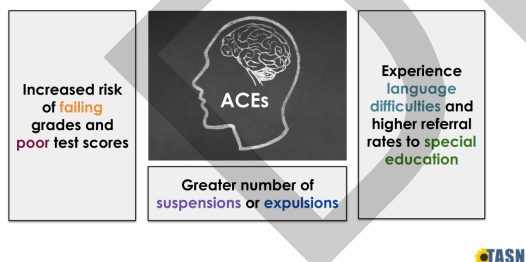
### Brain Architecture and Functioning

**Intro:** Understanding the sequential development of the brain - from the bottom up and inside to outside - is key to understanding how it grows and adapts to the life experiences in which it is developed.<sup>9</sup> The manner and extent to which neural pathways are utilized impacts the functioning of children/youth and even adults. Identify basic parts of the brain and their respective functions, below.

- ❑ **Brainstem** – The brainstem (located at the bottom of the brain) controls major functions (e.g., heart rate and breathing) and prepares the body systems for reaction in a threatening situation.
- ❑ **Limbic System** – The limbic system (located in the mid part of the brain) determines feelings about an experience (e.g., pleasurable or frightening), looks out for/perceives threats, and reacts accordingly.
- ❑ **Neocortex** – The neocortex (located at the top/front part of the brain) manages cognitive activities (e.g., reasoning, planning, problem-solving, making meaning of experiences, and the regulation of emotions and behaviors).

**Transition:** To understand how Adverse Childhood Experiences (including developmental trauma and toxic stress) impacts school performance, continue.

### Impact of Adverse Childhood Experiences on Children/Youth





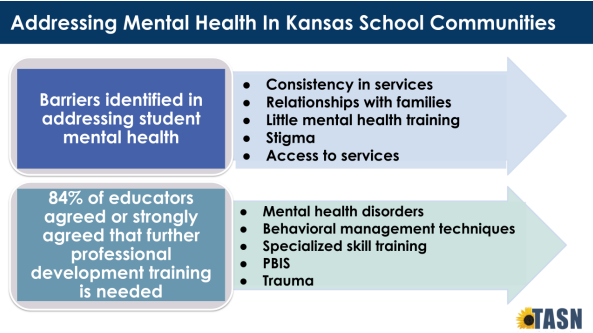
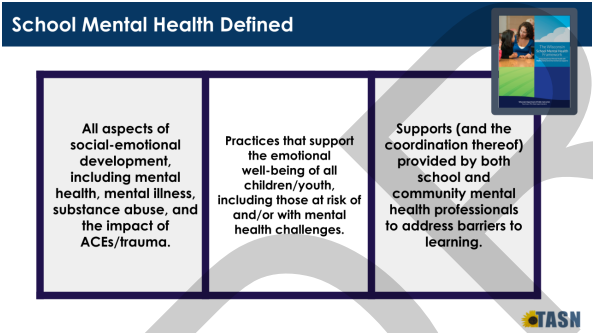
### Impact of Adverse Childhood Experiences on Children/Youth

**Intro:** Neurological pathways within the brain are usage-dependent, meaning parts of the brain used more often are strengthened, while parts used less often are not.<sup>17</sup>

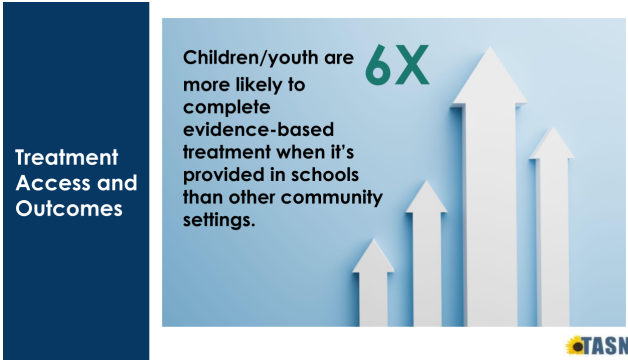

The utilization and subsequent development of the various parts of the brain influence performance and functioning (e.g., intellectual functioning, reading ability, social skills, memory, attention, or focus skills). Studies<sup>4</sup> have validated this impact, showing that children/youth with Adverse Childhood Experiences are at an increased risk of






- ❑ low grades,
- ❑ failing courses,
- ❑ absenteeism,

		<ul style="list-style-type: none"> <li>❑ suspension and expulsion,</li> <li>❑ not graduating, and</li> <li>❑ suicide.</li> </ul> <p><b>Transition:</b> To learn about the potential impact of supporting children/youth with Adverse Childhood Experiences, continue.</p>
	<p><b>Impact of Adverse Childhood Experiences on Caregivers</b></p>  <p>The diagram illustrates the concept of Toxic Stress. A central box labeled 'Toxic Stress' is connected by lines to four surrounding boxes: 'Burnout' (top left), 'Vicarious Trauma' (top right), 'Secondary Traumatic Stress' (bottom right), and 'Compassion Fatigue' (bottom left). The entire diagram is set against a dark blue background with the title 'Impact of Adverse Childhood Experiences on Caregivers' at the top.</p>	<p><b>Impact of Adverse Childhood Experiences on Caregivers</b></p> <p><b>Intro:</b> Caregivers (including educators, mental health professionals, and support staff) who work with highly traumatized children/youth are at risk of the following<sup>18,19,20</sup>:</p> <ul style="list-style-type: none"> <li>❑ <b>Toxic Stress</b> – Stress response system is activated for an extended length of time without proper support.<sup>21</sup></li> <li>❑ <b>Secondary Traumatic Stress</b> – Emotional distress from exposure to the traumatic experience(s) of another.</li> <li>❑ <b>Vicarious Trauma</b> – Cumulative effect that results in negative changes to the view of self, others, and the world.</li> <li>❑ <b>Compassion Fatigue</b> – Decreased concern for others.<sup>4</sup></li> <li>❑ <b>Burnout</b> – Severe fatigue work-related stress (not necessarily exposure to trauma).<sup>4,9</sup></li> </ul> <p><b>Transition:</b> To further illustrate the need to systemically align efforts across organizations, continue.</p>
	<p><b>Schools: The De Facto Mental Health System</b></p>  <p>The first pie chart shows that 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. The second pie chart shows that for children/youth who do receive any type of mental health service, over 70% receive the service from their school.</p>	<p><b>Schools: The De Facto Mental Health System</b></p> <p><b>Intro:</b> Several studies indicate schools are the “de facto mental health system” for children/youth.<sup>22</sup> Key findings include:</p> <ul style="list-style-type: none"> <li>❑ 20% of children/youth have a clearly identified need for mental health services, however, only about 1/3 receive help.</li> <li>❑ Of children/youth who do mental health services, over 70% receive them from their school.</li> </ul> <p><b>Transition:</b> To identify the implications of these findings, continue.</p>

	<p><b>Addressing Mental Health In Kansas School Communities</b></p>  <p>The infographic shows two categories of barriers and needs. The first category, 'Barriers identified in addressing student mental health', includes: Consistency in services, Relationships with families, Little mental health training, Stigma, and Access to services. The second category, '84% of educators agreed or strongly agreed that further professional development training is needed', includes: Mental health disorders, Behavioral management techniques, Specialized skill training, PBIS, and Trauma. The TASH logo is at the bottom right.</p>	<h3>Addressing Mental Health in Kansas School Communities</h3> <p><b>Intro:</b> A report<sup>23</sup> specific Kansas to identified areas of need to improve school mental health processes and practices, including:</p> <ul style="list-style-type: none"> <li>❑ Access to, and consistency across, services</li> <li>❑ Relationships with families</li> <li>❑ Mental health training</li> <li>❑ Reduction in stigma</li> <li>❑ Professional development on topics such as trauma, mental health disorders, behavior management/support, and specialized skill training.</li> </ul> <p><b>Transition:</b> To understand the scope of the term “school mental health”, continue.</p>
	<p><b>School Mental Health Defined</b></p>  <p>The infographic is divided into three columns. The first column is 'All aspects of social-emotional development, including mental health, mental illness, substance abuse, and the impact of ACEs/trauma.' The second column is 'Practices that support the emotional well-being of all children/youth, including those at risk of and/or with mental health challenges.' The third column is 'Supports (and the coordination thereof) provided by both school and community mental health professionals to address barriers to learning.' The TASH logo is at the bottom right.</p>	<h3>School Mental Health Defined</h3> <p><b>Intro:</b> The term “school mental health”<sup>24</sup> encompasses:</p> <ul style="list-style-type: none"> <li>❑ All aspects of social-emotional development, including mental health, mental illness, substance abuse, and the impact of Adverse Childhood Experiences/trauma.</li> <li>❑ Practices that support the emotional well-being of all children/youth, including those at risk of and/or with mental health challenges.</li> <li>❑ Supports (and the coordination thereof) provided by both school and community mental health professionals to address barriers to learning.</li> </ul> <p><b>Transition:</b> To learn more about how comprehensive school mental health has the potential to improve access and outcomes for children/youth, continue.</p>



	 <p><b>Treatment Access and Outcomes</b></p> <p>Children/youth are <b>6X</b> more likely to complete evidence-based treatment when it's provided in schools than other community settings.</p> <p>TASH</p>	<h3>Treatment Access and Outcomes</h3> <p><b>Intro:</b> Studies show that children/youth are six times more likely to complete evidence-based treatment when it's provided in schools than in other community settings.<sup>25</sup> The additional benefits of comprehensive school mental health processes and practices, include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> child/youth academic and psychosocial outcomes,</li> <li><input type="checkbox"/> access to care,</li> <li><input type="checkbox"/> early identification and intervention,</li> <li><input type="checkbox"/> positive school climate and safety,</li> <li><input type="checkbox"/> child/youth, home caregiver, educator, and peer engagement, and</li> <li><input type="checkbox"/> continuum of services.</li> </ul> <p><b>Transition:</b> To understand fundamental beliefs underlying effective school mental health processes and practices, continue.</p>
	 <p><b>Trauma-Responsive Principles</b></p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> <li><b>Use</b> a collaborative approach</li> </ul> <p>TASH</p>	<h3>Trauma-Responsive Principles</h3> <p><b>Intro:</b> Core principles<sup>9</sup> must be embedded in efforts to implement school mental health processes and practices including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ensure</b> emotional and physical safety</li> <li><input type="checkbox"/> <b>Believe</b> that healing happens in relationships</li> <li><input type="checkbox"/> <b>View</b> children/youth holistically</li> <li><input type="checkbox"/> <b>Strive</b> for cultural competence</li> <li><input type="checkbox"/> <b>Support</b> choice, control, and empowerment</li> <li><input type="checkbox"/> <b>Understand</b> trauma and its impact</li> <li><input type="checkbox"/> <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> To check for understanding around the learning target for this module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Process and Practices</i>, continue.</p>

	 <p>Check for Understanding</p>  	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following is NOT an accurate description of the need to strategically implement cross-system, trauma-responsive school mental health processes and practices?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adverse Childhood Experiences, which are common, place children/youth at greater risk for negative outcomes.</li> <li><input type="checkbox"/> Schools are the de facto mental health system and educators, therefore, should be trained to provide clinical mental health services.</li> <li><input type="checkbox"/> Children/youth are six times more likely to complete evidence-based treatment when it's provided in schools than in other community settings.</li> <li><input type="checkbox"/> A collaborative approach to addressing the mental health needs of children/families is trauma-responsive and stands to produce greater outcomes.</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
	 <p>Conclusion</p> <p>Articulate the need for trauma-responsive, cross-system school mental health process and practices.</p> 	<p><b>Conclusion</b></p> <p><b>Intro:</b> The learning target for the <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i> module has been met:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Articulate the context for cross-system, trauma-responsive processes and practices.</li> </ul> <p>Return to this module at any time for review.</p> <p><b>Transition:</b> The next module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, identifies the building blocks around which systems must align to structure and implement effective school mental health practices.</p>
ALIGNMENT OF CROSS-SYSTEM, SCHOOL MENTAL HEALTH PROCESSES AND PRACTICES		
Facilitator	Slide	Content

	<div data-bbox="535 175 735 256"> </div> <div data-bbox="409 316 865 368"> <p>Alignment of Cross-System, School Mental Health Processes and Practices</p> </div> <div data-bbox="350 444 846 492"> <p><small>The TASN School Mental Health Initiative (SMHI) is funded through a grant from the U.S. Department of Education (H2024-1706) and is administered by the Kansas Department of Education. The contents do not necessarily represent the policy of the U.S. Department of Education and equipment to the Office of Special Education Programs should not be required. The text does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiry regarding non-discrimination policies should be sent to: Disability Services, Learning Services, 300 S. Lawrence Blvd., Topeka, KS 66601-1001. The report is intended for educational purposes only. The information contained herein is not intended to take the place of individualized assessment, clinical or research information, and should not be used to replace the role of the school or other professionals. School photographs should not be used to replace the role of the school. These photographs and videos are protected by copyright law. Reproduction or use of any photo or video content in the present document without written permission is prohibited. Photographs and images © / Adobe Stock.</small></p> </div> <div data-bbox="861 467 921 492"> </div>	<h2>Introduction</h2> <p><b>Review:</b> The previous module, <i>Need for Trauma-Responsive, Cross-System School Mental Health Processes and Practices</i>, explained the need for the implementation of cross-system, trauma-responsive school mental health processes and practices.</p> <p><b>Intro:</b> This module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, identifies the building blocks around which systems can be aligned to improve mental health outcomes for children/youth.</p> <p><b>Transition:</b> To identify learning targets for this module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, continue.</p>
	<h2>Learning Target</h2> <div data-bbox="388 716 623 823"> <p>Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.</p> </div> <div data-bbox="640 678 877 906"> </div> <div data-bbox="877 906 928 925"> </div>	<h2>Learning Target</h2> <p><b>Intro:</b> Identify the objectives for this module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, below.</p> <ul style="list-style-type: none"> <li>Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.</li> </ul> <p><b>Transition:</b> To identify the context for supporting the mental health needs of children/youth in education, continue.</p>
	<h2>Kansans Can Integrated Learning Process</h2> <div data-bbox="430 1089 825 1390"> </div> <div data-bbox="871 1339 926 1360"> </div>	<h2>Kansans Can Integrated Learning Process</h2> <p><b>Intro:</b> In recognition of current research regarding the interrelatedness of brain/neurodevelopment and subsequent functioning to the environment, including experiences and relationships, the Kansas State Department of Education promotes an integrated learning process.<sup>26</sup></p> <p>Identify elements of the “Kansans Can Integrated Learning Process”, below.</p> <ul style="list-style-type: none"> <li><b>Individual</b> – Individuals, from child to adult, have biological, psychological and social dimensions that are developed in a holistic education<sup>26</sup></li> <li><b>Biological</b> – Mindful neurodevelopment and self-care<sup>26</sup></li> </ul>

- ❑ **Psychological** – Ethics, emotional literacy, cognitive and intrapersonal skills<sup>26</sup>
- ❑ **Social** – Empathy, character, integrity and interpersonal skills<sup>26</sup>
- ❑ **Co-regulation** – Occurs when the regulated nervous system of the adult signals and implicitly assists the regulation of the student's nervous system. This creates the safety and attachment necessary for developing more explicit skills needed to regulate personal behavior and develop mutually satisfying relationships.<sup>26</sup>
- ❑ **Agency** – Learning to self-regulate is foundational to developing agency. Agency includes the growing ability to make decisions about one's own life and influence one's environment.<sup>26</sup>



- ❑ **Serve and Return** – At the heart of the process, it is the fundamental interaction that shapes brain architecture. When a child expresses a need (serve) and receives a constructive response from an adult (return), neural connections are built that support the development of learning, social skills, communication and a healthy nervous system.<sup>26</sup>



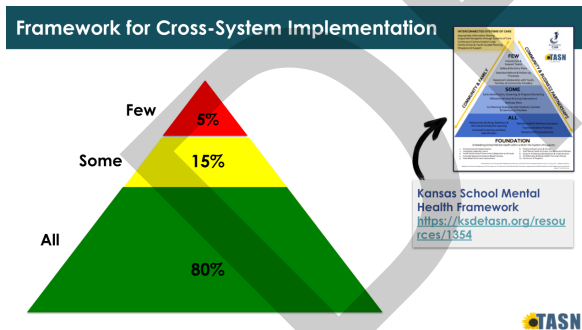
- ❑ **Feedback** – The results of these interactions [above] provide the student and teacher with feedback, which offers more opportunities for serve-and-return interaction, co-regulation, and the infinite learning process continues.<sup>26</sup>
- ❑ **Engagement** – Engagement is critical for both academic and social-emotional learning. Classrooms rich in connectivity, collaboration, and supportive relationships; that provide students the opportunity to practice relevant choice and decision-making regarding interests; that foster observation and self-reflection; are classrooms that integrate and promote social emotional and academic growth.<sup>26</sup>
- ❑ **Environment** – In the Kansas accrediting model, the environment supports this through a focus on relationships, relevance, rigor, and responsive culture.<sup>26</sup>

- ❑ **Relationships** – A state of interconnectedness - among people, curricula, programs, projects, and communities - is critical in establishing connections that result in high-performing learning environments.<sup>27</sup>
- ❑ **Relevance** – The power and ability of specific information to meet the needs of its user - strengthens learner motivation and allows learning to become more engaging, empowering, connected, applicable to the real-world, and socially significant.<sup>27</sup>
- ❑ **Rigor** – A relentless pursuit of that which challenges and provides opportunity to demonstrate growth and learning - is essential in addressing the needs of our rapidly expanding society and world.<sup>27</sup>
- ❑ **Responsive Culture** – One that readily reacts to suggestions, influences, appeals, efforts, or opportunities - empowers all stakeholders to become respectful of, responsible for, and involved in learning, the learning process, and the learning community.<sup>27</sup>

#### RESOURCE:

- ❑ Kansans Can Integrated Learning Process Summary

**Transition:** To identify a framework for the implementation of integrated learning, continue.



#### Framework for Cross-System Implementation

**Intro:** The Multi-Tier System of Support framework (initially utilized by the public health system) is utilized to identify and provide appropriate academic, behavioral, social, and emotional support for children/youth.

The Multi-Tier System of Support framework categorizes the “tiers” (or levels) of prevention and supports that children/youth receive based upon ongoing or changing levels of need:

- ❑ **Tier 1** – All children/youth receive Tier 1 in the form of instruction and support. Services (time and focus) are based on the needs of all children/youth, as well as maintaining fidelity to the curricula used.
- ❑ **Tier 2** – Consists of supplemental, evidence-based interventions for 5-15%, or “some” children/youth, in addition to Tier 1 instruction.

		<ul style="list-style-type: none"> <li>❑ More “intense” than Tier 1 services (i.e., additional time focused on targeted skills via instruction and intervention, as indicated by data) and may be provided by a variety of trained professionals in a variety of settings.</li> <li>❑ Progress is monitored to ensure improvement and to determine whether additional adjustments to interventions are needed.</li> <li>❑ Requires effective levels of collaboration and coordination among the staff (general, specialized and, in some cases, community providers) as well as dedication to adjusting the intervention if progress monitoring does not show adequate growth.</li> <li>❑ <b>Tier 3</b> – Consists of intensive interventions provided to 1-5%, or “few” children/youth, who receive Tier 3 services in addition to Tier 1 instruction. <ul style="list-style-type: none"> <li>❑ The purpose is to help children/youth overcome significant barriers to learning the academic and/or behavior and social skills required for success.</li> <li>❑ Requires additional time and a more targeted focus of instruction and intervention, with more frequent progress monitoring.</li> <li>❑ Requires effective levels of collaboration and coordination among the staff (general and specialized) and dedication to adjusting the intervention if progress monitoring does not show adequate growth.</li> </ul> </li> </ul> <p>The desired outcome of children/youth who receive Tier 2 or Tier 3 services is to return to only needing Tier 1 core instruction/support. For students who are referred for a special education evaluation, the information gathered through the Multi-Tier System of Supports process is valuable.</p> <p>The <i>Kansas School Mental Health Framework</i> demonstrates the integration of efforts with the larger school community to enhance this continuum of support.</p>
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## RESOURCE(S)

- ❑ Kansas School Mental Health Framework
- ❑ School Mental Health: A Resource for Kansas School Communities

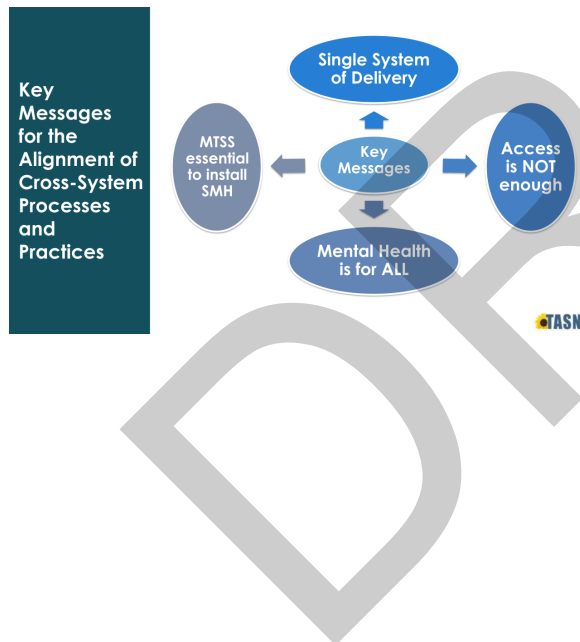
**Transition:** To identify how this continuum of support is further refined to account for the astounding number of children/youth impacted by Adverse Childhood Experiences, continue.




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

**Intro:** Traditional practices of schools and community organizations that serve children/youth separately have resulted in an inconsistent delivery of services and gaps for some of the most at risk children/youth.<sup>22</sup>

The Interconnected Systems Framework – which emerged from the work of Positive Behavioral Interventions and Supports and is built on implementation science – provides a structured process for integrating community partners and aligning efforts within the Multi-Tier System of Support framework utilized by education. The key messages of an Interconnected Systems Framework are:

- ❑ **Implement a Single System of Delivery** – In an aligned system of delivery, education and mental health leverage cross-system data and multi-disciplinary teams to implement a continuum of evidence-based behavioral/mental health practices.<sup>28</sup>
- ❑ **Mental Health is for All** – “Mental health is for all” recognizes the value of supporting mental wellness across a continuum of supports<sup>28</sup> with the same level of attention and concern as cognitive development and academic achievement.
- ❑ **Access is Not Enough** – Historically, school mental health programs have focused on counting the number of children/youth referred to mental health providers and considered the number of children/youth receiving a service as a measure of effectiveness.
  - ❑ Simply gaining access to school mental health programs, however, is an insufficient metric of effectiveness.



		<ul style="list-style-type: none"> <li>❑ Systems need to move from access to outcomes as their determining measurement of impact.<sup>28</sup></li> <li>❑ <b>A Multi-Tier System of Support is Essential to Install School Mental Health</b> – Within a Multi-Tier System of Support framework, data-driven supports are provided on a continuum of three tiers, based on child/youth need and progress. Utilization of a Multi-Tier System of Support framework, with the inclusion of community partners, provides the structure needed to effectively align cross-system processes and practices. <ul style="list-style-type: none"> <li>❑ Coordinated implementation with a representative leadership team</li> <li>❑ Use of data to guide decisions</li> <li>❑ Formal processes for the selection and implementation of evidence-based practices across tiers</li> <li>❑ Early access to needed services through use of comprehensive screening</li> <li>❑ Rigorous progress-monitoring system for both fidelity and effectiveness of supports</li> <li>❑ Professional development and ongoing coaching at both the systems and practices level.<sup>28, 29</sup></li> </ul> </li> </ul> <p><b>Transition:</b> To check for understanding around the learning target for this module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, continue.</p>
	  	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following best describes the reason for systematically aligning cross-system efforts to structure and implement school mental health practices?</p> <ul style="list-style-type: none"> <li>❑ To determine children/youth that may be at risk for suicide and prevent suicide.</li> <li>❑ To provide access to mental health supports for as many children/youth as possible.</li> </ul>

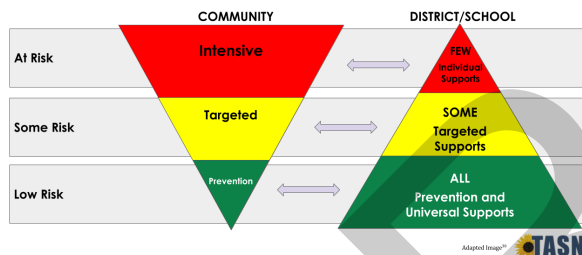


- ❑ To prevent child/youth sexual abuse.
- ❑ To move beyond mere access to mental health services to systematic implementation and outcomes measured across environments.

**Transition:** To conceptualize how district and community partners can begin to align efforts, continue.

**FACILITATION:** Share the check for understanding.

#### Where and How to Begin Aligning System Efforts



#### Where and How to Begin Aligning System Efforts

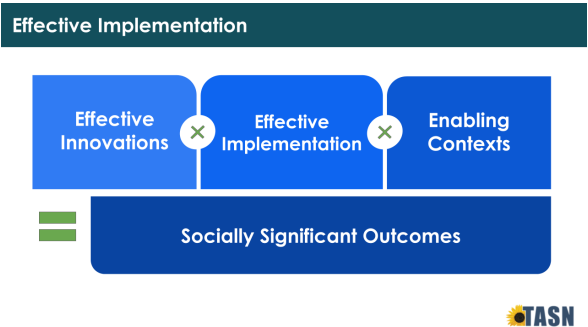

**Intro:** While there is no better base for an effective Tier 3 than an effective Tier 1, when initially aligning efforts across systems, it can be helpful to begin collaboration around needs within Tier 3, as this represents the area in which schools and community agencies are often already serving the same children/youth.

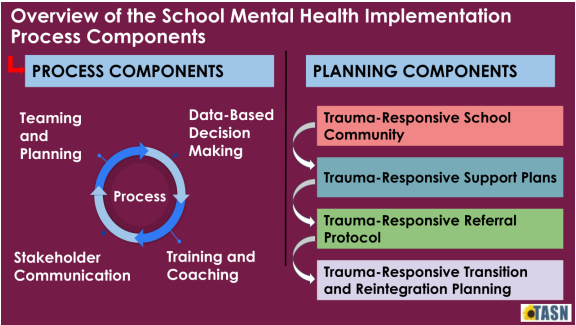


- ❑ Districts, designed to provide universal and some targeted supports, support all children/youth.
- ❑ Community Mental Health Centers, designed and funded to provide more targeted and intensive supports to the children/youth most at risk.
- ❑ Aligned, cross-system efforts support all children/youth and caregivers with complimentary supports and services, while reducing duplication of efforts.

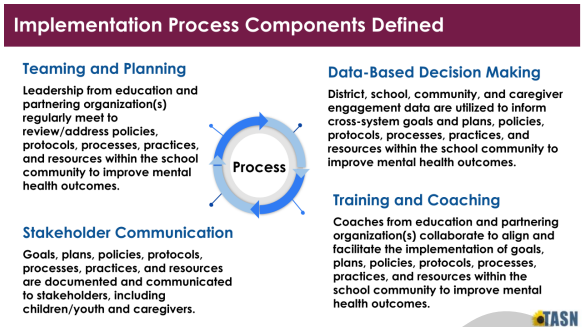
#### RESOURCE:

- ❑ Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA)

**Transition:** To understand how implementation science supports cross system alignment, continue.

	 <p>The diagram illustrates the process of effective implementation. It starts with 'Effective Innovations', followed by 'Effective Implementation', and then 'Enabling Contexts'. These three components are connected by 'X' marks, indicating a sequential process. The final outcome is 'Socially Significant Outcomes', which is represented by a large blue box at the bottom. The TASH logo is visible in the bottom right corner of the diagram.</p>	<p><b>Effective Implementation</b></p> <p><b>Intro:</b> Effective practices implemented with fidelity, strong leadership, assessment, and supports create the contextual change that leads to desired outcomes. As such, the process of alignment requires a District-Community Leadership Team committed to examining and refining processes and practices across the school community.<sup>22</sup></p> <ul style="list-style-type: none"> <li>❑ Research shows an 80% success rate for initiatives with an implementation team over the course of three years, compared to a 14% success rate for programs without an implementation team over the course of 17 years.<sup>10</sup></li> </ul> <p>Subsequent modules provide specific steps and resources to accomplish this needed work utilizing principles from implementation science.</p> <ul style="list-style-type: none"> <li>❑ Implementation science is the study of factors that influence the full and effective use of innovations in practice to bridge the gap between knowledge and practice.<sup>31,32</sup></li> </ul> <p><b>Transition:</b> To conclude this module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, continue.</p>
	 <p>The diagram shows a wooden building block structure with a checkmark, symbolizing the completion of the module. A text box next to the structure reads: 'Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.' The TASH logo is visible in the bottom right corner of the diagram.</p>	<p><b>Conclusion</b></p> <p><b>Intro:</b> The learning target for the <i>Alignment of Cross-System, School Mental Health Processes and Practices</i> module has been met:</p> <ul style="list-style-type: none"> <li>❑ Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.</li> </ul> <p>Return to this module at any time for review.</p> <p><b>Transition:</b> The next module, <i>Overview of the School Mental Health Implementation Process Components</i>, describes the application of the School Mental Health Implementation Process.</p>
OVERVIEW OF THE SCHOOL MENTAL HEALTH IMPLEMENTATION PROCESS COMPONENTS		
Facilitator	Slide	Content

	<p><b>Overview of the School Mental Health Implementation Process Components</b></p> 	<p><b>Introduction</b></p> <p><b>Review:</b> The previous module, <i>Alignment of Cross-System, School Mental Health Processes and Practices</i>, provided an overview of the building blocks around which systems should align to improve mental health outcomes for children/youth.</p> <p><b>Intro:</b> This module, <i>Overview of the School Mental Health Implementation Process Components</i>, describes the application of the School Mental Health Implementation Process.</p> <p><b>Transition:</b> To identify learning targets for this module, <i>Overview of the School Mental Health Implementation Process Components</i>, continue.</p>
	<p><b>Learning Target</b></p> 	<p><b>Learning Target</b></p> <p><b>Intro:</b> The learning target for the <i>Overview of the School Mental Health Implementation Process Components</i> module, is:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the application of the School Mental Health Implementation Process.</li> </ul> <p><b>Transition:</b> To review the core principles essential to the School Mental Health Implementation Process, continue.</p>
	<p><b>Core Principles of the School Mental Health Implementation Process</b></p> 	<p><b>Core Principles of the School Mental Health Implementation Process</b></p> <p><b>Intro:</b> The core principles<sup>9</sup> guiding the School Mental Health Implementation Process include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ensure</b> emotional and physical safety</li> <li><input type="checkbox"/> <b>Believe</b> that healing happens in relationships</li> <li><input type="checkbox"/> <b>View</b> children/youth holistically</li> <li><input type="checkbox"/> <b>Strive</b> for cultural competence</li> <li><input type="checkbox"/> <b>Support</b> choice, control, and empowerment</li> <li><input type="checkbox"/> <b>Understand</b> trauma and its impact</li> <li><input type="checkbox"/> <b>Use</b> a collaborative approach</li> </ul>

		<p><b>Transition:</b> To learn about the specific Implementation Process Components, continue.</p>
	 <p><b>Implementation Process Components Defined</b></p> <p><b>Teaming and Planning</b> 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.</p> <p><b>Data-Based Decision Making</b> 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.</p> <p><b>Training and Coaching</b> 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.</p> <p><b>Stakeholder Communication</b> Goals, plans, policies, protocols, processes, practices, and resources are documented and communicated to stakeholders, including children/youth and caregivers.</p>	<p><b>Implementation Process Components Defined</b></p> <p><b>Intro:</b> The following explicitly defined School Mental Health Implementation Process Components provide essential structure to School Mental Health Implementation planning:</p> <ul style="list-style-type: none"> <li>❑ <b>Teaming and Planning</b> – Leadership from education and partnering organization(s) regularly meet to review/address goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.</li> <li>❑ <b>Data-Based Decision Making</b> – District, school, community, and caregiver engagement data are utilized to inform cross-system goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.</li> <li>❑ <b>Training and Coaching</b> – 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.</li> <li>❑ <b>Stakeholder Communication</b> – Goals, plans, policies, protocols, processes, practices, and resources to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers.</li> </ul> <p><b>Transition:</b> To understand how the Implementation Process supports goal setting through the development of actionable planning, continue.</p>

### 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.

### Implementation Planning Components

**Intro:** Recall that these Implementation Process Components provide essential structure for installing and implementing School Mental Health Planning components:

- ❑ **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.

Note the following definitions:

- ❑ **Policy** – A high-level overall plan embracing the general goals and acceptable procedures especially of a governmental body
- ❑ **Protocol** – A system of rules that explain the correct conduct and procedures to be followed in formal situations
- ❑ **Process** – To subject to or handle through an established usually routine set of procedures
- ❑ **Practice** – Actual performance or application

**Transition:** To learn about the *Implementation Process and Planning Application*, continue.

# Implementation Process and Planning Application

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

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

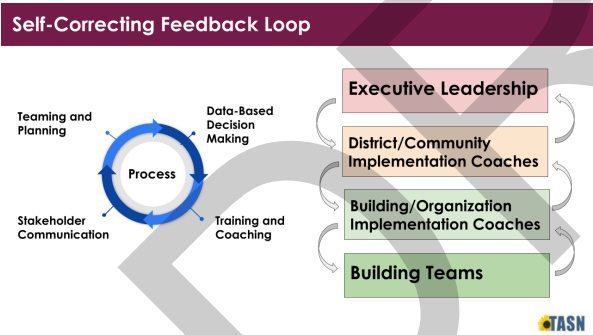
Who	What	When	Outcome





## Implementation Process and Planning Application

**Intro:** The District-Community Leadership Team utilizes the Implementation Process outlined below to effectively install and implement School Mental Health Planning Components.

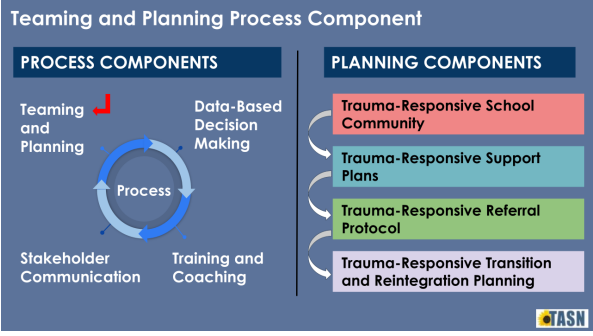
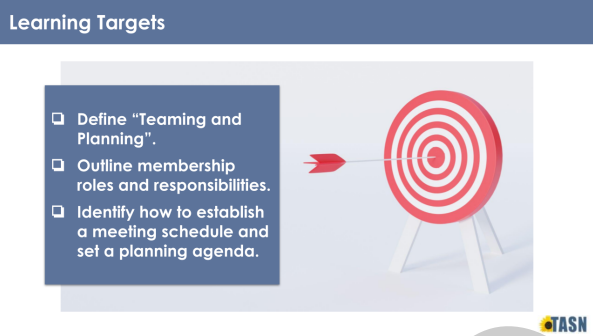

- ❑ **Step 1** – Assess current implementation level of the selected planning component utilizing the *School Mental Health Implementation Rubric* for both the district and the organization by asking:
  - ❑ What practices, policies, or resources are in place; Needed? (Teaming and Planning)
  - ❑ What 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)
- ❑ **Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component.
  - ❑ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
  - ❑ **Measurable** – Objective includes how the action will be measured.
  - ❑ **Attainable** – Objective is realistic given the realities faced in the community.
  - ❑ **Relevant** – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.
  - ❑ **Time-Bound** – Outlines a specific timeline.
- ❑ **Step 3** – Develop an action plan that accounts for each of the process components:
  - ❑ Needed practices, policies, or resources needed (Teaming and

		<p>Planning)</p> <ul style="list-style-type: none"> <li>❑ Data points that will be utilized (Data-Based Decision Making)</li> <li>❑ Provision of support (Training and Coaching)</li> <li>❑ Stakeholder communication plan (Stakeholder Communication)</li> </ul> <ul style="list-style-type: none"> <li>❑ <b>Step 4</b> – Complete identified action items necessary to achieve the SMART goal.</li> <li>❑ <b>Step 5</b> – Review progress and data to inform next steps.</li> </ul> <p>As the District-Community Leadership Team completes action items and meets goals, the process is repeated, systematically moving through the phases of implementation for each planning component.</p> <p>In addition to facilitating effective implementation, the process components defined above promote self-correcting feedback, which enables the District-Community Leadership Team to maintain an enabling context and make adjustments as needed.</p> <p><b>Transition:</b> To learn about the significance of a self-correcting feedback loop, continue.</p>
		<p><b>Self-Correcting Feedback Loop</b></p> <p><b>Intro:</b> A self-correcting feedback loop is a formal structure and process that facilitates communication across organizational levels and informs leaders and policymakers around implementation barriers and successes to develop an aligned system.<sup>34</sup></p> <p>A District-Community Leadership Team’s application of the school mental health process provides feedback for reviewing and adjusting school mental health implementation processes and planning.<sup>35,36</sup></p> <p><b>Transition:</b> To check for understanding, continue.</p>



		<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following statements best reflects the School Mental Health Implementation Process?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A District-Community Leadership Team, consisting of executive-level leadership from both education and partnering organization(s), meets regularly to determine when a child/youth needs a more restrictive placement.</li> <li><input type="checkbox"/> National level experts on topics related to mental health are regularly invited to present on inservice days.</li> <li><input type="checkbox"/> Caregivers are provided with a list of local resources.</li> <li><input type="checkbox"/> District, school, community, and home caregiver engagement data are utilized to inform cross-system goals and action plans that address school mental health protocols, referral processes.</li> </ul> <p><b>Transition:</b> To conclude the <i>Overview of the School Mental Health Implementation Process Components</i> module, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
		<p><b>Conclusion</b></p> <p><b>Intro:</b> The below learning target for the module, <i>Overview of School Mental Health Implementation Process Components</i> has been met:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the application of the School Mental Health Implementation Process.</li> </ul> <p>Return to this module at any time for review.</p> <p><b>Transition:</b> In the next module, <i>Teaming and Planning Process Component</i>, participants will identify effective practices for cross-system teaming and planning as an integral part of the School Mental Health Implementation Process.</p>
<b>TEAMING AND PLANNING PROCESS COMPONENT</b>		
<b>EFT</b>	<b>Slide</b>	<b>Content</b>



	 <p>The diagram illustrates the Teaming and Planning Process Component. It is divided into two main sections: PROCESS COMPONENTS and PLANNING COMPONENTS. The PROCESS COMPONENTS section includes a circular flow diagram with four stages: Teaming and Planning, Data-Based Decision Making, Training and Coaching, and Stakeholder Communication. The PLANNING COMPONENTS section lists four key components: Trauma-Responsive School Community, Trauma-Responsive Support Plans, Trauma-Responsive Referral Protocol, and Trauma-Responsive Transition and Reintegration Planning. The TASN logo is visible in the bottom right corner.</p>	<h3>Introduction</h3> <p><b>Review:</b> The previous module, <i>Overview of the School Mental Health Implementation Process Components</i>, provided an overview of the School Mental Health Implementation Process and Components.</p> <p><b>Intro:</b> This module provides details on how to apply the Teaming and Planning Process Component in practice.</p> <p><b>Transition:</b> To identify the learning target for this module, <i>Teaming and Planning Process Component</i>, continue.</p>
	 <p>The graphic titled 'Learning Targets' features a target icon with an arrow in the bullseye. To the left of the target is a list of three learning targets:</p> <ul style="list-style-type: none"> <li>❑ Define "Teaming and Planning".</li> <li>❑ Outline membership roles and responsibilities.</li> <li>❑ Identify how to establish a meeting schedule and set a planning agenda.</li> </ul> <p>The TASN logo is visible in the bottom right corner.</p>	<h3>Learning Targets</h3> <p><b>Intro:</b> Identify the learning targets for the <i>Teaming and Planning Process Component</i> module below:</p> <ul style="list-style-type: none"> <li>❑ Define "Teaming and Planning".</li> <li>❑ Outline membership roles and responsibilities.</li> <li>❑ Identify how to establish a meeting schedule and planning agenda.</li> </ul> <p><b>Transition:</b> To review the core principles around which the Teaming and Planning Process is centered, continue.</p>
	 <p>The graphic titled 'Core Principles of Teaming and Planning' lists seven principles, each with a corresponding action verb and description:</p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> <li><b>Use</b> a collaborative approach</li> </ul> <p>The TASN logo is visible in the bottom right corner.</p>	<h3>Core Principles of Teaming and Planning</h3> <p><b>Intro:</b> The Teaming and Planning Process is centered around the following core principles<sup>9</sup>:</p> <ul style="list-style-type: none"> <li>❑ <b>Ensure</b> emotional and physical safety</li> <li>❑ <b>Believe</b> that healing happens in relationships</li> <li>❑ <b>View</b> children/youth holistically</li> <li>❑ <b>Strive</b> for cultural competence</li> <li>❑ <b>Support</b> choice, control, and empowerment</li> <li>❑ <b>Understand</b> trauma and its impact</li> <li>❑ <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> For a definition of the Teaming and Planning Process Component and to learn how to assess it within the context of implementation science, continue.</p>

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: <ul style="list-style-type: none"> <li>❑ Establish a meeting schedule and meeting format/location.</li> <li>❑ Establish clearly defined roles and responsibilities.</li> <li>❑ Attend and actively participate in all meetings.</li> <li>❑ Utilize a structured meeting agenda.</li> <li>❑ Utilize a shared electronic platform for collaborative activities.</li> </ul>					

## Definition of Teaming and Planning

**Intro:** In practice, the Teaming and Planning Process Component occurs via regular meetings in which leadership from education and partnering organization(s) come together to review and address goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

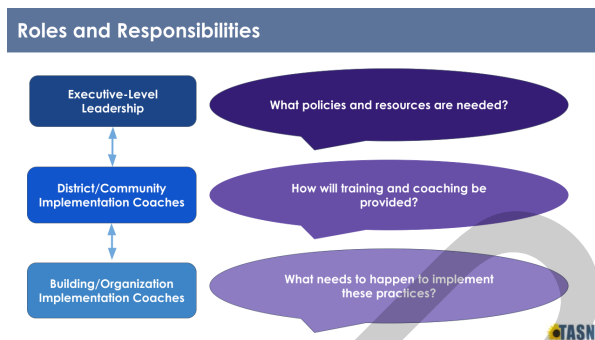
To enable effective teaming and planning, District-Community Leadership Teams:

- ❑ 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.

District-Community Leadership Teams assess current implementation level of the Teaming and Planning Process Component utilizing the *School Mental Health Implementation Rubric*:

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

**Transition:** To identify District-Community Leadership Team member roles and responsibilities, continue.



## Roles and Responsibilities

**Intro:** District-Community Leadership Team members consist of Executive-Level Leadership, District/Community, and Building/Organization Implementation Coaches.

District-Community Leadership Team member roles consist of the following:

- ❑ **Executive-Level Leadership** – Coordinate time, schedules, and resources; authorize decisions; and adjust policies where needed.
  - ❑ **Organization** – Executive Director or designee; Community-Based Service Director or designee
  - ❑ **District** – Superintendent or designee; Special Education Director or designee
    - ❑ *“What policies and resources are needed?”*
- ❑ **District/Community Implementation Coaches** – Implement 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 District-Community Leadership Team without external support.
  - ❑ **Organization** – Community-Based Service Provider; Clinical Director
  - ❑ **District** – School Social Worker; School Psychologist; School Counselor; Behavior Specialist
    - ❑ *“How will training and coaching be provided?”*
- ❑ **Building/Organization Implementation Coaches** – Under the guidance of District/Community Implementation Coaches, implement 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.
  - ❑ **Organization** – School-based social worker; Case manager

- ☐ **District** – School Social Worker; School Psychologist; School Counselor; Behavior Specialist

- ☐ *“What needs to happen to implement these practices?”*

**Transition:** To identify a meeting schedule and agenda, continue.

## Schedules and Agendas

**Intro:** A schedule that allows for meaningful planning and accounts for the time needed for follow-up activities between meetings is necessary for sustainable implementation.

To structure the schedule, prior to each academic year, identify the following:

### ☐ **District-Community Leadership Team Meetings**

- ☐ **Dates:** Approximately five meetings per year
- ☐ **Times:** Approximately three hours per meeting
- ☐ **Location(s):** Central, district, organization, or online

### ☐ **District/Community Implementation Coaching Activities**

#### ☐ **Meetings**

- ☐ **Dates:** Two weeks following District-Community Leadership Team meetings
- ☐ **Times:** Approximately 90 minutes

#### ☐ **Action Items/Follow Up**

- ☐ Approximately two hours per month

As District-Community Leadership Teams and coaches gain experience with the process and advance implementation, schedules must additionally account for:

- ☐ District/community-wide training and coaching activities
- ☐ Building/organization implementation coaching activities

Approximately one week prior to each meeting, District-Community Leadership Team members are provided with a structured agenda that outlines:

### 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 14, 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:

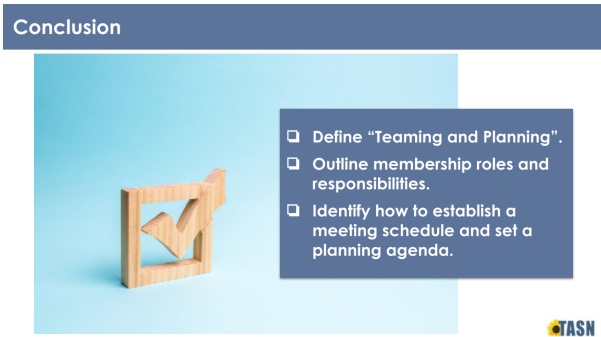
- ☐ Trauma Responsive School Community Facilitation Guide
- ☐ Moodie Users Guide

#### WHAT TO BRING/HOW TO PREPARE:

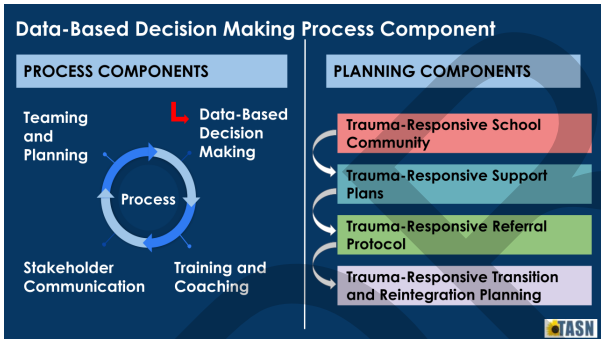
- ☐ Computer
- ☐ Consider: Your system's previous experience and definition of "Trauma-Responsive"
- ☐ Prepare any stakeholder feedback received




		<ul style="list-style-type: none"> <li><input type="checkbox"/> A description of the planning component(s) the District-Community Leadership Team is focusing implementation efforts around.</li> <li><input type="checkbox"/> Learning targets and/or meeting objectives.</li> <li><input type="checkbox"/> SMART goal(s) and action item(s)</li> <li><input type="checkbox"/> How to prepare/What to bring</li> </ul> <p><b>Transition:</b> To check for understanding of the Teaming and Planning Process Component, continue.</p>
	 	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> In practice, the District-Community Leadership Team applies the Teaming and Planning Process to identify needed policy changes, protocols, practices, and resource allocation.</p> <p>To effectively implement the Teaming and Planning Process Component, a District-Community Leadership Team requires all but which of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent attendance and active participation from identified members.</li> <li><input type="checkbox"/> A pre-established schedule for the upcoming academic year that accounts for meetings and the time needed to complete action items.</li> <li><input type="checkbox"/> Fluid roles and responsibilities for team members.</li> <li><input type="checkbox"/> Structured agendas that account for the development of and follow up on SMART goals and action items.</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Teaming and Planning Process Component</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>

		<p><b>Conclusion</b></p> <p><b>Intro:</b> The following learning targets for the <i>Teaming and Planning Process Component</i> module have been met:</p> <ul style="list-style-type: none"> <li>❑ Define “Teaming and Planning”.</li> <li>❑ Outline membership roles and responsibilities.</li> <li>❑ Identify how to establish a meeting schedule and planning agenda.</li> </ul> <p>Return to this module at any time for review.</p> <p><b>Transition:</b> The next module, <i>Data-Based Decision Making Process Component</i>, provides District-Community Leadership Teams with an understanding of the Training and Coaching Process Component in practice.</p>
--	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## DATA-BASED DECISION MAKING PROCESS COMPONENT

Facilitator	Slide	Content
		<p><b>Introduction</b></p> <p><b>Review:</b> The previous module, <i>Teaming and Planning Process Component</i>, provided District-Community Leadership Teams with an understanding of the Teaming and Planning Process Component in practice.</p> <p><b>Intro:</b> This module supports District-Community Leadership Teams in applying the Data-Based Decision Making Process Component in practice.</p> <p><b>Transition:</b> To identify the learning target for this module, <i>Data-Based Decision Making Process Component</i>, continue.</p>

	<div>Learning Target</div> <div>Identify key factors for successful cross-system data-based decision making.</div>  <div>TASH</div>	<div>Learning Target</div> <div>Intro: Identify the learning target for the Data-Based Decision Making Process Component below:</div> <div><div>Identify key factors for successful cross-system data-based decision making.</div></div> <div>Transition: To review the core principles central to the Data-Based Decision Making Process, continue.</div>												
	<div>Core Principles for Data-Based Decision Making</div> <div><div>Ensure</div> emotional and physical safety</div> <div><div>Believe</div> that healing happens in relationships</div> <div><div>View</div> children/youth holistically</div> <div><div>Strive</div> for cultural competence</div> <div><div>Support</div> choice, control, and empowerment</div> <div><div>Understand</div> trauma and its impact</div> <div><div>Use</div> a collaborative approach</div> <div>TASH</div>	<div>Core Principles for Data-Based Decision Making</div> <div>Intro: Data-based decisions to implement school mental health processes and practices are informed by the following core principles<sup>9</sup>:</div> <div><div>Ensure</div> emotional and physical safety</div> <div><div>Believe</div> that healing happens in relationships</div> <div><div>View</div> children/youth holistically</div> <div><div>Strive</div> for cultural competence</div> <div><div>Support</div> choice, control, and empowerment</div> <div><div>Understand</div> trauma and its impact</div> <div><div>Use</div> a collaborative approach</div> <div>Transition: For a definition of the Data-Based Decision Making Process Component and to learn how to assess it within the context of implementation science, continue.</div>												
	<div>Definition of the Data-Based Decision-Making Process Component</div> <div>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.</div> <table><tr><td>Phase</td><td>Exploration</td><td>Installation</td><td>Initial Implementation</td><td>Full Implementation</td><td>Sustainability and Innovation</td></tr><tr><td>Description</td><td>Willingness, demonstrated by participation in exploration meetings.</td><td>Commitment, evidenced by agreement to participate.</td><td>Change, evidenced by implementation activities.</td><td>Fidelity and outcomes, evidenced by process fidelity and outcomes data.</td><td>Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.</td></tr></table> <div>Data collection activities are:</div> <div><div>Clear – Directly informs planning and outcomes.</div><div>Appropriate – Accurately informs concerns and supports.</div><div>Comprehensive – Provides a view of the whole child/youth.</div><div>Flexible – Is adjusted based upon relevant measures and reviews.</div><div>Feasible – Is manageable to collect and utilize in a meaningful way.</div></div> <div>TASH</div>	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.	<div>Definition of the Data-Based Decision Making Process Component</div> <div>Intro: In practice, data-based decision making is enacted through the review of district, school, community, and caregiver engagement data to inform cross-system goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.</div> <div>Effective cross-system data collection and data-based decision making results in alignment of planning efforts<sup>22</sup> across school and community, and includes several key characteristics:</div>
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.									



- ☐ **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.

Assess current implementation level of the Data-Based Decision Making Process Component utilizing the *School Mental Health Implementation Rubric*:

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

**Transition:** To learn about the key feature, clear data-based decision making, continue.

#### Clear Data-Based Decision Making




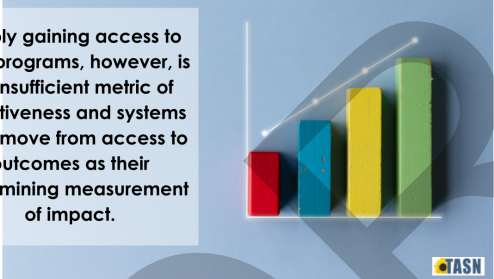
#### Clear Data-Based Decision Making

**Intro:** Clarity includes objective, transparent decision making ultimately intended to result in adoption and successful implementation of evidence-based supports. To that end, data collection must account for:

- ☐ System and practitioner competence,
- ☐ Implementation fidelity, and
- ☐ Effect of a given practice, strategy, or policy.<sup>28</sup>

**Transition:** To understand how to ensure appropriate data-based decision making, continue.



	<p><b>Appropriate Data Types and Sources</b></p> 	<p><b>Appropriate Data-Based Decision Making</b></p> <p><b>Intro:</b> Appropriate data-based decision making requires that District-Community Leadership Teams collect and analyze data as follows:</p> <ul style="list-style-type: none"> <li>❑ From multiple types and sources</li> <li>❑ At varying levels (e. g., child/youth, classroom, or school-wide)</li> <li>❑ Aggregate/disaggregate to identify patterns and needs</li> </ul> <p><b>Transition:</b> To understand key considerations for comprehensive data-based decision making, continue.</p>
	<p><b>Comprehensive Data-Based Decision Making</b></p> <p>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.</p> 	<p><b>Comprehensive Data-Based Decision Making</b></p> <p><b>Intro:</b> Recall that simply gaining access to school mental health programs is an insufficient metric of effectiveness and that systems must move from access to outcomes as their determining measurement of impact.<sup>28</sup></p> <p>Comprehensive data-based decision making considers the needs of the whole child/youth and is person-centered, as such, District-Community Leadership Teams consider data inclusive of:</p> <ul style="list-style-type: none"> <li>❑ Cognition and academic learning</li> <li>❑ Behavior, social, and emotional learning</li> <li>❑ The complex interactions across the biological, psychological, and social domains (biopsychosocial) of a child/youth's life and how these interactions influence development and subsequent functioning.</li> <li>❑ Self-determination</li> </ul> <p><b>Transition:</b> To understand important features of flexible data-based decision making, continue.</p>

### Flexible Data-Based Decision Making



### Flexible Data-Based Decision Making

**Intro:** Alignment and integration of cross-system efforts requires District-Community Leadership Teams to maintain flexible data-based decision making practices, reviewing and adjusting data collection activities based upon relevance.

Data types below provides examples of data collection activities that often vary:

- ☐ **Standardized** – utilized for state or district wide assessment for specific indicator(s)
- ☐ **Individualized** – utilized to assess individual child/youth performance or functioning (e.g., grades or mental health symptoms).<sup>28</sup>
- ☐ **Process** – utilized to assess implementation fidelity
- ☐ **Stakeholder Voice** – utilized to assess perceptions of change over time by caregivers, education, and mental health professionals.
- ☐ **Community-Wide** – utilized to assess salient indicators in the broader community context, such as juvenile crime statistics or public health data (e.g., substance use).<sup>28</sup>

**Transition:** To understand the traits central to feasible data-based decision making, continue.






### Feasible Data-Based Decision Making

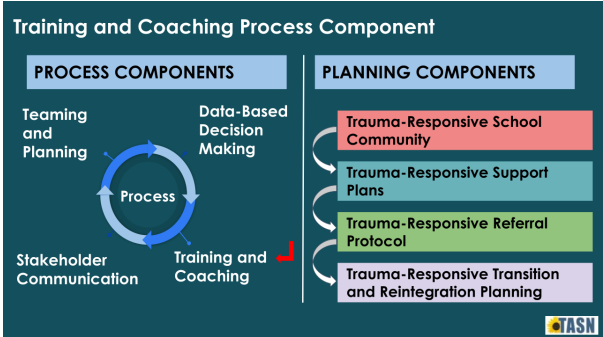


CMHC Data (Analytical)		District Baseline (Analytical)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Adverse Childhood Experiences (ACEs)</li> <li><input type="checkbox"/> Child and Adolescent Functional Assessment Scale (CAFAS)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child Behavior Checklist (CBCL)</li> <li><input type="checkbox"/> Diagnosis</li> <li><input type="checkbox"/> Gene testing</li> <li><input type="checkbox"/> Psych evaluation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Achievement scores</li> <li><input type="checkbox"/> Diagnostic Assessments (such as Behavior Assessment System for Children - BASC (Parent &amp; Teacher))</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Woodcock-Johnson (WJ-IV)</li> <li><input type="checkbox"/> IQ/cognitive testing</li> <li><input type="checkbox"/> Universal Screener (such as SAEBS, SRSS-IE, etc.)</li> </ul>
CMHC Progress Monitoring		District Progress Monitoring	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Child Behavior Checklist (CBCL)</li> <li><input type="checkbox"/> Child and Adolescent Functional Assessment Scale (CAFAS)</li> <li><input type="checkbox"/> Self-soothing skills (every 90 days)</li> <li><input type="checkbox"/> Therapy notes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medication logs</li> <li><input type="checkbox"/> General assessments</li> <li><input type="checkbox"/> Case management reports</li> <li><input type="checkbox"/> DSM</li> <li><input type="checkbox"/> Treatment plan meetings</li> <li><input type="checkbox"/> Wraparound meetings</li> <li><input type="checkbox"/> Lab work</li> <li><input type="checkbox"/> Group psycho/social reports</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> On task observation</li> <li><input type="checkbox"/> Social work notes</li> <li><input type="checkbox"/> Daily point sheet</li> <li><input type="checkbox"/> Plus/minus sheets</li> <li><input type="checkbox"/> Behavior reports/incident reports</li> <li><input type="checkbox"/> Punch cards (positive)</li> <li><input type="checkbox"/> Sticker charts</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Time in class</li> <li><input type="checkbox"/> Behavior rating scores</li> <li><input type="checkbox"/> Nurse visits</li> <li><input type="checkbox"/> Counselor visits</li> <li><input type="checkbox"/> Attendance</li> <li><input type="checkbox"/> Office discipline referrals</li> <li><input type="checkbox"/> Check In Check Out (CICO)</li> </ul>

### Feasible Data-Based Decision Making

**Intro:** Successful integration of school and mental health data requires that District-Community Leadership Teams develop meaningful evaluation questions, feasible data collection strategies, and effective data analysis and dissemination procedures, including.<sup>28</sup>

- ☐ Clearly defined data collection roles include reasonable timelines and contextual fit
- ☐ Consistent and collaborative model for data collection and decision-making utilized
- ☐ Focused and relevant purpose for data collection and answers a specific and needed question

		<input type="checkbox"/> Organized in a way that makes collection and analysis feasible <b>Transition:</b> To check for understanding of the Data-Based Decision Making Process Component, continue.
	  	<b>Check for Understanding</b> <b>Intro:</b> Key features that facilitate effective cross-system data-based decision making include all but which of the following? <ul style="list-style-type: none"> <li><input type="checkbox"/> Standardized – Data is collected via large scale assessments.</li> <li><input type="checkbox"/> Appropriate – Data accurately informs concerns and supports.</li> <li><input type="checkbox"/> Comprehensive – Data provides a view of the <i>whole</i> child/youth.</li> <li><input type="checkbox"/> Feasible – Data is manageable to collect and utilized in a meaningful way.</li> </ul> <b>Transition:</b> To conclude the module, <i>Data-Based Decision Making Process Component</i> , continue. <b>FACILITATION:</b> Share the check for understanding.
	 	<b>Conclusion</b> <b>Intro:</b> The following learning target for the <i>Data-Based Decision Making Process Component</i> module has been met: <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify key factors for successful cross-system data-based decision making.</li> </ul> Return to this module at any time for review. <b>Transition:</b> The next module, <i>Training and Coaching Process Component</i> , provides District-Community Leadership Teams with an understanding of the Training and Coaching Process Component in practice.
<b>TRAINING AND COACHING PROCESS COMPONENT</b>		
<b>Facilitator</b>	<b>Slide</b>	<b>Content</b>

	 <p>The diagram illustrates the Training and Coaching Process Component. It is divided into two main sections: PROCESS COMPONENTS and PLANNING COMPONENTS. The PROCESS COMPONENTS section includes a circular flow diagram with four stages: Teaming and Planning, Data-Based Decision Making, Training and Coaching, and Stakeholder Communication. The PLANNING COMPONENTS section lists four key components: Trauma-Responsive School Community, Trauma-Responsive Support Plans, Trauma-Responsive Referral Protocol, and Trauma-Responsive Transition and Reintegration Planning. The TASH logo is visible in the bottom right corner.</p>	<h2>Introduction</h2> <p><b>Review:</b> The previous module, <i>Data-Based Decision Making Process Component</i>, highlighted key characteristics of cross-system data-based decision making.</p> <p><b>Intro:</b> This module supports District-Community Leadership Teams in applying the Training and Coaching Process Component in practice.</p> <p><b>Transition:</b> To identify the learning target for this module, <i>Training and Coaching Process Component</i>, continue.</p>
	 <p>The diagram shows the Learning Targets for the Training and Coaching Process Component module. It features a list of four targets on the left and a target icon with an arrow hitting the bullseye on the right. The TASH logo is visible in the bottom right corner.</p> <ul style="list-style-type: none"> <li>Identify drivers essential for successful school mental health implementation.</li> <li>Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.</li> <li>Define implementation and intervention fidelity.</li> <li>Identify an implementation quotient to measure system level implementation fidelity.</li> </ul>	<h2>Learning Targets</h2> <p><b>Intro:</b> Identify the learning targets for the <i>Training and Coaching Process Component</i> module below:</p> <ul style="list-style-type: none"> <li>Identify drivers essential for successful school mental health implementation.</li> <li>Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.</li> <li>Define implementation and intervention fidelity.</li> <li>Identify an implementation quotient to measure system level implementation fidelity.</li> </ul> <p><b>Transition:</b> To review the core principles central to the Training and Coaching Process, continue.</p>
	 <p>The diagram lists the Core Principles for Training and Coaching. It consists of a list of six principles on the left and a corresponding list of six descriptive phrases on the right. The TASH logo is visible in the bottom right corner.</p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> <li><b>Use</b> a collaborative approach</li> </ul>	<h2>Core Principles for Training and Coaching</h2> <p><b>Intro:</b> Training and coaching to implement School Mental Health Processes and Practices are embedded in the following core principles<sup>9</sup>:</p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> </ul>

- ❑ **Use** a collaborative approach

**Transition:** For a definition of the Training and Coaching Process Component and to learn how to assess it within the context of implementation science, continue.

### Definition of the Training and Coaching Process Component

**Intro:** In practice, District-Community Leadership Teams provide training and coaching to facilitate the implementation of aligned goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes requires several system and individual-level commitments (e.g., personnel, time, resources) to ongoing professional development activities.<sup>38</sup>

“Implementation drivers,” essential for socially significant outcomes, include<sup>39</sup>:

- ❑ **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.

Assess current implementation level of the Training and Coaching Process Component utilizing the School Mental Health Implementation Rubric:

- ❑ **Exploration – Willingness**, demonstrated by participation in exploration meetings.
- ❑ **Installation – Commitment**, evidenced by agreement to participate.
- ❑ **Initial Implementation – Change**, evidenced by implementation activities.

#### Definition of the Training and Coaching Component

Training and coaching to facilitate the implementation of aligned 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	<b>Willingness</b> , demonstrated by participation in exploration meetings.	<b>Commitment</b> , evidenced by agreement to participate.	<b>Change</b> , evidenced by implementation activities.	<b>Fidelity and outcomes</b> , 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.

- ❑ **Full Implementation – Fidelity and outcomes**, evidenced by process fidelity and outcomes data.
- ❑ **Sustainability and Innovation – Regular review and adjustments**, evidenced by implementation activities, fidelity, and outcome data.

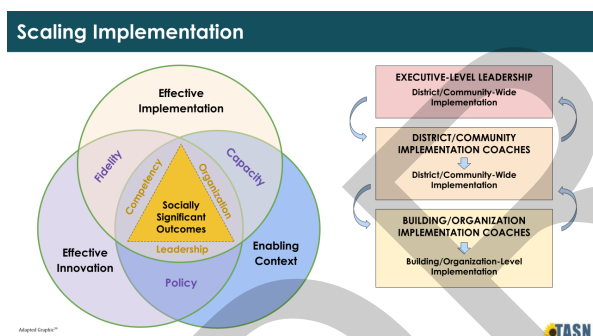
**Transition:** To review how training and coaching support scaling of implementation efforts, continue.

## Scaling Implementation

**Intro:** District-Community Leadership Team members must understand the significance of their role in establishing an enabling context for implementation and how to scale effective implementation support.<sup>40</sup>

- ❑ The District-Community Leadership Team is *not* an advisory group that provides ongoing input, they are actively involved with scaling implementation efforts and ensuring successful outcomes.<sup>40</sup>
- ❑ The goal of scaling is to reach the entire population, however, this doesn't happen all at once. Carefully designed and completed implementation goals support the capacity of coaches and should consider the following:
  - ❑ Often, exemplar sites serve as implementation teams which inform necessary adjustments based on examination of experiences and data.
  - ❑ Before scaling processes and practices, implementation teams first establish capacity for implementing those processes and practices .
  - ❑ Linked implementation teams (Leadership, District, and Building) create an infrastructure for supporting practitioners.<sup>39</sup>
  - ❑ Existing structures, roles, and functions are aligned, integrated, and leveraged with the goal of improving outcomes and efficiently using resources.

**Transition:** To understand the importance of training and coaching for fidelity as a part of scaling implementation efforts, continue.





## Implementation Fidelity



### Implementation Fidelity

**Intro:** Scaling requires relevant and regular action assessments. District-Community Leadership Teams support scaling by designing appropriate procedures to monitor the fidelity (the extent to which policies, procedures, or specific supports are implemented as intended) of school mental health implementation and subsequent interventions.

- ❑ Implementation fidelity assessments enable District-Community Leadership Teams to clearly assess and demonstrate whether outcomes are a result of the selected support or practice.
- ❑ If the support or practice does not result in the desired outcomes, District-Community Leadership Teams first check the fidelity of implementation and then make appropriate adjustments (e.g., build capacity, improve fidelity, add components to the support, or select a new support), specifically the following:
  - ❑ Implementation fidelity is critical because the magnitude of treatment effect is often associated with the level of implementation.<sup>41</sup>
  - ❑ Low implementation fidelity coupled with lower/lack of results, leads to a reasonable conclusion that improved implementation would yield greater results.
  - ❑ Conversely, if adequate fidelity is observed and effects were still not present, the interpretation would be that the support was ineffective.<sup>28</sup>

**Transition:** To review one potential measure for systems level implementation, continue.

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	2
	1 = Staff untrained	2
	2 = Staff completed initial training	2
	3 = Staff trained and receives weekly coaching	3
	4 = Staff met fidelity criteria in the previous monitoring period	3
	5 = Staff met fidelity criteria previously in 2 of 3 previous monitoring periods	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) = <b>Implementation Quotient</b>	28/10 = <b>2.8</b>

## Implementation Quotient Fidelity Measure

**Intro:** When 50% (or more) of the professionals intended to utilize a process/practice consistently meet fidelity criteria, the process/practice reaches full implementation, making capacity for sustainability promising.

Upon specifying fidelity check criteria, and coaching plans necessary, District-Community Leadership Teams utilize the Implementation Quotient measure to assess systems level implementation and fidelity in order to develop action items for achieving fidelity across all professionals intended to utilize the process/practice.<sup>42, 11</sup> The following process yields an Implementation Quotient:

- ☐ **Step 1** – Identify the total number of staff intended to implement the process/practice (N).
- ☐ **Step 2** – Predetermine periods of time to conduct implementation monitoring.
- ☐ **Step 3** - At predetermined periods, assign a numeric implementation score for each participating staff position as follows:
  - ☐ 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 periods
- ☐ **Step 4** – Add the scores together for all staff (Staff Sum = \_\_\_\_ ) (X).
- ☐ **Step 5** – Divide the Staff Sum by the Total Staff to get the Implementation Quotient.

$$\text{Staff Sum (X)} / \text{Total Staff (N)} = \text{Implementation Quotient}$$

**Transition:** To check for understanding of the Training and Coaching Process Component, continue.

**FACILITATION:** Review the Implementation Quotient Form.

- ☐ Implementation Quotient Form



## Check for Understanding



TASH

## Check for Understanding

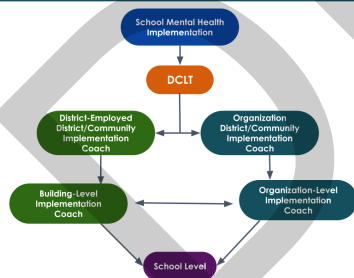
**Intro:** Which of the following is NOT a driver for the successful implementation of school mental health processes and practices?

- ☐ **Competency** – System and individual training/coaching for implementation (e.g., cross-system processes, trauma-responsive, practices, etc. is needed across all district/organization levels.
- ☐ **Organization** – Systems-level structures and processes must be developed and established to provide an enabling environment for implementation.
- ☐ **Leadership** – A District-Community Leadership Team is necessary in order to resolve adaptive (e.g., identify needs; measure progress toward goals) and technical issues (e.g., time) that arise throughout all levels of implementation.
- ☐ **External Reliance** – Ongoing reliance on training/coaching provided by outside experts.

**Transition:** To begin conceptualizing training and coaching within current district/organizational structures, continue.

**FACILITATION:** Share the check for understanding.

## APPLICATION: Role Reflection

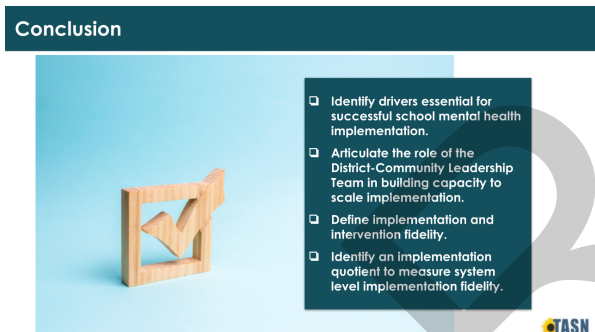


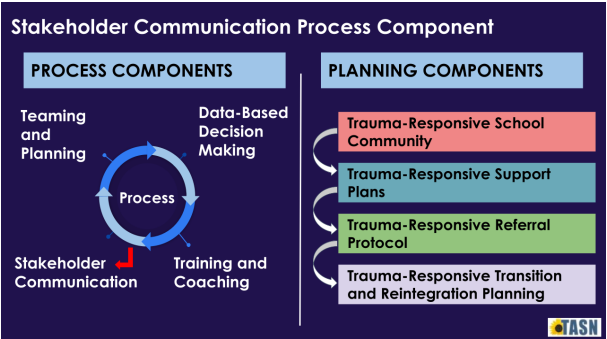


TASH

## APPLICATION: Role Reflection

**Intro:** To conceptualize how to build capacity and scale implementation, complete the following activities:

- ☐ For both the district and partnering organization(s):
  - ☐ Draw a diagram that demonstrates:
    - ☐ The organizational structure
    - ☐ The position(s) utilized to provide training and coaching at:
      - ☐ The district/community level
      - ☐ The building/organization level
  - ☐ Discuss:

		<ul style="list-style-type: none"> <li>❑ The current process utilized to determine the fit, assess capacity, and inform decisions for implementation training and coaching.</li> <li>❑ What policies and resources are needed?</li> <li>❑ What must occur to build capacity for school mental health practices: <ul style="list-style-type: none"> <li>❑ District/community wide?</li> <li>❑ Building/organization levels?</li> </ul> </li> </ul> <p><b>Transition:</b> To conclude the module, <i>Training and Coaching Process Component</i>, continue.</p>
		<p><b>Conclusion</b></p> <p><b>Intro:</b> The following learning targets for the <i>Training and Coaching Process Component</i> module have been met:</p> <ul style="list-style-type: none"> <li>❑ Identify drivers essential for successful school mental health implementation.</li> <li>❑ Articulate the role of the District-Community Leadership Team in building capacity to scale implementation.</li> <li>❑ Define implementation and intervention fidelity.</li> <li>❑ Identify an implementation quotient to measure system level implementation fidelity.</li> </ul> <p><b>Transition:</b> The next module, <i>Stakeholder Communication Process Component</i>, outlines an effective process for systematically communicating school mental health implementation efforts with stakeholders.</p>
<b>STAKEHOLDER COMMUNICATION PROCESS COMPONENT</b>		
<b>EFT</b>	<b>Slide</b>	<b>Content</b>

	<p><b>Stakeholder Communication Process Component</b></p> 	<p><b>Introduction</b></p> <p><b>Review:</b> The previous module, <i>Training and Coaching Process Component</i>, outlined key factors for successful cross-system data-based decision making.</p> <p><b>Intro:</b> This module demonstrates application of the Stakeholder Communication Process Component in practice.</p> <p><b>Transition:</b> To identify the learning target for this module, <i>Stakeholder Communication Process Component</i>, continue.</p>
	<p><b>Learning Target</b></p> 	<p><b>Learning Target</b></p> <p><b>Intro:</b> Identify the learning target for the <i>Stakeholder Communication Process Component</i> module below:</p> <ul style="list-style-type: none"> <li>❑ Identify an effective process for communicating school mental health implementation efforts with stakeholders.</li> </ul> <p><b>Transition:</b> To review the core principles central to the Stakeholder Communication Process, continue.</p>
	<p><b>Core Principles of Stakeholder Communication</b></p> 	<p><b>Core Principles of Stakeholder Communication</b></p> <p><b>Intro:</b> The core principles<sup>9</sup> that drive stakeholder communication are:</p> <ul style="list-style-type: none"> <li>❑ <b>Ensure</b> emotional and physical safety</li> <li>❑ <b>Believe</b> that healing happens in relationships</li> <li>❑ <b>View</b> children/youth holistically</li> <li>❑ <b>Strive</b> for cultural competence</li> <li>❑ <b>Support</b> choice, control, and empowerment</li> <li>❑ <b>Understand</b> trauma and its impact</li> <li>❑ <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> For a definition of the Stakeholder Communication Process Component and learn how to assess it within the context of implementation science, continue.</p>

Definition of the Stakeholder Communication Process Component					
Document and communicate the goals, plans, policies, protocols, processes, practices, and resources intended to improve mental health outcomes with all 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: <ul style="list-style-type: none"> <li>Assess the communication need</li> <li>Prioritize the audience(s) to be reached</li> <li>Determine desired outcome of message</li> <li>Develop the message(s)</li> <li>Identify methods for conveying message(s)</li> <li>Establish specific outreach activities and timeline<sup>44,45,46</sup></li> </ul>					

## Definition of the Stakeholder Communication Process Component

**Intro:** In practice, District-Community Leadership Teams document and communicate the goals, plans, policies, protocols, processes, practices, and resources intended to improve mental health outcomes with all stakeholders, including children/youth and caregivers.



To communicate information with stakeholders, District-Community Leadership Teams:




- ☐ **What** – Assess communication need
- ☐ **Who** – Prioritize stakeholder(s)
- ☐ **Why** – Determine desired outcome of communication with specified stakeholders
- ☐ **How** – Develop the message(s)
- ☐ **How** – Identify methods for conveying message(s)
- ☐ **When** – Establish specific outreach activities and timeline<sup>44,45,46</sup>

Assess current implementation level of the Stakeholder Communication Process Component utilizing the *School Mental Health Implementation Rubric*:

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

**Transition:** To understand how to assess a need for stakeholder communication, continue.

	<p><b>Assess Communication Need</b></p>  <p>TASH</p>	<p><b>Assess Communication Need</b></p> <p><b>Intro:</b> District-Community Leadership Team actions precipitate a need to address communication regarding school mental health goals, plans, policies, protocol, processes, practices, and resources, however, the appropriate timing of communicating with each stakeholder group often varies. Consider the following examples which precipitate a need to develop a stakeholder communication plan.</p> <ul style="list-style-type: none"> <li>❑ <b>Board Example</b> – The district would like to seek support to enhance school mental health personnel job descriptions to include communication and collaboration with the Community Mental Health Center.</li> <li>❑ <b>Caregiver Example</b> – The District-Community Leadership Team wants to help school mental health personnel communicate privacy rights and the benefit of collaboration with the Community Mental Health Center to support children/youth through success stories.<sup>44</sup></li> </ul> <p><b>Transition:</b> To learn how to prioritize the stakeholders who must be reached to communicate, continue.</p>
	<p><b>Prioritize Stakeholders</b></p>  <p>TASH</p>	<p><b>Prioritize Stakeholders</b></p> <p><b>Intro:</b> District-Community Leadership Teams identify individuals with a stake in and/or who are impacted by school mental health implementation efforts to develop a message tailored to their purpose. Stakeholders likely include:</p> <ul style="list-style-type: none"> <li>❑ Home caregivers and children/youth</li> <li>❑ District/Community Leadership</li> <li>❑ Building/Organization Leadership and Staff</li> <li>❑ Community Partners</li> </ul> <p><b>Transition:</b> To determine the District-Community Leadership Team’s desired outcome of the communication with the stakeholder groups, continue.</p>

	<p><b>Determine Desired Outcome</b></p>  	<p><b>Determine Desired Outcome</b></p> <p><b>Intro:</b> The District-Community Leadership Team communicates with prioritized stakeholders for a specific desired outcome/purpose, which must be identified.</p> <p>Use the sentence stem to identify the desired outcome for each stakeholder group identified:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stakeholder will <b>X</b> as a result of communication.</li> </ul> <p><b>Transition:</b> To develop a message that achieves the desired outcome for each stakeholder group, continue.</p>			
	<p><b>Develop the Message</b></p> <p><small>CORE STATEMENT: Message mapping will assist District-Community Leadership Teams to develop an effective communication strategy to engage stakeholders.</small></p> <table border="1"> <tbody> <tr> <td data-bbox="306 773 537 1065"> <p><small>KEY MESSAGE 1: Clear goals at the outset of communication planning ensures that the time and resources are well spent.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Examples of clear communications goals:               <ol style="list-style-type: none"> <li>a. Persuade parents to support a particular district or school event.</li> <li>b. Demonstrate the importance of child/youth mental health to staff.</li> <li>c. Connect mental health and "hot topic" education issues such as employee retention and staff well-being.</li> </ol> </li> <li>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.</li> <li>3. The goal setting process can help to establish clarity on an issue or the purpose of a new policy and practice.</li> </ol> </td><td data-bbox="537 773 747 1065"> <p><small>KEY MESSAGE 2: Media coverage, exposure, and social media platforms can be vehicles for reaching key stakeholders.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. The media is not a target audience.</li> <li>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.</li> <li>3. Specific outlet's geographic reach, circulation, and demographics in light of its alignment with identified stakeholders should be considered.</li> </ol> </td><td data-bbox="747 773 978 1065"> <p><small>KEY MESSAGE 3: Track outreach results to determine whether progress towards goals of the communications plan are made.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Different ways to measure the success of communications efforts include the number of views, published stories, followers, and shares.</li> <li>2. Identify key metrics for the initiative and monitor them appropriate to the length of the outreach effort.</li> <li>3. Through regular review, DCLTs will be able to get a sense of which activities are most effective and adjust the strategy as needed.</li> </ol> </td></tr> </tbody> </table> 	<p><small>KEY MESSAGE 1: Clear goals at the outset of communication planning ensures that the time and resources are well spent.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Examples of clear communications goals:               <ol style="list-style-type: none"> <li>a. Persuade parents to support a particular district or school event.</li> <li>b. Demonstrate the importance of child/youth mental health to staff.</li> <li>c. Connect mental health and "hot topic" education issues such as employee retention and staff well-being.</li> </ol> </li> <li>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.</li> <li>3. The goal setting process can help to establish clarity on an issue or the purpose of a new policy and practice.</li> </ol>	<p><small>KEY MESSAGE 2: Media coverage, exposure, and social media platforms can be vehicles for reaching key stakeholders.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. The media is not a target audience.</li> <li>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.</li> <li>3. Specific outlet's geographic reach, circulation, and demographics in light of its alignment with identified stakeholders should be considered.</li> </ol>	<p><small>KEY MESSAGE 3: Track outreach results to determine whether progress towards goals of the communications plan are made.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Different ways to measure the success of communications efforts include the number of views, published stories, followers, and shares.</li> <li>2. Identify key metrics for the initiative and monitor them appropriate to the length of the outreach effort.</li> <li>3. Through regular review, DCLTs will be able to get a sense of which activities are most effective and adjust the strategy as needed.</li> </ol>	<p><b>Develop the Message</b></p> <p><b>Intro:</b> The desired outcome of the message should connect to the targeted audience(s). Consider, for example, how communication with a local governing Board around school mental health implementation may be developed differently than it would be for caregivers.</p> <p>District-Community Leadership Teams utilize "message mapping" to build a clear and effective communication strategy. To map an effective message, District-Community Leadership Teams develop<sup>47</sup>:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>A Core Statement</b> – A clear and compelling introduction that identifies the desired outcome.</li> <li><input type="checkbox"/> <b>Key Messages</b> – Three key messages that clarify/support the core statement and identify how the vision translates to practice.       <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Support Points</b> – Three support points which illustrate a point or support a key message such as statistics, case studies or stories from the field.</li> </ul> </li> </ul> <p><b>Transition:</b> To consider methods for delivering the message, continue.</p>
<p><small>KEY MESSAGE 1: Clear goals at the outset of communication planning ensures that the time and resources are well spent.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Examples of clear communications goals:               <ol style="list-style-type: none"> <li>a. Persuade parents to support a particular district or school event.</li> <li>b. Demonstrate the importance of child/youth mental health to staff.</li> <li>c. Connect mental health and "hot topic" education issues such as employee retention and staff well-being.</li> </ol> </li> <li>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.</li> <li>3. The goal setting process can help to establish clarity on an issue or the purpose of a new policy and practice.</li> </ol>	<p><small>KEY MESSAGE 2: Media coverage, exposure, and social media platforms can be vehicles for reaching key stakeholders.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. The media is not a target audience.</li> <li>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.</li> <li>3. Specific outlet's geographic reach, circulation, and demographics in light of its alignment with identified stakeholders should be considered.</li> </ol>	<p><small>KEY MESSAGE 3: Track outreach results to determine whether progress towards goals of the communications plan are made.</small></p> <p><small>SUPPORT POINTS</small></p> <ol style="list-style-type: none"> <li>1. Different ways to measure the success of communications efforts include the number of views, published stories, followers, and shares.</li> <li>2. Identify key metrics for the initiative and monitor them appropriate to the length of the outreach effort.</li> <li>3. Through regular review, DCLTs will be able to get a sense of which activities are most effective and adjust the strategy as needed.</li> </ol>			



### Identify Methods for Conveying the Message



### Identify Methods for Conveying the Message

**Intro:** District-Community Leadership Teams consider a variety of formats and distribution methods for communication.

- ❑ Formats include: presentations, brochures or flyers, videos, a brief or summary of research findings, etc.
- ❑ Distribution methods include: professional development, Board meetings, press releases via traditional news media (e.g., newspapers or local news broadcasts), social media platforms such as Twitter and Facebook and online publishing media such as blogs.

**Transition:** To review the final step, develop an action item for conveying the message to the intended stakeholders, continue.

### 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

### Establish Specific Outreach Activities and Timeline

**Intro:** Once decisions around the “what, why, who, and how” for communication have been identified, District-Community Leadership Teams outline action items, due dates, and assign individuals responsible for completing the action items.<sup>44</sup>

**Transition:** To check for understanding of the Stakeholder Communication Process Component, continue.

### Check for Understanding



### Check for Understanding

**Intro:** Which of the following steps is NOT an effective practice for cross-system stakeholder communication?

- ❑ Establish specific outreach activities and timeline.
- ❑ Prioritize the audience(s) to be reached.
- ❑ Identify methods for conveying message(s).
- ❑ Determine the one person that will be responsible for all communication.

**Transition:** To apply the Stakeholder Communication Process learning to practice, continue.

**FACILITATION:** Share the check for understanding.

### APPLICATION: Message Mapping

**Intro:** Take a moment to complete a message mapping<sup>47</sup> activity with the goal of identifying how to seek support for the development of a District-Community Leadership Team to implement cross-system mental health processes and practices. Consider the following:

- ☐ Stakeholder(s) to reach
  - ☐ Children/Youth
  - ☐ Home Caregivers
  - ☐ Classified Staff
  - ☐ Certified Staff
  - ☐ Community Members
  - ☐ Organization Staff
  - ☐ Administrators
  - ☐ Board of Education or Governing Board
- ☐ Contents of the message
- ☐ Communication methods
- ☐ Action items, including timeline and responsible individuals

**Transition:** To conclude the module, *Stakeholder Communication Process Component*, continue.

**FACILITATION:** Complete message map.

- ☐ Message Map

### APPLICATION: Message Mapping

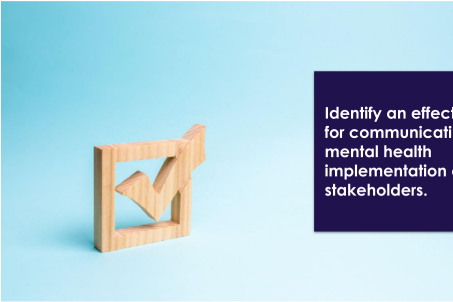




Goal: Establish a District-Community Leadership Team to implement cross-system School Mental Health Processes and Practices

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				

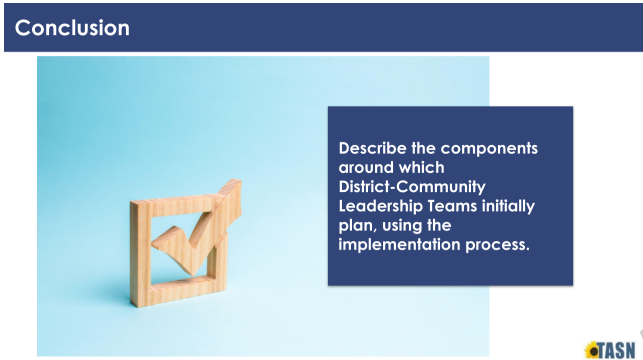
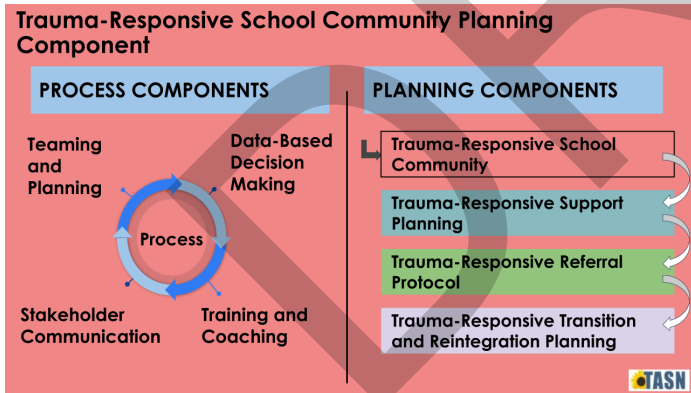





	<div data-bbox="321 115 957 472"> <div>Conclusion</div>  <div>Identify an effective process for communicating school mental health implementation efforts with stakeholders.</div> <div>TASN</div> </div>	<div data-bbox="999 110 1161 142">Conclusion</div> <p data-bbox="999 164 1797 233"><b>Intro:</b> The following the learning target for the <i>Stakeholder Communication Process Component</i> module has been met:</p> <ul data-bbox="1014 253 1898 326" style="list-style-type: none"> <li>❑ Identify an effective process for communicating school mental health implementation efforts with stakeholders.</li> </ul> <p data-bbox="999 345 1919 488"><b>Transition:</b> The next module, <i>Overview of the School Mental Health Implementation Planning Components</i>, provides District-Community Leadership Teams an overview of the components around which planning begins.</p>
OVERVIEW OF THE SCHOOL MENTAL HEALTH IMPLEMENTATION PLANNING COMPONENTS		
Facilitator	Slide	Content
	<div data-bbox="300 857 984 1248"> <div>Overview of the School Mental Health Implementation Planning Components</div> <div> <div>PROCESS COMPONENTS</div> <div> <div>Teaming and Planning</div> <div>Data-Based Decision Making</div> <div>Stakeholder Communication</div> <div>Training and Coaching</div> </div> <div>Process</div> </div> <div> <div>PLANNING COMPONENTS</div> <div> <div>Trauma-Responsive School Community</div> <div>Trauma-Responsive Support Plans</div> <div>Trauma-Responsive Referral Protocol</div> <div>Trauma-Responsive Transition and Reintegration Planning</div> </div> </div> <div>TASN</div> </div>	<div data-bbox="999 638 1186 670">Introduction</div> <p data-bbox="999 691 1944 764"><b>Review:</b> The previous module demonstrated application of the School Mental Health Implementation Process Components in practice:</p> <ul data-bbox="1014 784 1986 1463" style="list-style-type: none"> <li>❑ <b>Teaming and Planning</b> – Leadership from education and partnering organization(s) regularly meet to review/address goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.</li> <li>❑ <b>Data-Based Decision Making</b> – District, school, community, and home caregiver engagement data are utilized to inform cross-system goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.</li> <li>❑ <b>Training and Coaching</b> – 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.</li> <li>❑ <b>Stakeholder Communication</b> – Goals, plans, policies, protocols, processes, practices, and resources to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers.</li> </ul>

		<p><b>Intro:</b> In this module, participants identify the components around which District-Community Leadership Teams initially plan.</p> <p><b>Transition:</b> To identify the learning target for the <i>Overview of the School Mental Health Implementation Planning Components</i> module, continue.</p>
		<p><b>Learning Target</b></p> <p><b>Intro:</b> Identify the learning target for the <i>Overview of the School Mental Health Implementation Planning Components</i> module below:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the components around which District-Community Leadership Teams initially plan, utilizing the implementation process.</li> </ul> <p><b>Transition:</b> To identify the core principles embedded in all aspects of school mental health planning, continue.</p>
		<p><b>Core Principles of School Mental Health Implementation Planning</b></p> <p><b>Intro:</b> Core principles<sup>9</sup> embedded in all aspects of school mental health planning are:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ensure</b> emotional and physical safety</li> <li><input type="checkbox"/> <b>Believe</b> that healing happens in relationships</li> <li><input type="checkbox"/> <b>View</b> children/youth holistically</li> <li><input type="checkbox"/> <b>Strive</b> for cultural competence</li> <li><input type="checkbox"/> <b>Support</b> choice, control, and empowerment</li> <li><input type="checkbox"/> <b>Understand</b> trauma and its impact</li> <li><input type="checkbox"/> <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> To identify the specific planning components around which District-Community Leadership Teams initially engage, continue.</p>

	<div data-bbox="321 326 951 375" data-label="Section-Header"> <h3>Definition of Implementation Planning Components</h3> </div> <div data-bbox="346 394 615 423" data-label="Section-Header"> <h4>PLANNING COMPONENTS</h4> </div> <div data-bbox="346 440 615 485" data-label="Section-Header"> <h5>Trauma-Responsive School Community</h5> </div> <div data-bbox="615 440 932 485" data-label="Text"> <p>School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources in place.</p> </div> <div data-bbox="346 500 615 545" data-label="Section-Header"> <h5>Trauma-Responsive Support Plans</h5> </div> <div data-bbox="615 500 932 545" data-label="Text"> <p>Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.</p> </div> <div data-bbox="346 560 615 605" data-label="Section-Header"> <h5>Trauma-Responsive Referral Protocol</h5> </div> <div data-bbox="615 560 932 605" data-label="Text"> <p>Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.</p> </div> <div data-bbox="346 620 615 664" data-label="Section-Header"> <h5>Trauma-Responsive Transition and Reintegration Planning</h5> </div> <div data-bbox="615 620 932 664" data-label="Text"> <p>Protocol for transition from alternative settings, such as a psychiatric residential treatment facility.</p> </div> <div data-bbox="894 659 951 683" data-label="Image"> </div>	<div data-bbox="997 110 1755 142" data-label="Section-Header"> <h3>Definition of Implementation Planning Components</h3> </div> <div data-bbox="997 167 1988 272" data-label="Text"> <p><b>Intro:</b> In practice, District-Community Leadership Teams utilize the implementation process to plan (initially) around the following planning components:</p> </div> <div data-bbox="1010 293 1988 821" data-label="List-Group"> <ul style="list-style-type: none"> <li>❑ <b>Trauma-Responsive School Community</b> – School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>❑ <b>Trauma-Responsive Support Planning</b> – Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.</li> <li>❑ <b>Trauma-Responsive Referral Protocol</b> – Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.</li> <li>❑ <b>Trauma-Responsive Transition and Reintegration Planning</b> – Protocol for transition from alternative settings, including a psychiatric residential treatment facility.</li> </ul> </div> <div data-bbox="997 842 1932 911" data-label="Text"> <p><b>Transition:</b> To check for understanding of the planning components, continue.</p> </div>
	<div data-bbox="306 1019 737 1373" data-label="Image"> </div> <div data-bbox="852 1019 961 1133" data-label="Image"> </div> <div data-bbox="919 1360 976 1385" data-label="Image"> </div>	<div data-bbox="997 938 1365 971" data-label="Section-Header"> <h3>Check for Understanding</h3> </div> <div data-bbox="997 995 1923 1101" data-label="Text"> <p><b>Intro:</b> Which of the following is NOT a theme throughout each of the components around which District-Community Leadership Teams initially plan, utilizing the implementation process?</p> </div> <div data-bbox="1010 1122 1988 1446" data-label="List-Group"> <ul style="list-style-type: none"> <li>❑ Planning for the implementation of trauma-responsive goals, plans, policies, protocols, processes, practices, and resources is intended for districts and organizations who are, by design, trauma-responsive.</li> <li>❑ The implementation of trauma-responsive school mental health processes and practices requires cross-system planning.</li> <li>❑ Trauma-responsive core principles are embedded in all aspects of school mental health planning and implementation.</li> </ul> </div>

		<p>❑ Planning requires the focused effort of a District-Community Leadership Team.</p> <p><b>Transition:</b> To conclude the module, <i>Overview of the School Mental Health Implementation Planning Components</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
		<p><b>Conclusion</b></p> <p><b>Intro:</b> The following learning target for the <i>Overview of the School Mental Health Implementation Planning Components</i> module has been met:</p> <p>❑ Describe the components around which District-Community Leadership Teams initially plan, utilizing the implementation process.</p> <p><b>Transition:</b> Subsequent modules, beginning with <i>Trauma-Responsive School Community Planning Component</i>, identify steps to implement each of the planning components utilizing the implementation process.</p>
<b>TRAUMA-RESPONSIVE SCHOOL COMMUNITY PLANNING COMPONENT</b>		
<b>Facilitator</b>	<b>Slide</b>	<b>Content</b>
		<p><b>Introduction</b></p> <p><b>Review:</b> The previous module, <i>Overview of the School Mental Health Implementation Planning Components</i>, provided an overview of components around which District-Community Leadership Teams initially plan:</p> <ul style="list-style-type: none"> <li>❑ Trauma-Responsive School Community</li> <li>❑ Trauma-Responsive Support Planning</li> <li>❑ Trauma-Responsive Referral Protocol</li> <li>❑ Trauma-Responsive Transition and Reintegration Planning</li> </ul> <p><b>Intro:</b> This module identifies steps to implement the Trauma-Responsive School Community Planning Component utilizing the implementation process.</p> <p><b>Transition:</b> To identify the learning target for the <i>Trauma-Responsive School Community Planning Component</i> module, continue.</p>

	<p><b>Learning Targets</b></p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul>  <p>TASH</p>	<p><b>Learning Targets</b></p> <p><b>Intro:</b> Identify the learning targets for the <i>Trauma-Responsive School Community Planning Component</i> module below:</p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> To identify the core principles embedded in the Trauma-Responsive School Community Planning Component, continue.</p>
	<p><b>Core Principles of a Trauma-Responsive School Community</b></p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> <li><b>Use</b> a collaborative approach</li> </ul> <p>TASH</p>	<p><b>Core Principles of a Trauma-Responsive School Community</b></p> <p><b>Intro:</b> Core principles<sup>9</sup> reflected throughout a trauma-responsive school community includes:</p> <ul style="list-style-type: none"> <li>❑ <b>Ensure</b> emotional and physical safety</li> <li>❑ <b>Believe</b> that healing happens in relationships</li> <li>❑ <b>View</b> children/youth holistically</li> <li>❑ <b>Strive</b> for cultural competence</li> <li>❑ <b>Support</b> choice, control, and empowerment</li> <li>❑ <b>Understand</b> trauma and its impact</li> <li>❑ <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> To understand the definition of the Trauma-Responsive School Community Planning Component, continue.</p>

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	<ul style="list-style-type: none"> <li>Participation in exploration meeting</li> </ul>	<ul style="list-style-type: none"> <li>Coaches are trained</li> <li>Development of SMART goal and action plan for district/community-wide training</li> </ul>	<ul style="list-style-type: none"> <li>Enacted training/coaching implementation data</li> <li>Child/youth outcome data</li> <li>Enacted stakeholder communication plan</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of at least 50% implementation fidelity</li> <li>Child/youth outcome data</li> <li>Documented policies, protocols, processes, and practices</li> </ul>	<ul style="list-style-type: none"> <li>Established review schedule</li> <li>Documented outcomes</li> <li>Documented adjustments</li> <li>Training/coaching for new staff</li> </ul>

## Definition of a Trauma-Responsive School Community

**Intro:** Whereas “trauma-informed” implies an understanding of trauma and its impact on child/youth and caregiver well-being. In practice, the District-Community Leadership Team moves their school community from trauma-informed to trauma-responsive through the implementation of goals, plans, policies, protocols, processes, practices, and resources.

District-Community Leadership Teams review the phases of implementation and related examples in the *School Mental Health Implementation Rubric* to prepare for application of the Trauma-Responsive Support Planning Component:

- ☐ **Exploration – Willingness**, demonstrated by participation in exploration meetings.
  - ☐ Participation in exploration meeting
- ☐ **Installation – Commitment**, evidenced by agreement to participate.
  - ☐ Coaches are trained
  - ☐ Development of SMART goal and action plan for district/community-wide training
- ☐ **Initial Implementation – Change**, evidenced by implementation activities.
  - ☐ Enacted training/coaching plan with implementation data
  - ☐ Child/youth outcome data
  - ☐ Enacted stakeholder communication plan
- ☐ **Full Implementation – Fidelity and outcomes**, evidenced by process fidelity and outcomes data.
  - ☐ Documentation of at least 50% implementation fidelity
  - ☐ Child/youth outcome data
  - ☐ Documented policies, protocols, processes, and practices



☐ **Sustainability and Innovation – Regular review and adjustments**, evidenced by implementation activities, fidelity, and outcome data.

- ☐ Established review schedule
- ☐ Documented outcomes
- ☐ Documented adjustments
- ☐ Training/coaching for new staff

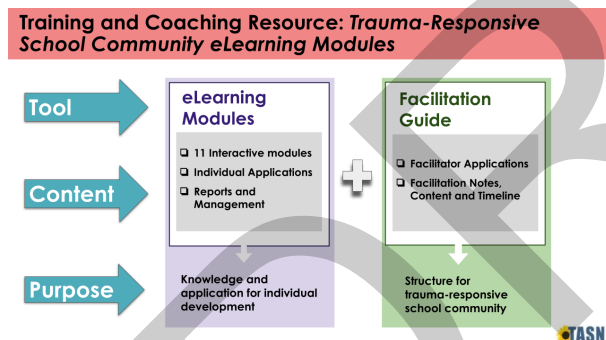
**Transition:** To review resources available to implement the Trauma-Responsive School Community Planning Component, continue.

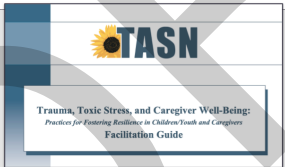
### **Training and Coaching Resource: *Trauma-Responsive School Community eLearning Modules***

**Intro:** To assist with training and coaching needs, District-Community Leadership Teams may choose to utilize the *Trauma-Responsive Community eLearning Modules*, including the following corresponding components:

☐ **Professional learning content** via 11 interactive modules on Moodle platform supports individual knowledge and development as well as the implementation of trauma-responsive policies, procedures, and practices. Each module, with “checks for understanding”, builds upon the content of the previous module. Subsequent modules may only be accessed upon completion of the previous module(s), topics as follows:

- ☐ "Trauma" Defined
- ☐ The Stress Response System
- ☐ The Impact of Trauma on Children and Youth
- ☐ Building Resilience
- ☐ Core Principles of a Trauma-Responsive School Community
- ☐ Individual Well-Being
- ☐ School Community Well-Being
- ☐ Co-Regulated, Proactive School Community



		<ul style="list-style-type: none"> <li>❑ Assessing Needs and Designing Supports</li> <li>❑ Meaningful Caregiver Engagement and Collaboration</li> <li>❑ Adapting School Community Policies and Procedures</li> <li>❑ <b>Individual applications</b> for each module support professional learning, retention, and goal setting via fillable documents for ease of use.</li> <li>❑ <b>Facilitation Guide</b>, available for download, with group applications including discussion guides, goal setting, and activities which are fillable for ease of use and collaboration to support building, district, and community-wide implementation.</li> </ul> <p><b>HANDOUT</b></p> <ul style="list-style-type: none"> <li>❑ Trauma-Responsive School Community eLearning Modules &amp; Facilitation Guide</li> </ul> <p><b>Transition:</b> To learn about the <i>Trauma, Toxic Stress, and Caregiver Well-Being</i> training, continue.</p>
	<p><b>Training and Coaching Resource: Trauma, Toxic Stress, and Caregiver Well-Being: Practices for Fostering Resilience in Children/Youth and Caregivers</b></p> <div data-bbox="348 1005 926 1268"> <p><b>Facilitation Guide</b>  <a href="https://www.ksdetasn.org/resources/2689">https://www.ksdetasn.org/resources/2689</a></p> <p><b>Slide Deck</b>  <a href="https://www.ksdetasn.org/resources/2690">https://www.ksdetasn.org/resources/2690</a></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>❑ Articulate how ACEs can impact child/youth development.</li> <li>❑ Identify practices to support children/youth's emotional regulation and foster resilience.</li> <li>❑ Identify effective practices to enhance caregiver well-being.</li> </ul> </div> 	<p><b>Training and Coaching Resource: Trauma, Toxic Stress, and Caregiver Well-Being: Practices for Fostering Resilience in Children/Youth and Caregivers</b></p> <p>The <i>Trauma, Toxic Stress, and Caregiver Well-Being</i> training is designed to assist caregivers (families and professionals, alike) in accomplishing the following learning objectives:</p> <ul style="list-style-type: none"> <li>❑ Articulate how Adverse Childhood Experiences can impact child/youth development.</li> <li>❑ Identify practices to support children/youth's emotional regulation and foster resilience.</li> <li>❑ Identify effective practices to enhance caregiver well-being.</li> </ul> <p>The Facilitation Guide and accompanying slide deck provide facilitators with information to prepare for and deliver the training:</p> <ul style="list-style-type: none"> <li>❑ Presenter script and estimated time included for each slide.</li> </ul>



- ❑ Fillable preparation materials for ease of planning and collaboration, including checklists, certificate of attendance, and a sample agenda.
- ❑ Handouts and activities
- ❑ Supplementary materials to support master facilitators who wish to train additional instructors
- ❑ PowerPoint slides with script included in the notes section.

To access the training materials, visit:

- ❑ **Facilitation Guide** – <https://ksdetasn.org/resources/2689>
- ❑ **Slide Deck** – <https://ksdetasn.org/resources/2690>

**Transition:** To learn about the resource, *Mindfulness + School-Based Yoga Tools*, continue.

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

Application for Children and Youth  
+  
Application for Staff and Caregivers

Developed by  
 EMBODIED MINDFULNESS  
HELPING KIDS THRIVE  
<https://www.littlefloweryoga.com/>

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

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



 TASN

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

**Intro:** In recognition of the need for evidence-based, universal, trauma-responsive practices that support the complete physical, mental, emotional, and social well-being of children, youth, staff, and caregivers, the Technical Assistance System Network (TASN) School Mental Health Initiative (SMHI) partnered with Little Flower Yoga to develop an online video series introducing practices that can be: a) instructionally embedded, and b) accessible to all.

- ❑ **Children and Youth** – Videos in this series can be played directly for children and youth. Each series includes an introduction and seven 20-minute lessons featuring over 30 mindfulness and school-based yoga practices. These lessons include topics such as creating opportunities for children/youth to notice sensation in their bodies in various poses, increasing self-awareness in relation to physical sensations, increasing awareness of thoughts and emotions, and practicing expansive movement and power poses.
- ❑ **Staff and Caregivers** – Videos in this series provide staff and caregivers with lessons in energizing, restorative, chair yoga, and breath work practices.

To access the materials, visit:  
<https://www.ksdetasn.org/smhi/mindfulness-school-based-yoga-tools>  
**Transition:** To develop an aligned training and coaching plan, continue.

### Aligned Training and Coaching Plan

Date	Activity	Format	Evaluation	Planning Dates
Aug 23	<ul style="list-style-type: none"> <li>□ DCLT Coaches facilitate weekly PD with BCLT Coaches to model building/agency-level facilitation.</li> <li>□ Develop template for buildings/agencies to utilize to document implementation plans, following completion of training series.</li> </ul>	Training with Building/Agency-Level Coaches.	<ul style="list-style-type: none"> <li>• Implementation Plans</li> <li>• Template</li> </ul>	8/3
Sept 12	<ul style="list-style-type: none"> <li>□ Create a training schedule for buildings/agency.</li> <li>□ BCLT Coaches begin facilitating the training series</li> <li>□ Conduct Initial Implementation Quotient Review</li> </ul>		<ul style="list-style-type: none"> <li>• Training Schedule</li> <li>• Pre/post assessment</li> <li>• Implementation Quotient</li> </ul>	
Nov 17	<ul style="list-style-type: none"> <li>□ Establish check-in dates with BCLT coaches.</li> </ul>	Meeting		
Dec 6	<ul style="list-style-type: none"> <li>□ Observe BCLT Coach facilitation and provide follow-up coaching.</li> </ul>	Meeting	<ul style="list-style-type: none"> <li>• Observation Form</li> </ul>	
Jan 25	<ul style="list-style-type: none"> <li>□ Conduct middle of the year Implementation Quotient review</li> </ul>	In person	<ul style="list-style-type: none"> <li>• Implementation Quotient</li> </ul>	
Feb 18	<ul style="list-style-type: none"> <li>□ Develop District/Community Goals</li> </ul>			
March 3	<ul style="list-style-type: none"> <li>□ BCLT Coaches summarize building-level implementation recommendations into a plan for building-level review.</li> </ul>	Online		
April 6	<ul style="list-style-type: none"> <li>□ Support/Check in on School/Community Goal Setting and Progress</li> <li>□ Encourage all staff to complete the IMIS Supplement</li> <li>□ Conduct Implementation Quotient Review</li> </ul>	In person Coaches Meeting	<ul style="list-style-type: none"> <li>• Implementation Quotient</li> </ul>	

### Aligned Training and Coaching Plan

**Intro:** To implement the resources/practices across the school community with fidelity, the District-Community Leadership Team must systematically structure necessary training and coaching steps specific to the school community, including:

- Date
- Training/Coaching Activity (who and what)
- Format
- Evaluation
- Planning Dates

**FACILITATION:** Review the example.

**Transition:** To review an example of using data to monitor and adjust the aligned training and coaching plan, continue.

### 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



### Implementation Quotient

**Intro:** Recall that data drives training and coaching, the ultimate purpose of which is fidelity which leads to child/youth outcomes. The capacity for sustainability is promising when a threshold of 50% (or more) of the professionals intended to utilize a process/practice consistently meet fidelity criteria.

An example of using the Implementation Quotient in practice with the *Trauma-Responsive School Community eLearning Module Resource* is detailed below.

**Scenario:** District/Community Implementation Coaches utilized the resource to train an implementation team, then collaboratively developed fidelity expectations for application of the resource.

The District-Community Leadership Team then followed the process below for assessing/monitoring the Implementation Quotient:

- ❑ **Step 1** – Identified the staff intended to implement the process/practice (in this case, 33).
- ❑ **Step 2** – Determined periods of time to conduct Implementation Quotient monitoring (September, January, and May).
- ❑ **Step 3** – At the April monitoring period, District/Community Implementation Coaches monitored implementation for each participating staff position as follows:
  - ❑ 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 periods
- ❑ **Step 4** – Added the scores together for all participating staff to get a Sum = \_\_\_\_ (in this case 122).
- ❑ **Step 5** – Divided the Sum by the Total Participating Staff to get the Implementation Quotient.
  - ❑  $119/33 = 3.6$

**Analysis:** Now, the District-Community Leadership Team utilizes the Implementation Quotient measure to assess systems level implementation and fidelity in order to develop action items for achieving fidelity across all professionals intended to utilize the process/practice.<sup>42, 11</sup> The District-Community Leadership Team notices:

- ❑ This practice is now in “Full Implementation” because 18/33 (over 50%) staff are implementing with fidelity.
- ❑ Some staff are still not receiving coaching.

Action planning examples over the course of the year based on Implementation Quotient data likely included:

- ❑ Timeline and facilitators to train staff
- ❑ Develop and communicate a schedule for coaching

- ❑ Peer to peer observations

**Transition:** To install and implement the Trauma-Responsive School Community Planning Component utilizing the process components to develop a SMART goal and action items, continue.

**FACILITATION:** Share Implementation Quotient Form for review.

- ❑ Implementation Quotient Form

### APPLICATION: Process and Planning

**Intro:** To inform a SMART goal for the Trauma-Responsive School Community Planning Component, District-Community Leadership Teams:

- ❑ **Step 1** – Assess current levels of implementation via the *School Mental Health Implementation Rubric* and respond to the following 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)

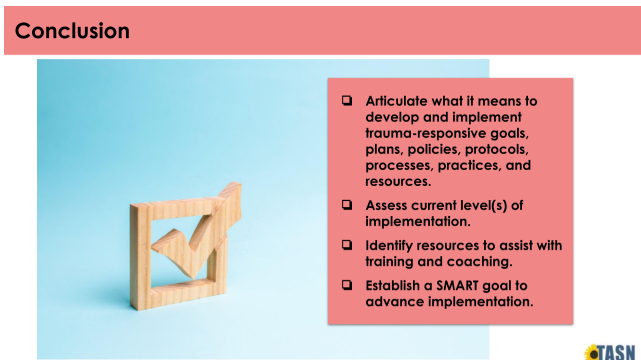
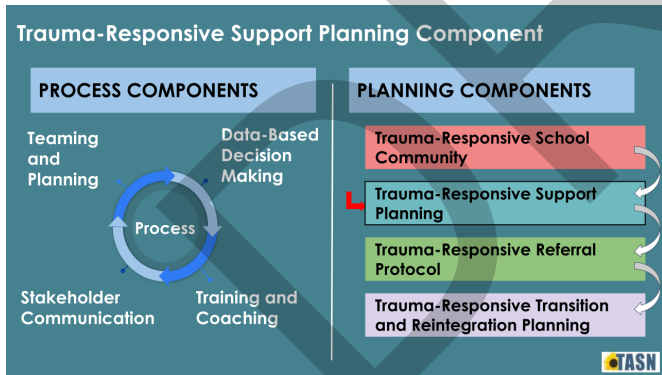
- ❑ **Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component.


- ❑ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
- ❑ **Measurable** – Objective includes how the action will be measured.
- ❑ **Attainable** – Objective is realistic given the realities faced in the community.

### 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)				
<b>SMART GOAL</b>					
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.					
<b>ACTION PLAN AND PROGRESS MONITORING LOG</b>					
Who	What	When	Outcome		

		<ul style="list-style-type: none"> <li>❑ <b>Relevant</b> – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.</li> <li>❑ <b>Time-Bound</b> – Outlines a specific timeline.</li> <li>❑ <b>Step 3</b> – Develop an action plan that accounts for each of the process components: <ul style="list-style-type: none"> <li>❑ Needed practices, policies, or resources. (Teaming and Planning)</li> <li>❑ Data points that will be utilized. (Data-Based Decision Making)</li> <li>❑ Provision of support. (Training and Coaching)</li> <li>❑ Stakeholder communication plan. (Stakeholder Communication)</li> </ul> </li> <li>❑ <b>Step 4</b> – Complete identified action items necessary to achieve the SMART goal.</li> <li>❑ <b>Step 5</b> – Review progress and data to inform next steps.</li> </ul> <p><b>Transition:</b> To check for understanding of the definition of a trauma-responsive school community, continue.</p> <p><b>FACILITATION:</b> Review the Process and Planning Application.</p> <ul style="list-style-type: none"> <li>❑ Process and Planning Application</li> </ul>
	 <p>Check for Understanding</p>  	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> A trauma-responsive school community is one in which:</p> <ul style="list-style-type: none"> <li>❑ School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>❑ Staff are trained in de-escalation, restorative practices, poverty, and Positive Behavioral Supports.</li> <li>❑ Ongoing external support is secured and provides training and coaching on classroom strategies proven effective for trauma symptoms.</li> <li>❑ Buildings/Organizations communicate SMART goals for implementation by individual staff members as they see fit.</li> </ul>

		<p><b>Transition:</b> To conclude the module, <i>Trauma-Responsive School Community Planning Component</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
	 <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>Assess current level(s) of implementation.</li> <li>Identify resources to assist with training and coaching.</li> <li>Establish a SMART goal to advance implementation.</li> </ul>	<p><b>Conclusion</b></p> <p><b>Intro:</b> The following the learning targets for the <i>Trauma-Responsive School Community Planning Component</i> module has been met:</p> <ul style="list-style-type: none"> <li>Articulate what it means to develop and implement trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.</li> <li>Assess current level(s) of implementation.</li> <li>Identify resources to assist with training and coaching.</li> <li>Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> The next module identifies how to begin implementing the Trauma-Responsive Support Planning Component.</p>
<b>TRAUMA-RESPONSIVE SUPPORT PLANNING COMPONENT</b>		
<b>Facilitator</b>	<b>Slide</b>	<b>Content</b>
	 <p><b>Trauma-Responsive Support Planning Component</b></p> <p><b>PROCESS COMPONENTS</b></p> <ul style="list-style-type: none"> <li>Teaming and Planning</li> <li>Data-Based Decision Making</li> <li>Stakeholder Communication</li> <li>Training and Coaching</li> </ul> <p><b>PLANNING COMPONENTS</b></p> <ul style="list-style-type: none"> <li>Trauma-Responsive School Community</li> <li>Trauma-Responsive Support Planning</li> <li>Trauma-Responsive Referral Protocol</li> <li>Trauma-Responsive Transition and Reintegration Planning</li> </ul>	<p><b>Introduction</b></p> <p><b>Review:</b> The previous module provided steps to implement the Trauma-Responsive School Community Planning Component:</p> <ul style="list-style-type: none"> <li>Articulate the definition of a “trauma-responsive school community”.</li> <li>Assess current level(s) of implementation.</li> <li>Identify resources to assist with training and coaching.</li> <li>Establish a SMART goal to advance implementation.</li> </ul> <p><b>Intro:</b> This module identifies steps to implement the Trauma-Responsive Support Planning Component utilizing the implementation process.</p> <p><b>Transition:</b> To identify the learning target for the <i>Trauma-Responsive Support Planning Component</i> module, continue.</p>

	<p><b>Learning Targets</b></p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement trauma-responsive support plan for children/youth.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul>  <p>TASH</p>	<p><b>Learning Targets</b></p> <p><b>Intro:</b> To identify learning targets for the <i>Trauma-Responsive Support Planning Component</i> module, click below:</p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement a trauma-responsive support plan for children/youth.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> To identify the core principles accounted for within a trauma-responsive support plan, continue.</p>
	<p><b>Core Principles of Trauma-Responsive Support Planning</b></p> <ul style="list-style-type: none"> <li><b>Ensure</b> emotional and physical safety</li> <li><b>Believe</b> that healing happens in relationships</li> <li><b>View</b> children/youth holistically</li> <li><b>Strive</b> for cultural competence</li> <li><b>Support</b> choice, control, and empowerment</li> <li><b>Understand</b> trauma and its impact</li> <li><b>Use</b> a collaborative approach</li> </ul> <p>TASH</p>	<p><b>Core Principles of Trauma-Responsive Support Planning</b></p> <p><b>Intro:</b> A trauma-responsive support plan accounts for each of the following core principles<sup>9</sup>:</p> <ul style="list-style-type: none"> <li>❑ <b>Ensure</b> emotional and physical safety</li> <li>❑ <b>Believe</b> that healing happens in relationships</li> <li>❑ <b>View</b> children/youth holistically</li> <li>❑ <b>Strive</b> for cultural competence</li> <li>❑ <b>Support</b> choice, control, and empowerment</li> <li>❑ <b>Understand</b> trauma and its impact</li> <li>❑ <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> To understand the definition of the Trauma-Responsive Support Planning component, continue.</p>



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)	<ul style="list-style-type: none"> <li>Participation in exploration meeting</li> </ul>	<ul style="list-style-type: none"> <li>Coaches are trained</li> <li>Development of SMART goal and action plan</li> </ul>	<ul style="list-style-type: none"> <li>Enacted training/coaching plan</li> <li>Individual child/youth outcome data</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of at least 50% implementation fidelity</li> <li>Individual child/youth outcome data</li> <li>Documented policies, protocols, processes, and practices</li> </ul>	<ul style="list-style-type: none"> <li>Established review schedule</li> <li>Documented outcomes</li> <li>Documented adjustments</li> <li>Training/coaching for new staff</li> </ul>


## Definition of Trauma-Responsive Support Planning

**Intro:** Recall that **outcomes** from support across environments, **not access to** support in one or more environments, demonstrate meaningful outcomes. In practice, District-Community Leadership Teams ensure that support for children/youth is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.

District-Community Leadership Teams review the phases of implementation and related examples in the *School Mental Health Implementation Rubric* to prepare for application of the Trauma-Responsive Support Planning Component.

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



		<ul style="list-style-type: none"> <li>☐ Documented adjustments</li> <li>☐ Training/coaching for new staff</li> </ul> <p><b>Transition:</b> To review resources available to implement the Trauma-Responsive Support Planning Component, continue.</p>
	<p>Training and Coaching Resource: <i>Trauma-Responsive Support Planning: A Facilitation Guide for District and Building-Level Implementation Coaches</i></p> 	<p><b>Training and Coaching Resource: <i>Trauma-Responsive Support Planning: A Facilitation Guide for District and Building-Level Implementation Coaches</i></b></p> <p><b>Intro:</b> To assist with training and coaching needs, District-Community Leadership Teams may choose to utilize the Trauma-Responsive Support Planning process.</p> <p>The cross-system support planning and implementation inherent within the Trauma-Responsive Support Planning process centers around pillars of data<sup>48, 49</sup> that capture and assess <b>strengths, resilience, concerns, desired outcomes, and supports</b> across <b>biopsychosocial domains</b>.</p> <p>Training and coaching resources include:</p> <ul style="list-style-type: none"> <li>☐ eLearning Modules</li> <li>☐ A Facilitation Guide for District and Building-Level Implementation Coaches</li> <li>☐ Slide Deck</li> </ul> <p><b>RESOURCE</b></p> <ul style="list-style-type: none"> <li>☐ Assessing Social Validity in Clinical Treatment Research Issues and Procedures</li> </ul> <p><b>Transition:</b> To develop an aligned training and coaching plan, continue.</p>

### Aligned Training and Coaching Plan

Date	Activity	Format	Evaluation	Planning Dates
Aug 23	<ul style="list-style-type: none"> <li>DCLT Coaches participate in training</li> <li>Develop District/Community Goals</li> <li>Collaborate to determine a shared child/youth in need of a TRSP</li> </ul>	Modules	• Pre/post	8/3
Sept 12	<ul style="list-style-type: none"> <li>Implement TRSP with at least one shared child/youth</li> <li>Conduct initial Implementation Quotient Monitoring</li> </ul>	Meeting	• Schedule • Implementation Quotient	8/25-9/12
Oct 17	<ul style="list-style-type: none"> <li>Train building/agency staff to implement and support TRSPs</li> <li>Select TRSP leads to target training/coaching for each building/agency- BCLT coaches</li> </ul>	Meeting	• Pre/post Assessment	10/1, 10/9
Nov 6	<ul style="list-style-type: none"> <li>DCLT coaches train BCLT coaches to lead TRSP in each building</li> <li>Establish coaching dates with BCLT coaches</li> <li>BCLT coaches determine any shared child in need of TRSP</li> </ul>	Meeting	• Pre/post Assessment • Coaching schedule • Observation Form	10/24, 11/1
Dec 1	<ul style="list-style-type: none"> <li>BCLT and DCLT coaches schedule check in and support for staff implementing and supporting any TRSPs</li> </ul>	Meeting	• Schedule	11/6
Jan 25	<ul style="list-style-type: none"> <li>DCLT coaches observe BCLT coaches leading TRSP</li> <li>Conduct middle of the year Implementation Quotient monitoring</li> </ul>	In person	• Implementation Quotient	11/16, 12/13
Feb 18	<ul style="list-style-type: none"> <li>DCLT and BCLT coaches continue implementing and DCLT checks in using the process components.</li> </ul>	DCLT Meeting	• Process and Planning Application	2/6
April 6	<ul style="list-style-type: none"> <li>Support/Check in on Building/Agency Goals and Progress</li> <li>Encourage all staff to complete the Inclusive MTSS Implementation Scale Supplement</li> <li>Conduct Implementation Quotient Monitoring</li> </ul>	In person Coaches Meeting	• Implementation Quotient	3/12

### Aligned Training and Coaching Plan

**Intro:** To implement the resources/practices across the school community with fidelity, the District-Community Leadership Team must systematically structure necessary training and coaching steps specific to the school community, including:

- ☐ Date
- ☐ Training/Coaching Activity (who and what)
- ☐ Format
- ☐ Evaluation
- ☐ Planning Dates

**FACILITATION:** Review the example.

**Transition:** To review an example of using data to monitor and adjust the aligned training and coaching plan, continue.

### 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



### Implementation Quotient

**Intro:** Recall that data drives training and coaching, the ultimate purpose of which is fidelity which leads to child/youth outcomes. The capacity for sustainability is promising when a threshold of 50% (or more) of the professionals intended to utilize a process/practice consistently meet fidelity criteria.

An example of using Implementation Quotient in practice with the *Trauma-Responsive Support Planning Resource* is detailed below.

**Scenario:** District/Community Implementation Coaches utilized the resource to train an implementation team, then collaboratively developed fidelity expectations for application of the resource.

The District-Community Leadership Team then followed the process below for assessing/monitoring the Implementation Quotient:

- ☐ **Step 1** – Identified the staff intended to implement the process/practice (in this case, 10).
- ☐ **Step 2** – Determined periods of time to conduct Implementation Quotient monitoring (September, January, and May).

- ❑ **Step 3** – At the April monitoring period, District/Community Implementation Coaches monitored implementation for each participating staff position as follows:
  - ❑ 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 periods
- ❑ **Step 4** – Added the scores together for all participating staff to get a Sum = \_\_ (in this case 37).
- ❑ **Step 5** – Divided the Sum by the Total Participating Staff to get the Implementation Quotient.
  - ❑  $37/10 = 3.7$

**Analysis:** Now, the District-Community Leadership Team utilizes the Implementation Quotient measure to assess systems level implementation and fidelity in order to develop action items for achieving fidelity across all professionals intended to utilize the process/practice.<sup>42, 11</sup> The District-Community Leadership Team notices:

- ❑ This practice is now in “Full Implementation” because 5/10 (50%) staff are implementing with fidelity.
- ❑ Some staff may need additional support to reach fidelity.

Action planning examples over the course of the year based on Implementation Quotient data likely included:

- ❑ Timeline and facilitators to train staff
- ❑ Develop and communicate a schedule for coaching
- ❑ Peer to peer observations

**Transition:** To utilize the process components to develop a SMART goal and action items to install and implement the Trauma-Responsive Support Planning Component, continue.


**FACILITATION:** Share the Implementation Quotient Form.


- ❑ Implementation Quotient Form


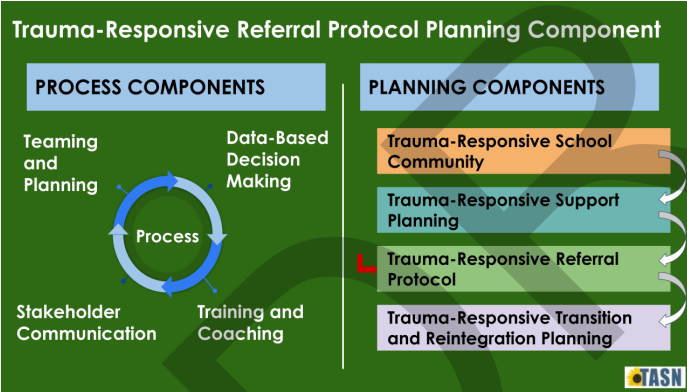
### APPLICATION: Process and Planning

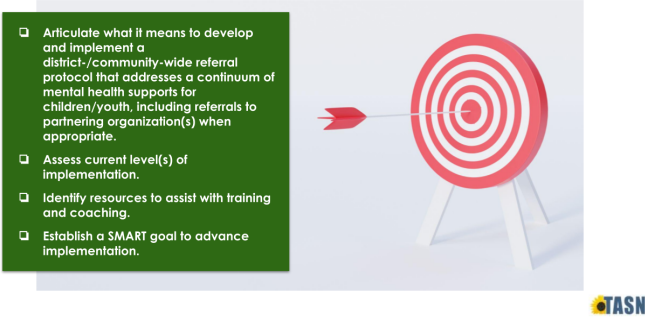

**Intro:** To inform a SMART goal for the Trauma-Responsive Support Planning Component, District-Community Leadership Teams:

- ❑ **Step 1** – Assess level of implementation via the School Mental Health Implementation Rubric and respond to the following 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)
- ❑ **Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component.
  - ❑ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
  - ❑ **Measurable** – Objective includes how the action will be measured.
  - ❑ **Attainable** – Objective is realistic given the realities faced in the community.
  - ❑ **Relevant** – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.
  - ❑ **Time-Bound** – Outlines a specific timeline.
- ❑ **Step 3** – Develop an action plan that accounts for each of the process components:

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		
					

		<ul style="list-style-type: none"> <li><input type="checkbox"/> Needed practices, policies, or resources. (Teaming and Planning)</li> <li><input type="checkbox"/> Data points that will be utilized. (Data-Based Decision Making)</li> <li><input type="checkbox"/> Provision of support. (Training and Coaching)</li> <li><input type="checkbox"/> Stakeholder communication plan. (Stakeholder Communication)</li> <li><input type="checkbox"/> <b>Step 4</b> – Complete identified action items necessary to achieve the SMART goal.</li> <li><input type="checkbox"/> <b>Step 5</b> – Review progress and data to inform next steps.</li> </ul> <p><b>Transition:</b> To check for understanding of the definition of Trauma-Responsive Support Planning, continue.</p> <p><b>FACILITATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Process and Planning Application</li> <li><input type="checkbox"/> Implementation Quotient Form</li> </ul>
		<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following elements are less likely to result in a trauma-responsive support plan?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A plan in which supports are coordinated around the life of the child/youth, as opposed to the needs of the system and existing services.</li> <li><input type="checkbox"/> A plan that is aligned with the goals, interests, and preferences of children/youth and supports/teaches them to problem solve, make decisions, and self-advocate.</li> <li><input type="checkbox"/> A plan that is collaboratively developed and implemented across all settings (school, community, and home.)</li> <li><input type="checkbox"/> A plan developed around the traditional functions of behavior (e.g., escape, attention, access, and reinforcement).</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Trauma-Responsive Support Planning Component</i>, continue.</p>

	<p><b>Conclusion</b></p>  <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement trauma-responsive support plan for children/youth.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p>TASH</p>	<p><b>Conclusion</b></p> <p><b>Intro:</b> The following the learning targets for the <i>Trauma-Responsive Support Planning Component</i> module have been met:</p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement a trauma-responsive support plan for children/youth.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> The next module identifies how to begin implementing the Trauma-Responsive Referral Protocol Planning Component.</p>
<b>TRAUMA-RESPONSIVE REFERRAL PROTOCOL PLANNING COMPONENT</b>		
<b>Facilitator</b>	<b>Slide</b>	<b>Content</b>
	<p><b>Trauma-Responsive Referral Protocol Planning Component</b></p>  <p>TASH</p>	<p><b>Introduction</b></p> <p><b>Review:</b> Previously, participants learned how to implement the Trauma-Responsive Support Planning Component:</p> <ul style="list-style-type: none"> <li>❑ Articulate what it means to develop and implement a trauma-responsive support plan for children/youth.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Intro:</b> In this module, participants identify how to implement the Trauma-Responsive Referral Protocol Planning Component utilizing the implementation process.</p> <p><b>Transition:</b> To identify the learning target for the <i>Trauma-Responsive Referral Protocol Planning Component</i> module, continue.</p>

	<p><b>Learning Targets</b></p> 	<p><b>Learning Targets</b></p> <p><b>Intro:</b> To identify learning targets for the <i>Trauma-Responsive Referral Protocol Planning Component</i> module, click below:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> To identify the core principles accounted for within a <i>Trauma-Responsive Referral Protocol</i> module, continue.</p>
	<p><b>Core Principles of a Trauma-Responsive Referral Protocol</b></p> 	<p><b>Core Principles of a Trauma-Responsive Referral Protocol</b></p> <p><b>Intro:</b> The Trauma-Responsive Referral Protocol Planning Component reflects the following core principles<sup>9</sup>:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ensure</b> emotional and physical safety</li> <li><input type="checkbox"/> <b>Believe</b> that healing happens in relationships</li> <li><input type="checkbox"/> <b>View</b> children/youth holistically</li> <li><input type="checkbox"/> <b>Strive</b> for cultural competence</li> <li><input type="checkbox"/> <b>Support</b> choice, control, and empowerment</li> <li><input type="checkbox"/> <b>Understand</b> trauma and its impact</li> <li><input type="checkbox"/> <b>Use</b> a collaborative approach</li> </ul> <p><b>Transition:</b> To understand the definition of the Trauma-Responsive Referral Protocol Planning Component, continue.</p>



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
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)	<ul style="list-style-type: none"> <li>Participation in exploration meeting</li> </ul>	<ul style="list-style-type: none"> <li>Development of SMART goal and action plan</li> </ul>	<ul style="list-style-type: none"> <li>Utilization of shared protocol</li> <li>Enacted training/coaching plan</li> <li>Incorporation of shared protocol into policies and practices</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of at least 50% implementation fidelity</li> <li>Implementation resulting in positive child/youth outcome data</li> <li>Documented policies, protocols, processes, and practices</li> </ul>	<ul style="list-style-type: none"> <li>Established review schedule</li> <li>Documented outcomes</li> <li>Documented adjustments</li> <li>Training/coaching for new staff</li> </ul>

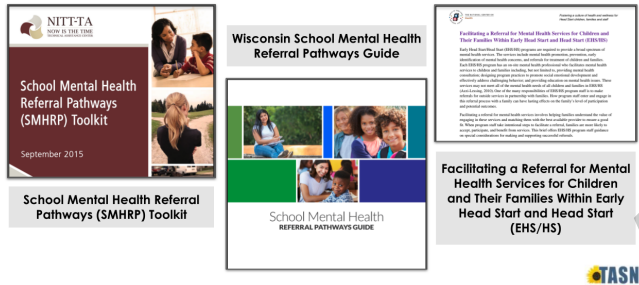
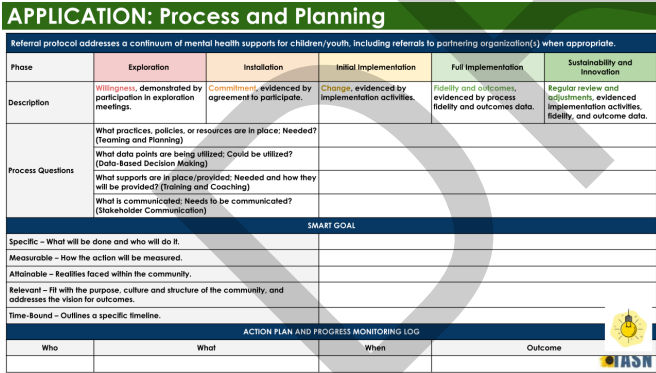
## Definition of a Trauma-Responsive Referral Protocol

**Intro:** In practice, District-Community Leadership Teams 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.




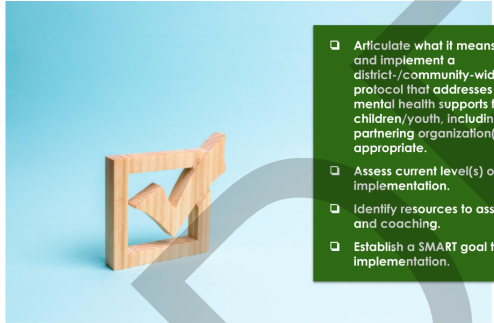

District-Community Leadership Teams review the phases of implementation and related examples in the School Mental Health Implementation Rubric to prepare for application of the Trauma-Responsive Referral Protocol Planning Component.<sup>50</sup>

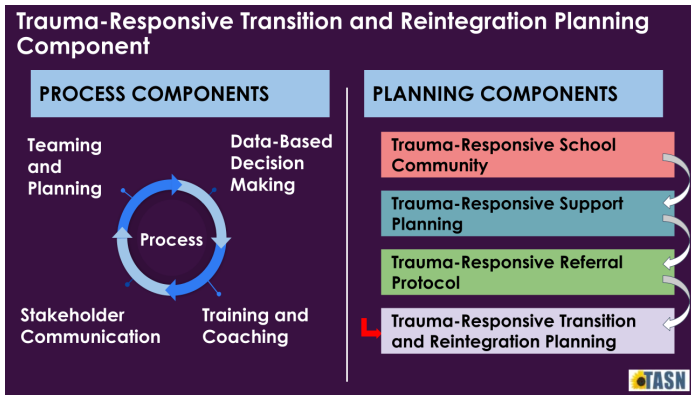

- ☐ **Exploration – Willingness**, demonstrated by participation in exploration meetings.
  - ☐ Participation in exploration meeting
- ☐ **Installation – Commitment**, evidenced by agreement to participate.
  - ☐ Development of SMART goal and action plan
- ☐ **Initial Implementation – Change**, evidenced by implementation activities.
  - ☐ Utilization of shared protocol
  - ☐ Enacted training/coaching plan
  - ☐ Incorporation of shared protocol into policies and practices
- ☐ **Full Implementation – Fidelity and outcomes**, evidenced by process fidelity and outcomes data.
  - ☐ Documentation of at least 50% implementation fidelity
  - ☐ Implementation resulting in positive child/youth outcome data
  - ☐ Documented policies, protocols, processes, and practices
- ☐ **Sustainability and Innovation – Regular review and adjustments**, evidenced by implementation activities, fidelity, and outcome data.
  - ☐ Established review schedule
  - ☐ Documented outcomes



		<input type="checkbox"/> Documented adjustments <input type="checkbox"/> Training/coaching for new staff <b>Transition:</b> To review resources available to implement the planning component, Trauma-Responsive Referral Protocol, continue.
	<p><b>Training and Coaching Resources: Trauma-Responsive Referral Protocol</b></p> 	<p><b>Training and Coaching Resources: Trauma-Responsive Referral Protocol</b></p> <p><b>Intro:</b> To assist with training and coaching needs, District-Community Leadership Teams utilize guidance found in the following toolkits, currently:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> SAMHSA School Mental Health Referral Pathways Toolkit</li> <li><input type="checkbox"/> Wisconsin School Mental Health Referral Pathways Guide</li> <li><input type="checkbox"/> Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS)</li> </ul> <p><b>Transition:</b> To utilize the process components to develop a SMART goal and action items to install and implement a Trauma-Responsive Referral Protocol, continue.</p>
	<p><b>APPLICATION: Process and Planning</b></p> 	<p><b>APPLICATION: Process and Planning</b></p> <p><b>Intro:</b> To inform a SMART goal for the Trauma-Responsive Support Planning Component, District-Community Leadership Teams:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Step 1</b> – Assess current level of implementation via the <i>School Mental Health Implementation Rubric</i> and respond to the following questions:             <ul style="list-style-type: none"> <li><input type="checkbox"/> What practices, policies, or resources are in place; Needed? (Teaming and Planning)</li> <li><input type="checkbox"/> What data points are being utilized; Could be utilized? (Data-Based Decision Making)</li> <li><input type="checkbox"/> What supports are in place/provided; Needed and how they will be provided? (Training and Coaching)</li> <li><input type="checkbox"/> What is communicated; Needs to be communicated? (Stakeholder Communication)</li> </ul> </li> </ul>

- ❑ **Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component .
    - ❑ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
    - ❑ **Measurable** – Objective includes how the action will be measured.
    - ❑ **Attainable** – Objective is realistic given the realities faced in the community.
    - ❑ **Relevant** – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.
    - ❑ **Time-Bound** – Outlines a specific timeline.
  - ❑ **Step 3** – Develop an action plan that accounts for each of the process components:
    - ❑ Needed practices, policies, or resources needed. (Teaming and Planning)
    - ❑ Data points that will be utilized (Data-Based Decision Making)
    - ❑ Provision of support. (Training and Coaching)
    - ❑ Stakeholder communication plan. (Stakeholder Communication)
  - ❑ **Step 4** – Complete identified action items necessary to achieve the SMART goal.
  - ❑ **Step 5** – Review progress and data to inform next steps.
- Transition:** To check for understanding of the definition of Trauma-Responsive Referral Protocol, continue.
- FACILITATION**
- ❑ Process and Planning Application
  - ❑ Implementation Quotient Form

	  	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> Which of the following is NOT a component of an effective referral protocol?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provides next steps for staff when they identify a child/youth in need.</li> <li><input type="checkbox"/> Coordinates support within schools and between schools and outside organizations.</li> <li><input type="checkbox"/> Outlines a system for managing and coordinating referrals across the continuum.</li> <li><input type="checkbox"/> Reduces barriers for children/youth and their caregivers when accessing services.</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Trauma-Responsive Referral Protocol Planning Component</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
	<p><b>Conclusion</b></p>   <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul>	<p><b>Conclusion</b></p> <p><b>Intro:</b> The following the learning targets for the <i>Trauma-Responsive Referral Protocol Planning Component</i> module have been met:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> The next module identifies how to begin implementing the Trauma-Responsive Transition and Reintegration Planning Component.</p>
<b>TRAUMA-RESPONSIVE TRANSITION AND REINTEGRATION PLANNING COMPONENT</b>		
<b>EFT</b>	<b>Slide</b>	<b>Content</b>

		<h3>Introduction</h3> <p><b>Review:</b> Previously, participants learned how to implement the Trauma-Responsive Referral Protocol Planning Component:</p> <ul style="list-style-type: none"> <li>❑ 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.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Intro:</b> In this module, participants identify how to implement the Trauma-Responsive Transition and Reintegration Planning Component utilizing the implementation process.</p> <p><b>Transition:</b> To identify the learning targets for the <i>Trauma-Responsive Transition and Reintegration Planning Component</i> module, continue.</p>
		<h3>Learning Targets</h3> <p><b>Intro:</b> To identify learning targets for the <i>Trauma-Responsive Transition and Reintegration Planning Component</i> module, click below:</p> <ul style="list-style-type: none"> <li>❑ 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.</li> <li>❑ Assess current level(s) of implementation.</li> <li>❑ Identify resources to assist with training and coaching.</li> <li>❑ Establish a SMART goal to advance implementation.</li> </ul> <p><b>Transition:</b> To identify the core principles accounted for in Trauma-Responsive Transition and Reintegration Planning, continue.</p>

### 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



### Core Principles of Transition and Reintegration Planning

**Intro:** The Trauma-Responsive Transition and Reintegration Planning Component reflects the following core principles<sup>9</sup>:

- ☐ **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

**Transition:** To understand the definition of the Trauma-Responsive Transition and Reintegration Planning Component, continue.

### Definition of Trauma-Responsive Transition and Reintegration Planning

Protocol for transition from alternative settings, including a psychiatric residential treatment facility.					
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)	<input type="checkbox"/> Participation in exploration meeting	<input type="checkbox"/> Development of SMART goal and action plan	<input type="checkbox"/> Utilization of shared protocol <input type="checkbox"/> Enacted training/coaching plan <input type="checkbox"/> Incorporation of shared protocol into policies and practices	<input type="checkbox"/> Documentation of at least 50% implementation fidelity <input type="checkbox"/> Implementation resulting in positive child/youth outcome data <input type="checkbox"/> Documented policies, protocols, processes, and practices	<input type="checkbox"/> Established review schedule <input type="checkbox"/> Documented outcomes <input type="checkbox"/> Documented adjustments <input type="checkbox"/> Training/coaching for new staff



### Definition of Trauma-Responsive Transition and Reintegration Planning

**Intro:** To support the needs of children/youth who experience placement in a restrictive setting and the challenges of re-entering school, all involved systems must establish and utilize shared protocols or guidelines to assist children/youth and their caregivers with transition and reintegration. In practice, District-Community Leadership Teams have a protocol for transitioning children/youth from alternative settings, including a psychiatric residential treatment facility.

- ☐ **Transition** – Change in school setting for a child/youth
- ☐ **Reintegration** – Process for moving a child/youth from a more restrictive into a less restrictive placement

Levels of of implementation of the Trauma-Responsive Referral Protocol Planning Component are assessed utilizing the *School Mental Health Implementation Rubric*:

- ☐ **Exploration – Willingness**, demonstrated by participation in exploration meetings.
  - ☐ Participation in exploration meeting

- |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Installation – Commitment</b>, evidenced by agreement to participate. <ul style="list-style-type: none"> <li><input type="checkbox"/> Development of SMART goal and action plan</li> </ul> </li> <li><input type="checkbox"/> <b>Initial Implementation – Change</b>, evidenced by implementation activities. <ul style="list-style-type: none"> <li><input type="checkbox"/> Utilization of shared protocol</li> <li><input type="checkbox"/> Enacted training/coaching plan</li> <li><input type="checkbox"/> Incorporation of shared protocol into policies and practices</li> </ul> </li> <li><input type="checkbox"/> <b>Full Implementation – Fidelity and outcomes</b>, evidenced by process fidelity and outcome data. <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of at least 50% implementation fidelity</li> <li><input type="checkbox"/> Implementation resulting in positive child/youth outcome data</li> <li><input type="checkbox"/> Documented policies, protocols, processes, and practices</li> </ul> </li> <li><input type="checkbox"/> <b>Sustainability and Innovation – Regular review and adjustments</b>, evidenced by implementation activities, fidelity, and outcome data. <ul style="list-style-type: none"> <li><input type="checkbox"/> Established review schedule</li> <li><input type="checkbox"/> Documented outcomes</li> <li><input type="checkbox"/> Documented adjustments</li> <li><input type="checkbox"/> Training/coaching for new staff</li> </ul> </li> </ul> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**RESOURCE:** Review psychiatric residential treatment facilities, as well as other mental health facilities in Kansas.

**Transition:** To review resources available to implement Trauma-Responsive Transition and Reintegration Planning, continue.

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

Agreement	<input type="checkbox"/> Liaisons for relevant agencies <input type="checkbox"/> Guidelines for transition and reintegration	 Download at <a href="https://www.ksdetasn.org/resources/1265">https://www.ksdetasn.org/resources/1265</a>
Consent	<input type="checkbox"/> Release/exchange of information	
Communication & Planning	<input type="checkbox"/> Collaboration/planning around mental health, social, emotional, behavioral, and academic needs <input type="checkbox"/> Discharge/reintegration planning	



### Training and Coaching Resource: Transitioning Students From Psychiatric Hospitalization Back To School

**Intro:** Transitions to and from restricted settings are notoriously challenging for children/youth and caregivers (home, school, and community). District-Community Leadership Teams develop protocols/guidelines for successful school re-entry using the guidance found in the following resource.

☐ <https://www.ksdetasn.org/resources/1265>

**Transition:** To utilize the process components to develop a SMART goal and action items to install and implement Trauma-Responsive Transition and Reintegration Planning, continue.

### APPLICATION: Process and Planning

Protocol for transition from alternative settings, including a psychiatric residential treatment facility.					
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, measured by process fidelity and outcomes data.	Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.
ASSESSMENT 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		



### APPLICATION: Process and Planning

**Intro:** To inform a SMART goal for the Trauma-Responsive Transition and Reintegration Planning Component, District-Community Leadership Teams:

☐ **Step 1** – Assess level of implementation via the School Mental Health Implementation Rubric and respond to the following 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)





☐ **Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component.

- ☐ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.



		<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Measurable</b> – Objective includes how the action will be measured.</li> <li><input type="checkbox"/> <b>Attainable</b> – Objective is realistic given the realities faced in the community.</li> <li><input type="checkbox"/> <b>Relevant</b> – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.</li> <li><input type="checkbox"/> <b>Time-Bound</b> – Outlines a specific timeline.</li> <li><input type="checkbox"/> <b>Step 3</b> – Develop an action plan that accounts for each of the process components: <ul style="list-style-type: none"> <li><input type="checkbox"/> Needed practices, policies, or resources needed. (Teaming and Planning)</li> <li><input type="checkbox"/> Data points that will be utilized. (Data-Based Decision Making)</li> <li><input type="checkbox"/> Provision of support. (Training and Coaching)</li> <li><input type="checkbox"/> Stakeholder communication plan. (Stakeholder Communication)</li> </ul> </li> <li><input type="checkbox"/> <b>Step 4</b> – Complete identified action items necessary to achieve the SMART goal.</li> <li><input type="checkbox"/> <b>Step 5</b> – Review progress and data to inform next steps.</li> </ul> <p><b>Transition:</b> To check for understanding of the definition of Trauma-Responsive Transition and Reintegration Planning, continue.</p> <p><b>FACILITATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Process and Planning Application</li> <li><input type="checkbox"/> Implementation Quotient</li> </ul>
--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	 	<p><b>Check for Understanding</b></p> <p><b>Intro:</b> When a child/youth transitions from a psychiatric residential treatment facility back to the school setting, the designated contact person should do all of the following EXCEPT:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advocate for and support the child/youth during return to school</li> <li><input type="checkbox"/> Communicate with home, school, and community caregivers regarding the return to school.</li> <li><input type="checkbox"/> Monitor and respond to any signs of child/youth distress during the return to school.</li> <li><input type="checkbox"/> Develop a Memorandum of Understanding to identify a district and psychiatric residential treatment facility representative to serve as a liaison to enhance communication.</li> </ul> <p><b>Transition:</b> To conclude the module, <i>Trauma-Responsive Transition and Reintegration Planning Component</i>, continue.</p> <p><b>FACILITATION:</b> Share the check for understanding.</p>
	 	<p><b>Conclusion</b></p> <p><b>Intro:</b> The following the learning targets for the <i>Trauma-Responsive Transition and Reintegration Planning Component</i> module have been met:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Assess current level(s) of implementation.</li> <li><input type="checkbox"/> Identify resources to assist with training and coaching.</li> <li><input type="checkbox"/> Establish a SMART goal to move implementation forward.</li> </ul> <p>Return to this module at any time.</p> <p><b>Transition:</b> This concludes the School Mental Health Implementation eLearning Series.</p>

## Appendix A: Implementation Rubric

### Process Components

#### Teaming and Planning

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

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

#### Data-Based Decision Making

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

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

### 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. “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.

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

## Stakeholder Communication

Goals, plans, policies, protocols, processes, practices, and resources to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers. 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<sup>44,45,46</sup>

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

---

## Planning Components

---

## 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
<b>Description</b>	<b>Willingness</b> , demonstrated by participation in exploration meetings.	<b>Commitment</b> , evidenced by agreement to participate.	<b>Change</b> , evidenced by implementation activities.	<b>Fidelity and outcomes</b> , evidenced by process fidelity and outcomes data.	<b>Regular review and adjustments</b> , evidenced by implementation activities, fidelity, and outcome data.
<b>Example(s)</b>	<input type="checkbox"/> Participation in exploration meeting.	<input type="checkbox"/> Coaches are trained. <input type="checkbox"/> Development of SMART goal and action plan for district/ community-wide training.	<input type="checkbox"/> Enacted training/coaching implementation data. <input type="checkbox"/> Child/youth outcome data. <input type="checkbox"/> Enacted stakeholder communication plan.	<input type="checkbox"/> Documentation of at least 50% implementation fidelity. <input type="checkbox"/> Child/youth outcome data. <input type="checkbox"/> Documented policies, protocols, processes, and practices.	<input type="checkbox"/> Established review schedule. <input type="checkbox"/> Documented outcomes. <input type="checkbox"/> Documented adjustments. <input type="checkbox"/> Training/coaching for new staff.

## 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
<b>Description</b>	<b>Willingness</b> , demonstrated by participation in exploration meetings.	<b>Commitment</b> , evidenced by agreement to participate.	<b>Change</b> , evidenced by implementation activities.	<b>Fidelity and outcomes</b> , evidenced by process fidelity and outcomes data.	<b>Regular review and adjustments</b> , evidenced by implementation activities, fidelity, and outcome data.

<b>Example(s)</b>	<input type="checkbox"/> Participation in exploration meeting	<input type="checkbox"/> Coaches are trained <input type="checkbox"/> Development of SMART goal and action plan	<input type="checkbox"/> Enacted training/coaching plan <input type="checkbox"/> Individual child/youth outcome data	<input type="checkbox"/> Documentation of at least 50% implementation fidelity <input type="checkbox"/> Individual child/youth outcome data <input type="checkbox"/> Documented policies, protocols, processes, and practices	<input type="checkbox"/> Established review schedule <input type="checkbox"/> Documented outcomes <input type="checkbox"/> Documented adjustments <input type="checkbox"/> Training/coaching for new staff
-------------------	---------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### 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
<b>Description</b>	<b>Willingness</b> , demonstrated by participation in exploration meetings.	<b>Commitment</b> , evidenced by agreement to participate.	<b>Change</b> , evidenced by implementation activities.	<b>Fidelity and outcomes</b> , evidenced by process fidelity and outcomes data.	<b>Regular review and adjustments</b> , evidenced by implementation activities, fidelity, and outcome data.

<b>Example(s)</b>	<input type="checkbox"/> Participation in exploration meeting	<input type="checkbox"/> Development of SMART goal and action plan	<input type="checkbox"/> Utilization of shared protocol <input type="checkbox"/> Enacted training/coaching plan <input type="checkbox"/> Incorporation of shared protocol into policies and practices	<input type="checkbox"/> Documentation of at least 50% implementation fidelity <input type="checkbox"/> Implementation resulting in positive child/youth outcome data <input type="checkbox"/> Documented policies, protocols, processes, and practices	<input type="checkbox"/> Established review schedule <input type="checkbox"/> Documented outcomes <input type="checkbox"/> Documented adjustments <input type="checkbox"/> Training/coaching for new staff
-------------------	---------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Trauma-Responsive Transition and Reintegration Planning

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

Phase	Exploration	Installation	Initial Implementation	Full Implementation	Sustainability and Innovation
<b>Description</b>	<b>Willingness</b> , demonstrated by participation in exploration meetings.	<b>Commitment</b> , evidenced by agreement to participate.	<b>Change</b> , evidenced by implementation activities.	<b>Fidelity and outcomes</b> , evidenced by process fidelity and outcomes data.	<b>Regular review and adjustments</b> , evidenced by implementation activities, fidelity, and outcome data.
<b>Example(s)</b>	<input type="checkbox"/> Participation in exploration meeting	<input type="checkbox"/> Development of SMART goal and action plan	<input type="checkbox"/> Utilization of shared protocol <input type="checkbox"/> Enacted training/coaching plan <input type="checkbox"/> Incorporation of shared protocol into policies and practices	<input type="checkbox"/> Documentation of at least 50% implementation fidelity <input type="checkbox"/> Implementation resulting in positive	<input type="checkbox"/> Established review schedule <input type="checkbox"/> Documented outcomes <input type="checkbox"/> Documented adjustments <input type="checkbox"/> Training/

				child/youth outcome data <input type="checkbox"/> Documented policies, protocols, processes, and practices	coaching for new staff
--	--	--	--	---------------------------------------------------------------------------------------------------------------------------	---------------------------

DRAFT



# Appendix B: District-Community Leadership Team Engagement Materials

## Invitation to Participate Email Template

Dear [Name],

[District/Organization] would like to extend an invitation to partner in a District-Community Leadership Team to improve mental health outcomes for children/youth. Please review the attached materials and, if interested, let me know when we could meet to further discuss the details of participation.

- ☐ **District/Organization Readiness Assessment and Application**
- ☐ **Agreement to Participate:** Within the agreement note, in particular, the sections that provide specific details regarding:
  - ☐ District-Community Leadership Team members
  - ☐ District-Community Leadership Team meeting dates/times
  - ☐ Coaching call dates/times

Respectfully,  
[Name]

## Readiness Assessment and Application Template

### Organization

**Directions:** Complete the following questionnaire to assess readiness in implementing trauma-responsive, cross-system school mental health processes and practices.

Name	
Email Address	
Organization	
Identify by name and position, individuals who will likely fulfill the roles of Executive-Level Leadership	<input type="checkbox"/> Executive-Level Leadership: <input type="checkbox"/> District/Community Implementation Coaches: <input type="checkbox"/> Building/Organization Implementation Coaches:

<b>and District/Community Implementation Coach(es).</b>	
<b>Provide the preferred school district within your catchment area to work with and rationale for selecting this district.</b>	
<b>Identify the strengths of partnering with your preferred district.</b>	
<b>What are the desired areas of improvement when partnering with your preferred district?</b>	

Rate the extent to which your organization has knowledge of and/or provides support to districts utilizing a Multi-Tier System of Supports (MTSS) framework.

<b>Knowledge of Multi-Tier System of Support (MTSS) frameworks.</b>	<input type="checkbox"/> Minimal/None <input type="checkbox"/> A Little <input type="checkbox"/> A Fair Amount <input type="checkbox"/> Extensive
<b>Experience providing support within Multi-Tier System of Support (MTSS) frameworks.</b>	<input type="checkbox"/> Minimal/None <input type="checkbox"/> A Little <input type="checkbox"/> A Fair Amount <input type="checkbox"/> Extensive

Rate the extent to which you agree with the following commitments.

<b>The organization Director (or designee) is willing and able to dedicate three hours per month to attend monthly District-Community Leadership Team meetings.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>The organization Community-Based Services or Regional Director is willing and able to dedicate six hours per month (three hours to attend monthly District-Community Leadership Team meetings and an additional three hours to provide coaching and follow up on action items between District-Community Leadership Team meetings).</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree  <input type="checkbox"/> Mostly Agree  <input type="checkbox"/> Completely Agree         </p>
<p><b>A organization District/Community Implementation Coach is willing and able to allot 6-10 hours per month (three hours to attend monthly District-Community Leadership Team meetings and an additional four hours to attend building leadership team meetings, provide building-level coaching around individual children/youth, and follow up on action items between meetings).</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree  <input type="checkbox"/> Mostly Agree  <input type="checkbox"/> Completely Agree         </p>
<p><b>The organization is willing to utilize data to inform cross-system goals and action plans that address school mental health protocols, referral processes, the selection of evidence-based practices, and coordination of services and interventions.</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree  <input type="checkbox"/> Mostly Agree  <input type="checkbox"/> Completely Agree         </p>
<p><b>An organization District/Community Implementation Coach is willing and able to collaborate with the district to align and support the implementation of school mental health practices across the school community.</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree  <input type="checkbox"/> Mostly Agree  <input type="checkbox"/> Completely Agree         </p>
<p><b>An organization-employed Building/Organization Implementation Coach is willing and able to collaborate with District/Community Implementation Coaches to align and support the implementation of school mental health practices across a school community.</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree  <input type="checkbox"/> Mostly Agree  <input type="checkbox"/> Completely Agree         </p>
<p><b>The organization is willing to document and communicate mental health and trauma-responsive policies and protocols across all stakeholders.</b></p>	<p> <input type="checkbox"/> Unknown  <input type="checkbox"/> Completely Disagree  <input type="checkbox"/> Mostly Disagree         </p>

	<input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>Explanation of above responses. (Optional)</b>	

Rate the extent to which the following components are in place.

<b>Organization staff have been trained on the effect of Adverse Childhood Experiences.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>The organization has developed, implemented, and/or utilizes a protocol for trauma-responsive practices.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>Interventions for school-aged clients receiving mental health supports are collaboratively determined and monitored with all relevant stakeholders, including children/youth, home caregivers, school providers, and other service providers.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>The organization has developed and follows a protocol for referring children/youth for mental health supports when appropriate and/or necessary.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>The organization has developed and follows a protocol that addresses the transition process from alternative settings/placements, such as a psychiatric residential treatment facility, back into the school setting.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place

	<input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>Explanation of above responses. (Optional)</b>	

## District

**Directions:** Complete the following questionnaire to assess readiness in implementing trauma-responsive, cross-system school mental health processes and practices.

<b>Name</b>	
<b>Email Address</b>	
<b>School District</b>	
<b>After contacting your Special Education Director to confirm willingness to participate, provide their name and contact information.</b>	
<b>Identify by name and position, individuals who will likely fulfill the roles of Executive-Level Leadership and District/Community Implementation Coach(es).</b>	<input type="checkbox"/> <b>Executive-Level Leadership:</b> <input type="checkbox"/> <b>District/Community Implementation Coaches:</b> <input type="checkbox"/> <b>Building/Organization Implementation Coaches:</b>
<b>Please identify the strengths of your existing partnership with the selected organization.</b>	
<b>What are the desired areas of improvement when partnering with the selected organization?</b>	
<b>What are your district's current Kansas Education Systems Accreditation (KESA) focus areas?</b>	<input type="checkbox"/> Relationships <input type="checkbox"/> Relevance <input type="checkbox"/> Responsive Culture

	<input type="checkbox"/> Rigor <input type="checkbox"/> Unknown
--	--------------------------------------------------------------------

Rate the extent to which the following are in place in your district.

<b>A range of small-group and individual behavior and social-emotional interventions and supports, matched to children/youth needs, are provided within schools in my district.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>A range of validated behavior and social-emotional data (e.g., attendance, office disciplinary referrals/behavior incident reports, course grades, screening) are used to place, move, and exit children/youth in appropriate interventions and supports.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>Children/youth receiving behavior/social-emotional interventions are regularly monitored for progress within that intervention.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>Caregivers are involved in the data-based decision making process for their child/youth's behavior and social-emotional interventions.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>If applicable, identify the Multi-Tier System of Support (MTSS) framework being utilized (e.g., Kansas Multi-Tier System of Supports and Alignment, CI3T, Positive Behavioral Interventions and Supports, Safe and Civil Schools, etc.)</b>	

<b>If applicable, identify the grade levels implementing an Multi-Tier System of Support (MTSS) framework and areas of implementation (math, reading, and/or behavior/social-emotional).</b>	<input type="checkbox"/> Pre-K: <input type="checkbox"/> Elementary: <input type="checkbox"/> Middle: <input type="checkbox"/> High:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Rate the extent to which you agree with the following commitments.

<b>Superintendent (or designee) is willing and able to dedicate three hours per month to attend monthly District-Community Leadership Team meetings.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>Special Education Director is willing and able to dedicate three hours to attend monthly District-Community Leadership Team meetings and an additional three hours to provide coaching and follow up on action items between District-Community Leadership Team meetings.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>A District/Community Implementation Coach is willing and able to dedicate 6-10 hours per month (three hours to attend monthly District-Community Leadership Team meetings and an additional four hours attend building leadership team meetings, provide building level coaching around individual children/youth, and follow up on action items between meetings).</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>The district is willing to utilize data to inform cross-system goals and action plans that address school mental health protocols, referral processes, the selection of evidence-based practices, coordination of services and interventions.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>A District/Community Implementation Coach is willing and able to collaborate with the selected organization to align and</b>	<input type="checkbox"/> Unknown

<b>support the implementation of school mental health practices across a school community.</b>	<input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>A district-employed Building Implementation Coach is willing and able to collaborate with District/Community-Wide Implementation Coaches to align and support the implementation of school mental health practices across a school community.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>The district is willing to document and consistently communicate mental health and trauma-responsive policies and protocols across all stakeholders.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Completely Disagree <input type="checkbox"/> Mostly Disagree <input type="checkbox"/> Mostly Agree <input type="checkbox"/> Completely Agree
<b>Explanation of above responses. (Optional)</b>	

Rate the extent to which the following components are in place.

<b>District staff have been trained on the effects of Adverse Childhood Experiences.</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not in Place/Planning <input type="checkbox"/> Somewhat in Place <input type="checkbox"/> Mostly in Place <input type="checkbox"/> Fully in Place
<b>The district has developed, implemented, and/or utilizes a protocol for trauma-responsive practices.</b>	(Insert drop down menu with following options: Unknown, Not in Place/Planning, Somewhat in Place, Mostly in Place, Fully in Place)
<b>Interventions for children/youth receiving mental health supports across the district are collaboratively determined and monitored with all relevant stakeholders, including children/youth, families, caregivers, and mental health service providers.</b>	(Insert drop down menu with following options: Unknown, Not in Place/Planning, Somewhat in Place, Mostly in Place, Fully in Place)



<b>The district has developed and utilizes a protocol for referring child/youths for mental health supports when appropriate and/or necessary.</b>	(Insert drop down menu with following options: Unknown, Not in Place/Planning, Somewhat in Place, Mostly in Place, Fully in Place)
<b>The district has developed and follows a protocol that addresses the transition processes from alternative settings/placements, such as a psychiatric residential treatment facility back into the school setting.</b>	(Insert drop down menu with following options: Unknown, Not in Place/Planning, Somewhat in Place, Mostly in Place, Fully in Place)
<b>Explanation of above responses. (Optional)</b>	

DRAFT

## Agreement to Participate Template

### Overview

The School Mental Health Professional Development and Coaching System, supported through the Kansas State Personnel Development Grant (SPDG) awarded to the Kansas State Department of Education, is facilitated by the Technical Assistance System Network School Mental Health Initiative. The School Mental Health Initiative provides professional development, coaching, facilitation, and assistance to District-Community Leadership Teams utilizing a structured *Implementation Process* to guide District-Community Leadership Teams through key *Planning Components* to improve outcomes for children/youth.

### Context

Within the Kansas State Board of Education's *Kansans Can Vision*, mental health is recognized as a foundational component for the development of social, emotional, and character competencies in students and is connected to school improvement efforts outlined in the Kansas Education Systems Accreditation. Comprised of "emotional, psychological, and social well-being", mental health is an important element of lifelong health and wellness.<sup>1</sup> Further, "Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24."<sup>2</sup>

Children/youth can experience mental health needs for a variety of reasons. Recently, research has focused on the impact of trauma. According to a 2014-2015 study of behavioral risk factors by the Kansas Department of Health and Environment,<sup>3</sup> 54.8% of adults in the state reported one or more Adverse Childhood Experience and 20.9% had three or more Adverse Childhood Experiences. In addition, children/youth with Adverse Childhood Experiences are at an increased risk of failing grades and poor test scores, a greater number of suspensions or expulsions, and experience language difficulties and higher referral rates to special education.<sup>4</sup> Further, many children/youth with disabilities experience mental health needs, resulting in lower performance or academic outcomes while in school. Specifically, compared to the general population, children/youth with disabilities who have mental health needs earn lower grades,<sup>5,6</sup> have higher rates of absenteeism,<sup>7</sup> have higher rates of course failure,<sup>7,6</sup> are more likely to be suspended or expelled,<sup>5</sup> and have higher dropout rates.<sup>6,8</sup> Significantly, these children/youth are also at greater risk of suicide.<sup>7</sup>

To address these pressing needs and advance the *Kansans Can Vision*, the Kansas State Department of Education is building upon the Kansas Multi-Tier System of Supports (MTSS) and Alignment Framework to incorporate effective school mental health practices alongside academic, behavior, and social-emotional growth. The School Mental Health Professional Development and Coaching System, supported through the Kansas State Personnel Development Grant awarded to the Kansas State Department of Education, is facilitated by the Technical Assistance System Network School Mental Health Initiative and serves to meet the following outcomes:

- ❑ Build capacity to implement a structured process for recognizing, assessing, identifying, and responding to children/youth at risk or experiencing mental health difficulties and emergencies;

- ☐ Implement evidence-based, multi-tier, trauma-responsive mental health supports with fidelity;
- ☐ Utilize data to inform decisions specific to the mental health needs of children/youth and caregivers;
- ☐ Develop resources, protocols, processes, and professional learning to sustain the implementation of tiered mental health supports.

To provide inclusive, comprehensive supports and connect districts/community teams with additional expertise and resources, the TASN SMHI has formalized partnerships with Kansas Multi-Tier System of Supports (MTSS) and Alignment, Families Together, the Kansas Parent Information Resource Center, the Autism and Tertiary Behavior Supports Project, Rick Gaskill, Ed.D, (Executive Director at Sumner Mental Health Center and Fellow with the Child Trauma Academy); Linda Aldridge (LaLearn, LLC); Rich Harrison, PhD, (Behavioral Consultant for USD 345 Seaman and USD 450 Shawnee Heights); and Erin P. Hambrick, PhD (Assistant Professor, University of Missouri Kansas City and Director of Research, Child Trauma Academy).

### Why: Align Systems to Improve Outcomes

School mental health practices resulting from the work of the District-Community Leadership Team improve outcomes for children/youth, caregivers, and staff.

Increase Efficiency	Increase Effectiveness	Ensure Sustainability
<ul style="list-style-type: none"> <li><input type="checkbox"/> Integrate processes, practices, and resources</li> <li><input type="checkbox"/> Utilize cross-training and teaming to enhance coordination of support</li> <li><input type="checkbox"/> Align with existing district and community improvement efforts (i.e., Board goals and the Kansas Education Systems Accreditation)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Improve collaboration</li> <li><input type="checkbox"/> Make decisions informed by both district <i>and</i> community data</li> <li><input type="checkbox"/> Establish fidelity and progress monitoring measures across settings</li> <li><input type="checkbox"/> Align implementation of evidence- and research-based practices</li> <li><input type="checkbox"/> Establish a cohesive continuum of support with ongoing refinement via a self-correcting feedback loop</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish a cross-system infrastructure, continuity of policies, practices, and language</li> <li><input type="checkbox"/> Develop plans to address competencies and capacity to facilitate implementation</li> <li><input type="checkbox"/> Clearly defined roles and processes for school- and community-employed mental health providers</li> </ul>

Acknowledgement	Initials
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of the <i>benefits and outcomes of</i>	

participation.

### Who: District-Community Leadership Team Members

Effective school mental health implementation across district and community partners requires high levels of collaboration, planning, and coordination within a District-Community Leadership Team that includes executive-level leadership from education and partnering organizations. Additional key members of the District-Community Leadership Team include those designated to serve in the capacity of a District/Community Implementation Coach. Building/Organization Implementation Coaches are identified later to support building and organization implementation.

Please confirm participation or replace the District-Community Leadership Team members currently identified to serve on this team in the roles listed in the table below.

District-Community Leadership Team Position	Organization Position	Individual Identified	District-Community Leadership Team Role
<b>Executive-Level Leadership</b>	<b>Community Mental Health Center</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Executive Director or Designee</li> <li><input type="checkbox"/> Community-Based Service Director or Designee</li> </ul>		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.
	<b>District</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Superintendent or Designee</li> <li><input type="checkbox"/> Special Education Director or Designee</li> </ul>		
<b>District/Community Implementation Coaches</b>	<b>Community Mental Health Center</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community-Based Service Provider; Clinical Director</li> </ul>		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 District-Community Leadership Team without external support.

	<b>District</b> <input type="checkbox"/> School Social Worker; School Psychologist; School Counselor; Behavior Specialist		
<b>Building/Organization Implementation Coaches</b>	<b>Community Mental Health Center</b> <input type="checkbox"/> School-based social worker; Case manager		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.
	<b>District</b> <input type="checkbox"/> School Social Worker; School Psychologist; School Counselor; Behavior Specialist		

Acknowledgement	Initials
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of <i>District-Community Leadership Team members</i> .	

### What: Trauma-Responsive Process and Planning Components

District-Community Implementation Process Components	
<b>Teaming and Planning</b>	Leadership from education and partnering organization(s) regularly meet to review/address goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.
<b>Data-Based Decision Making</b>	District, school, community, and home caregiver engagement data are utilized to inform cross-system goals, plans, policies, protocols, processes, practices, and resources within the school community to improve mental health outcomes.

<b>Training and Coaching</b>	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.
<b>Stakeholder Communication</b>	Goals, plans, policies, protocols, processes, practices, and resources to improve mental health outcomes are documented and communicated to stakeholders, including children/youth and caregivers.
<b>District-Community Implementation Planning Components</b>	
<b>Trauma-Responsive School Community</b>	School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources.
<b>Trauma-Responsive Support Planning</b>	Support is collaboratively determined and monitored with all relevant stakeholders, including children/youth and caregivers.
<b>Trauma-Responsive Referral Protocol</b>	Referral protocol addresses a continuum of mental health supports for children/youth, including referrals to partnering organization(s) when appropriate.
<b>Trauma-Responsive Transition and Reintegration Plan</b>	Protocol for transition from alternative settings, including a psychiatric residential treatment facility.

<b>Acknowledgement</b>	<b>Initials</b>
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of the <i>Trauma-Responsive Process and Planning Components</i> .	

### How: Expectations and Commitments

District and community partners are responsible for exploring and identifying ways to leverage existing funding sources to cover costs that may arise as a result of identifying specific training and implementation needs.

### Participating District-Community Leadership Teams Commit To:

- ☐ Participate in District-Community Leadership Team meetings, adhering to timelines.
- ☐ Express explicit support for aligning efforts across district and community partners.
- ☐ Utilize a multi-tiered system of prevention and intervention for children/youth.

- ☐ Revise district and/or organization policies and procedures, as needed.
- ☐ Utilize online file sharing platform Google Drive.
- ☐ Serve as an exemplar for statewide implementation (i.e., present to statewide audiences, support other District-Community Leadership Teams as they begin to align cross-system efforts, etc.).
- ☐ Share progress monitoring and outcome data

Data Collection Requirements			
Measure	Description	Timeline	Gathered From
<b>Registration via the Technical Assistance System Network Website</b>	Prior to a School Mental Health Initiative training, participants are asked to register via the Technical Assistance System Network website ( <a href="http://www.ksdetasn.org">www.ksdetasn.org</a> ). Pre-and post-tests assess gains in knowledge, understanding, and application. Training evaluations inform trainers of areas in which improvement or follow-up is needed.	Prior to and following training	District-Community Leadership Team
<b>Implementation Guide Rubric and District/Community Documents</b>	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	
<b>Individual Progress Monitoring Data</b>	Non-identifiable intervention and progress monitoring data is used to inform the effectiveness of cross-system teaming to improve outcomes for children/youth.	Semi-Annually (December and May)	
<b>Coaching Feedback</b>	Quantitative and qualitative feedback gathered to inform district and building level coaching needs.	Annually	
<b>Family Engagement Survey</b>	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	District
<b>Student School Culture Survey</b>	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	
<b>Inclusive Multi-Tier System of Supports Implementation Scale (IMIS)</b>	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	

<b>Inclusive Multi-Tier System of Supports Implementation Scale: School Mental Health Supplement</b>	District/buildings collect responses to supplemental questions within the <i>Inclusive Multi-Tier System of Supports Implementation Scale</i> from selected staff. 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	
<b>Community Implementation Scale</b>	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 Multi-Tier System of Supports Implementation Scale: School Mental Health Supplement that the partnering district is asked to complete.	Annually	Community Partners

Acknowledgement	Initials
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of the <i>expectations and commitments for participation</i> .	

### When: Planning Schedule and Time Commitments

A meeting schedule consisting of both onsite and online meetings is established/mutually agreed upon and shared with all District-Community Leadership Team members identified. All District-Community Leadership Team members attend each scheduled District-Community Leadership Team meeting and assist with action items between meetings, with the coordination and support of District/Community Implementation Coaches. The following tables provide approximate time commitments and a corresponding meeting schedule.

Meeting Schedule and Time Commitments	
All Members	District/Community Implementation Coaches
District-Community Leadership Team Meetings	Additional Planning/Follow-Up
<input type="checkbox"/> Five District-Community Leadership Team meetings per year <ul style="list-style-type: none"> <li><input type="checkbox"/> September, November, January, March, April</li> <li><input type="checkbox"/> In person</li> <li><input type="checkbox"/> Approximately three hours per meeting</li> </ul>	<input type="checkbox"/> Four coaching meetings per year <ul style="list-style-type: none"> <li><input type="checkbox"/> Two weeks following District-Community Leadership Team meetings</li> <li><input type="checkbox"/> Online via Zoom</li> <li><input type="checkbox"/> 90 minutes per meeting</li> </ul>



	<input type="checkbox"/> Additional follow up activities <input type="checkbox"/> Two hours per month
--	----------------------------------------------------------------------------------------------------------

District-Community Leadership Team Schedule		
Date	Time	Location
September	8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM	In person - Centralized Location To Be Determined
October	10:00 - 11:30 AM; 1:00 - 2:30 PM	Online via Zoom
November	8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM	In person - To Be Determined
December	10:00 - 11:30 AM; 1:00 - 2:30 PM	Online via Zoom
January	8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM	In person - To Be Determined
February	10:00 - 11:30 AM; 1:00 - 2:30 PM	Online via Zoom
March	8:30 AM - 11:30 AM; 12:30 PM - 3:30 PM	In person - To Be Determined
	10:00 - 11:30 AM; 1:00 - 2:30 PM	
April	8:30 AM - 11:30 AM; 12:30 - 3:30 PM	In person - To Be Determined

Acknowledgement	Initials
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of the <i>planning schedule and time</i>	

commitments.	
--------------	--

### Where: Location of Meetings

Onsite meetings are held in a central location, hosted by Technical Assistance System Network School Mental Health Initiative. Online meetings take place via Zoom.

Acknowledgement	Initials
Initials of executive-level leadership (or authorized designee) indicate acknowledgement of the <i>location meetings</i> .	

### Required Documents for Participation

Submission of the following items is required for participation in the *School Mental Health Professional Development and Coaching System*:

#### ☐ Signature of Understanding/Agreement to Participate

☐ A copy of this document signed by executive-level leadership (or authorized designee) indicating:

- ☐ Understanding of the *School Mental Health Professional Development and Coaching System* as described in the *2021-2022 School Mental Health Professional Development Coaching System: Description/Invitation To Participate*.
- ☐ Agreement to fulfill the expectations and commitments for participation.

#### ☐ Letter of Support (Template Attached)

☐ Participating district and community organization(s) secure a letter of support from their respective governing board.

### Signature of Understanding/Agreement To Participate

District/Agency	Printed Name	Signature	Date

### For questions, contact:

Name, Title

District/Organization

Email:

Cell:

## Kansas School Mental Health Framework



## References

- 1 U.S. Department of Health & Human Services (2017, August). What is mental health? [Webpage]. Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health>
- 2 U.S. Department of Health & Human Services. (2017, August). Mental health myths and facts [Webpage]. Retrieved from <https://www.mentalhealth.gov/basics/mental-health-myths-facts>
- 3 Kansas Department of Health and Environment. (2017, March). *Adverse childhood experiences among Kansas adults: 2014-2015 Kansas behavioral risk factor surveillance system*. Retrieved from [http://www.kdheks.gov/brfss/PDF/KSACE\\_2014\\_2015\\_Report.pdf](http://www.kdheks.gov/brfss/PDF/KSACE_2014_2015_Report.pdf)
- 4 Wolpow, R., Johnson, M.M., Hertel, R., & Kincaid, S.O. (2016, May). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools. <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/compassionate-schools-learning-and-heart-learning-compassion-resiliency-and-academic-success>
- 5 Bradley, R., Doolittle, J., & Bartolotta, R. (2008). Building on the data and adding to the discussion: The experiences and outcomes of students with emotional disturbance. *Journal of Behavioral Education*, 17, 4-23. DOI: 10.1007/s10864-007-9058-6
- 6 Hurwitz, L., & Weston, K. (2010). Using coordinated school health to promote mental health for all students. White paper published by the National Assembly on School- Based Health Care (NASBHC). Retrieved from the organization's website, [www.hasbhc.org](http://www.hasbhc.org)
- 7 Davis, M., & Vander Stroep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental transition and young adult outcomes. *The Journal of Behavioral Health Services & Research*, 24(4), 400-427.
- 8 Landrum, R.J., Tankersley, M., & Kauffman, J.M. (2003). What is special about special education for students with emotional or behavioral disorders? *The Journal of Special Education*, 37(3), 148-156.

The TASN School Mental Health Initiative (SMHI) is funded through a grant from the U.S. Department of Education (#H323A17006) and is administered by the Kansas Department of Education. The contents do not necessarily represent the policy of the U.S. Department of Education and endorsement by the Office of Special Education Programs should not be assumed. The SMHI does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries regarding non-discrimination policies should be sent to: Deputy Director, Keystone Learning Services, [500 E. Sunflower Blvd., Ozawie, KS 66070](http://www.kdheks.gov/500-E-Sunflower-Blvd-Ozawie-KS-66070); 785-876-2214.

## Letter of Support Example

Date

Stakeholder Name

Stakeholder Contact Information Attn: TASN SMHI

[Stakeholder Name] is pleased to support the participation of [District/Organization Name] in the *School Mental Health Professional Development and Coaching System* supported through the Kansas State Personnel Development Grant (SPDG) awarded to the Kansas State Department of Education (KSDE) and coordinated by the Technical Assistance System Network (TASN) School Mental Health Initiative (SMHI).

A collaborative relationship with [District/Organization Name] to enhance the capacity for the implementation and sustainment of effective school mental health practices is in alignment with our goals and priorities...

Sincerely

## Appendix C: Member Preparation Activities and Resources

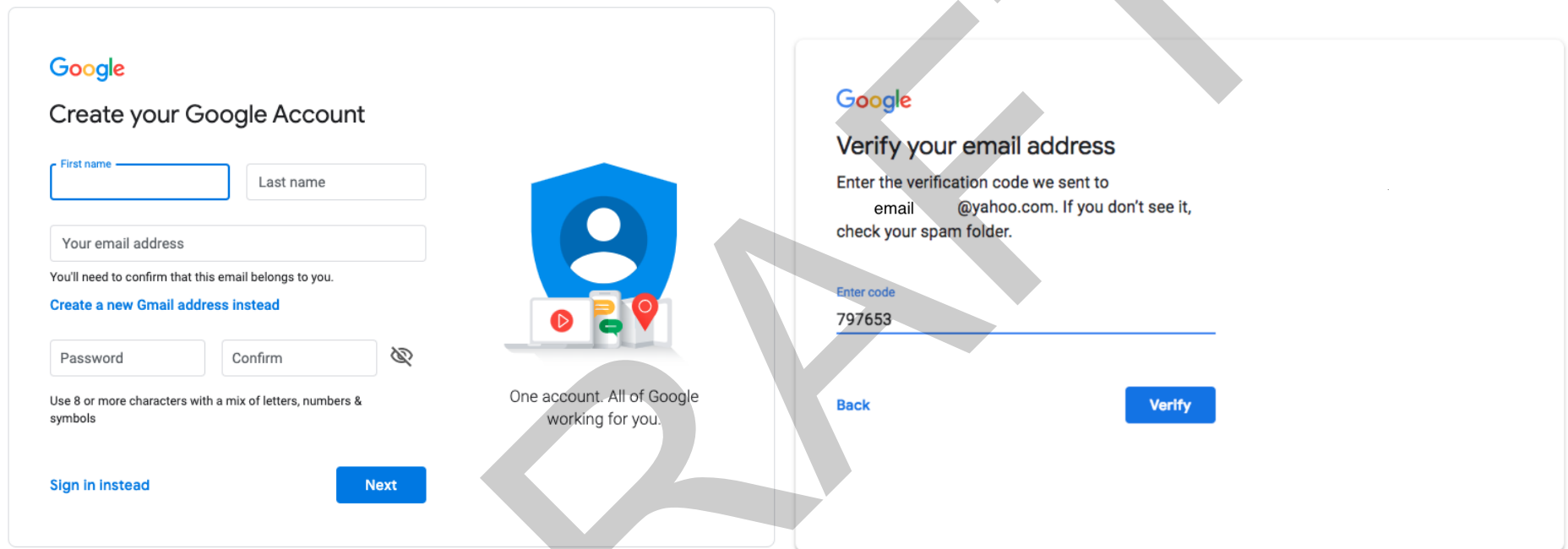
### Checklist

Individual Responsible	Date to Complete	Activity	Completion Date	Notes
		Send invitations with identified meeting dates, times, and location with a scheduling app, such as Google Calendar.		
		Assist members with getting access to a shared, electronic Health Insurance Portability and accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliant platform such as Google Workspace. (See Google Drive Access below.)		
		Assist members with getting access to the Technical Assistance System Network School Mental Health Initiative eLearning Moodle modules. (See Technical Assistance System Network School Mental Health Initiative Moodle Access below.)		
		If planning to utilize media to promote the efforts of the District-Community Leadership Team, obtain team member “media consent” via writing or in a Google Survey. (See Media Consent below.)		

Google Drive Access

## Directions for District-Community Leadership Team Members

- ❑ Go to: <https://accounts.google.com/signup>
- ❑ Enter name and email address that will be used to access the shared Google Drive.
- ❑ Enter the access code sent to the email address entered.
- ❑ Enter birth date, gender, phone number and accept Google User Agreement.



The image displays two screenshots of the Google Account creation process. The left screenshot shows the 'Create your Google Account' page. It features the Google logo at the top, followed by the heading 'Create your Google Account'. Below this, there are input fields for 'First name' and 'Last name', a 'Your email address' field, and a 'Password' field with a 'Confirm' field next to it. A blue 'Next' button is at the bottom right. The right screenshot shows the 'Verify your email address' page. It features the Google logo at the top, followed by the heading 'Verify your email address'. Below this, it says 'Enter the verification code we sent to email @yahoo.com. If you don't see it, check your spam folder.' There is an 'Enter code' field with the code '797653' entered. A blue 'Verify' button is at the bottom right.

Inform identified facilitator that account has been set up and confirm the email address that was utilized to set it up, so that the facilitator may provide access to the shared team drive.

Look for a confirmation email with an invitation to gain access. (**TIP:** Bookmarking this page for easy access may be helpful.)

## Technical Assistance System Network School Mental Health Initiative Moodle Access

- ❑ Go to <http://moodle.kansastasn.org>.
- ❑ If you already have an account, you may log in using your username and password.
- ❑ If you do not have an account, create one by clicking on the **NEW ACCOUNT** button and completing the requested information.

- ☐ **Upon registering**, you may provide your license number or enter “NA”. If you are licensed through KSDE and do not know your license number, you may locate it by visiting: <https://appspublic.ksde.org/TLL/SearchLicense.aspx/SearchLicense.aspx>
- ☐ Upon completing the requested information, click **CREATE MY ACCOUNT** at the bottom of the screen. Following the creation of a new account, an email will be sent to your email address. Check your email to find a link to the courses and either click on the link or copy and paste it into your browser. (If you do not see this email, check your spam folder for an email from [kansastasn@tasnatbs.org](mailto:kansastasn@tasnatbs.org).)
- ☐ After logging in, choose “Site home” in the left-hand menu.
- ☐ Select the course you wish to take.

## Continuing Education Information and Professional Development Points

Districts and organizations may choose to offer Continuing Education Units and/or Professional Development Points, when acceptable by the respective licensing boards.

### ☐ Resources for Continuing Education Units:

- ☐ Kansas Behavioral Sciences Regulatory Board
- ☐ Time Calculator (to add and subtract time)
- ☐ Decimal Hour Convertor (to convert hours and minutes to decimal hours)

### ☐ Resources for Professional Development Points:

- ☐ Kansas State Department of Education

## Media Consent

[District/Organization] may take photographs, videos, and recordings of activities and participants during training, meetings, and conferences. These items will be used to positively recognize the work of participants and promote learning. They may be shared via social media pages, the [District/Organization] webpage, conference materials, and [District/Organization] promotional materials. The utilization of photographs, videos, or recordings taken by [District/Organization] will abide by all state and federal laws regarding confidentiality and will not be used for any commercial value or monetary gain. By receipt of this email or registering to attend an event, participants agree to have photographs, videos, or recordings utilized, without remuneration, unless this permission is revoked in writing to the [District/Organization].

Signature



DRAFT

## Appendix D: Meeting Checklists and Logistics

Pre-Training/Meeting Checklist				
Activity	Details/Examples	Person Responsible	Due Date	Date Completed
Send calendar invite and/or link to registration page	Date, time, location, Zoom/registration link			
Send email reminder to participants	<input type="checkbox"/> Date, time, location, Zoom/registration link <input type="checkbox"/> Training/Meeting Description <input type="checkbox"/> Agenda/Objectives <input type="checkbox"/> Handouts/Attachments <input type="checkbox"/> How to Prepare/What to bring			
Prepare facilitation materials	<input type="checkbox"/> Complete Timed Agenda and Facilitation Template <input type="checkbox"/> Copy/paste learning targets, slides, and corresponding notes <input type="checkbox"/> Identify who will facilitate which parts <input type="checkbox"/> Confirm who will take notes			
Prep any needed materials	<input type="checkbox"/> Table Tents <input type="checkbox"/> Computer/iPads <input type="checkbox"/> Fidget Boxes <input type="checkbox"/> Swivl/iPad/Speaker <input type="checkbox"/> WiFi Information/Social Media Handout <input type="checkbox"/> Large Post-Its <input type="checkbox"/> Dry Erase Markers			

Meeting Checklist				
Activity	Details/Examples	Person Responsible	Due Date	Date Completed
Setup Technology	<input type="checkbox"/> Confirm location wifi and password <input type="checkbox"/> Swivl, iPad, and speaker <input type="checkbox"/> Presenter computer <input type="checkbox"/> Open web pages <ul style="list-style-type: none"> <li><input type="checkbox"/> Slide deck</li> <li><input type="checkbox"/> Zoom</li> <li><input type="checkbox"/> Mentimeter</li> <li><input type="checkbox"/> District-Community Leadership Team Shared Drive and working <i>Implementation Guide</i></li> </ul>			
Arrange Room	<input type="checkbox"/> Seating <input type="checkbox"/> Table Tents <input type="checkbox"/> Materials			
Check-In Participants	<input type="checkbox"/> Sign-in sheet <input type="checkbox"/> TASN check-in page			

## Swivl Set-Up Instructions

The following checklist provides guidance to connect Swivl, iPad, and speakers to live stream onsite visits and enable two-way communication with remote teams.

### Step 1: Complete Prior to Meeting

- ☐ Download Swivl App onto device
- ☐ Download Zoom App onto device
- ☐ Unpack and label all Swivl Markers
- ☐ Ensure that you have all necessary adapters and cords to connect your devices
- ☐ Set-up link to Zoom meeting
- ☐ Fully charge all devices (iPad, Speaker, Swivl, and Swivl Markers)
- ☐ Pack all the necessary chargers, cords and adapters into travel cases
- ☐ Pack Swivl stand or pedestal

### Step 2: Onsite Setup

- ☐ Use an extra computer (not being used for presentation) to begin a scheduled Zoom meeting. Mute this device on Zoom.
- ☐ Plug Swivl into an electrical outlet if available. Turn on the device.
- ☐ Turn Bluetooth off on all devices being utilized (iPad, computer utilizing Zoom).
- ☐ Use a USB cord to connect the Bose Speaker to Swivl and set it to “USB Audio”.
- ☐ Connect C Series and marker with iPad. Check if the robot is connected in the Swivl app Robot tab and/or make sure to have four green lights: *two on the base and two on the primary marker*.
- ☐ Go to Swivl app Settings and enable Swivl Live with the Zoom button in the Capture Screen Action Bar. (**Note:** Only need to do this once after installing the Swivl app).
- ☐ Once the Zoom icon is placed on the capture screen, tap it to start streaming with Zoom. (**Note:** the Swivl app must always be opened first and it must remain running in the background.)
- ☐ Enter Meeting ID (found in calendar invite or on menu bar in running Zoom meeting) to enter the meeting room.
- ☐ Turn on the Swivl markers that will be utilized.
- ☐ Orient the Swivl markers to the Swivl unit and place them about the room.
- ☐ On a computer running Zoom, open slides in a standalone window. Choose the share screen option and select ONLY the window with the slides.

- ☐ Turn off host video (if desired).
- ☐ Test operability of equipment with virtual participants.
- ☐ Set the speaker to preferred volume and adjust the screen for at-home participants to view the room.
- ☐ Individual streaming Zoom meeting should move through shared slides in conjunction with what is occurring on the larger screen.
- ☐ If complications occur, repeat steps above or go to Swivl's website.


#### **Step 4: Tear Down**

- ☐ Enable Bluetooth on desired devices.
- ☐ Turn off all equipment.
- ☐ Pack away all equipment.
- ☐ Recharge all devices.

**MOODLE**  
<http://moodle.kansastasn.org>

**FACEBOOK**  
<http://facebook.com/TASNSMHI>

**TWITTER**  
<http://twitter.com/TASNSMHI>

**TASN**  
School Mental Health Initiative

Find resources, webinars,  
and more on our webpage  
<http://ksdetasn.org/smhi>

WiFi Network:

WiFi Password:

# Appendix E: Facilitation Materials

## Timed Agenda and Facilitation Template

District-Community Leadership Team:

- ☐ Date:
- ☐ Time:
- ☐ Location/Link:

Topic/Planning Component		
Facilitator	Slide	Content

## Process and Planning Application

### Planning Components:

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

**Step 1** – Assess level of implementation via the *School Mental Health Implementation Rubric* and review responses to the process planning component questions.

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

**Step 2** – Develop a SMART (specific, measurable, achievable, relevant, and time-bound) goal<sup>33</sup> that advances implementation of the planning component.

- ☐ **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.
- ☐ **Measurable** – Objective includes how the action will be measured.
- ☐ **Attainable** – Objective is realistic given the realities faced in the community.



- ☐ **Relevant** – Fits the purpose, the culture and structure of the community, and addresses the vision for outcomes.
- ☐ **Time-Bound** – Outlines a specific timeline.

SMART Goal	
<b>Specific</b>	
<b>Measurable</b>	
<b>Attainable</b>	
<b>Relevant</b>	
<b>Time-Bound</b>	

**Step 3** – Develop an action plan that accounts for each of the process components:

- ☐ Needed practices, policies, or resources needed (Teaming and Planning)
- ☐ Data points that will be utilized (Data-Based Decision Making)
- ☐ Provision of support (Training and Coaching)
- ☐ Stakeholder communication plan (Stakeholder Communication)

Action Plan and Progress Monitoring Log			
Who	What	When	Outcome

**Step 4** – Complete identified action items necessary to achieve the SMART goal.

**Step 5** – Review progress and data to inform next steps.

**Aligned Training and Coaching Plan for District/Community and Building/Organization Implementation Coaches Template**

Date	Activity	Format	Assessment Tool	Planning Dates
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				

## Message Map<sup>47</sup>

Core Statement:

Key Message 1	Key Message 2	Key Message 3
Support Points	Support Points	Support Points

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				
Caregivers				
Classified Staff				
Certified Staff				
Community Members				
Organization Staff				
Administrators				
Board of Education or Governing Board				

Communication Plan and Timeline

Task	Due Date	Person Responsible
------	----------	--------------------


DRAFT

## References

1. U.S. Department of Health & Human Services (2017, August). What is mental health? [Webpage]. Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health>
2. U.S. Department of Health & Human Services. (2017, August). Mental health myths and facts [Webpage]. Retrieved from <https://www.mentalhealth.gov/basics/mental-health-myths-facts>
3. Kansas Department of Health and Environment. (2017, March). Adverse childhood experiences among Kansas adults: 2014-2015 Kansas behavioral risk factor surveillance system. Retrieved from [http://www.kdheks.gov/brfss/PDF/KSACE\\_2014\\_2015\\_Report.pdf](http://www.kdheks.gov/brfss/PDF/KSACE_2014_2015_Report.pdf)
4. Wolpow, R., Johnson, M.M., Hertel, R., & Kincaid, S.O. (2016, May). The heart of learning and teaching: Compassion, resiliency, and academic success. Washington State Office of Superintendent of Public Instruction (OSPI) Compassionate Schools. <https://www.k12.wa.us/child/youth-success/health-safety/mental-social-behavioral-health/compassionate-schools-learning-and/heart-learning-compassion-resiliency-and-academic-success>
5. Bradley, R., Doolittle, J., & Bartolotta, R. (2008). Building on the data and adding to the discussion: The experiences and outcomes of child/youths with emotional disturbance. *Journal of Behavioral Education*, 17, 4-23. DOI: 10.1007/s10864-007-9058-6
6. Hurwitz, L., & Weston, K. (2010). Using coordinated school health to promote mental health for all child/youths. White paper published by the National Assembly on School- Based Health Care (NASBHC). Retrieved from the organization's website, [www.hasbhc.org](http://www.hasbhc.org)
7. Davis, M., & Vander Stroep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental transition and young adult outcomes. *The Journal of Behavioral Health Services & Research*, 24(4), 400-427.
8. Landrum, R.J., Tankersley, M., & Kauffman, J.M. (2003). What is special about special education for child/youths with emotional or behavioral disorders? *The Journal of Special Education*, 37(3), 148-156.
9. Guarino, K., & Chagnon, E. (2018). *Trauma-sensitive schools training package*. National Center on Safe Supportive Learning Environments. <https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package>
10. Active Implementation Research Network (n.d.) *Implementation Stages*. Retrieved from <https://www.activeimplementation.org/frameworks/implementation-stages/>
11. Fixsen, D. L., Blase, K. A., & Van Dyke, M. (2018). Assessing implementation stages. Chapel Hill, NC: Active Implementation Research Network. [www.activeimplementation.org/resources](http://www.activeimplementation.org/resources)
12. Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, 169(8), 746-754. As used here, violence includes assaults, sexual victimization, child maltreatment by an adult, and witnessed and indirect victimization.
13. Child Trends. (2016). *Children's exposure to violence*. Retrieved from <http://www.childtrends.org/?indicators=childrens-exposure-to-violence>
14. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14(4), 245-258.
15. \*Centers for Disease Control and Prevention. (2019, April 2). *About the CDC-Kaiser ACE study*. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>
16. Kansas Department of Health and Environment. (2017, March). *Adverse childhood experiences among Kansas adults: 2014-2015 Kansas behavioral risk factor surveillance system*. Retrieved from [http://www.kdheks.gov/brfss/PDF/KSACE\\_2014\\_2015\\_Report.pdf](http://www.kdheks.gov/brfss/PDF/KSACE_2014_2015_Report.pdf)

17. Holt & Jordan, Ohio Dept. of Education (as cited in WI Department of Public Instruction). (n.d.). *Wisconsin Department of Public Instruction trauma-sensitive schools: Module 3*. <http://www.dpi.wi.gov/sspw/mental-health/trauma>
18. National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. National Center for Child Traumatic Stress. [www.nctsn.org](http://www.nctsn.org)
19. National Child Traumatic Stress Network. (n.d.). *Secondary traumatic stress for educators*. Speaker Series. [www.nctsn.org](http://www.nctsn.org)
20. Hoydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing secondary traumatic stress in educators. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 319–333.
21. Center on the Developing Child, Harvard University. (n.d.). *Toxic stress* [Webpage]. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
22. Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R., Splett, J., & Weist, M.D. (2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.
23. Williford, A., Mendenhall, A., Moon, J., DePaolis, K., & Lassman, H. (n.d.). *Health children, healthy schools, healthy communities: Final report on school-based mental health*. Lawrence, KS: University of Kansas, School of Social Welfare Center for Children & Families.
24. Wisconsin Department of Public Instruction (2015). *The Wisconsin School Mental Health Framework*. Retrieved from <https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/mhframework.pdf>
25. Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance From the Field*. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.
26. Kansas Department of Education. (2019). *Kansans Can Integrated Learning Process*. Retrieved from <https://www.ksde.org/Portals/0/ECSETS/SECD/KansansCanIntegratedLearningProcessSummary.pdf>
27. Kansas Department of Education. (2019, October). *Kansas Education Systems Accreditation Guidance*. <https://www.ksde.org/Portals/0/TLA/Accreditation/KESA%20Guidance.pdf?ver=2020-03-02-133349-300>
28. Barry, S., Barrett, S., and Perales, K. (2016, December). *Embedding mental health into school-wide systems of PBIS. Interconnected Systems Framework (ISF) practice guide*. (PBIS Forum 16 Practice Brief). Retrieved from <https://www.pbis.org/resource/embedding-mental-health-into-swpbis-isf-practice-guide>
29. Sugai, G., & Horner, R. H. (2009). *Defining and describing schoolwide positive behavior support*. In W. Sailor, G. Dunlop, G. Sugai, & R. Horner (Eds.), *Issues in clinical child psychology. Handbook of positive behavior support* (p. 307–326). Springer Publishing Company.
30. Weist, M.D., Short, K., McDaniel, H., & Bode, A. (2016). *The school mental health international leadership exchange (SMHILE): Working to advance the field through opportunities for global networking*. As cited in *Advancing Comprehensive School Mental Health Systems: Guidance From the Field*. 2019.
31. Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). *Implementation Science*. *International Encyclopedia of the Social and Behavioral Sciences*, 11, 695-702.
32. Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M. & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies.
33. Substance Abuse and Mental Health Services Administration (n.d.). *Setting Goals and Developing Specific, Measurable, Achievable, Relevant, and Time-bound Objectives*. Retrieved from <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf>
34. Metz, A., Bartley, L., Maltry, M., (2017). *Blueprint for Integration of Evidence-Based Practices*. National Implementation Research Network. Retrieved from [https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/Blueprint\\_Sept2017.pdf](https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/Blueprint_Sept2017.pdf)
35. National Implementation Research Network (n.d.). *Topic 3: Practice - Policy Feedback Loops*. Retrieved from

<https://nirn.fpg.unc.edu/module-5/topic-3-practice-policy-feedback-loops>

36. Barrett, S. (n.d.). Coaching for impact [PowerPoint]. Retrieved from <https://slideplayer.com/slide/12672075/>
37. Widmark C, Sandahl C, Piuva K, Bergman D. (2011). *Barriers to collaboration between health care, social services and schools*. International Journal of Integrated Care.
38. Marx, T., Klein, E., Colpo, A., Walden-Doppke, M., Reinhardt, E., and Butler, C. (2019). *Coaching for ongoing professional learning within tiered support models*. Washington, DC: National Center on Intensive Intervention, Office of Special Education Programs, U.S. Department of Education
39. National Implementation Research Network. (n.d.) *Topic 1: Definitions*. Retrieved from <https://nirn.fpg.unc.edu/module-3/topic-1>
40. Active Implementation Research Network (n.d.) *Scaling*. Retrieved from <https://www.activeimplementation.org/practice-based-evidence/scaling/>
41. Pereplechikova, F., & Kazdin, A. E. (2005). Treatment integrity and therapeutic change: Issues and research recommendations. *Clinical Psychology: Science and Practice*, 12(4), 365–383
42. Fixsen, D. L., Blase, K. A., & Van Dyke, M. (2019). *Implementation quotient*. Chapel Hill, NC: Active Implementation Research Network.
43. Iovannone, R., Kincaid, D., Seniuk, H., & Soracco, J. (2018, October). *Building Strong Tier III Systems & Practices Through Practice-Based Coaching*. Presented at PBIS Leadership Forum, Chicago.
44. Safe Schools Healthy Students. (n.d.) *Communication Planning for Sustainability and the 8-Step Communication Planning Model*. Retrieved from [https://safesupportivelearning.ed.gov/sites/default/files/communication\\_planning\\_for\\_sustainability.pdf](https://safesupportivelearning.ed.gov/sites/default/files/communication_planning_for_sustainability.pdf)
45. Yoder, N., Darling-Churchill, K. Colombi, G. D., Ruddy, S., Neiman, S., Chagnon, E., and Mayo, R. (2017). *School climate improvement reference manual*. Washington, DC: US Department of Education, Office of Safe and Healthy Students.
46. Collaborative for Academic and Social Emotional Learning. (n.d.) *Steps for Developing Effective Social and Emotional Learning Communication Strategies*. Retrieved from <https://drc.casel.org/build-foundational-support-and-plan/communication/process/>
47. Collaborative Consulting Group (n.d.) *Steps for Developing Effective Social and Emotional Learning Communication Strategies*. Retrieved from <https://drc.casel.org/uploads/sites/3/2019/02/Developing-Effective-Social-and-Emotional-Learning-Communication-Strategies-for-your-District.pdf>
48. Flick, U. (Ed.). 2013. *The SAGE handbook of qualitative data analysis* (U. Flick, Ed.). SAGE.
49. Shanks, G. & Bekmamedova, N. (2018). Case study research in information systems. In K. Williamson & G. Johanson (Eds.), *Research methods: Information, systems, and contexts* (2nd ed., pp. 193-208). Chandos Publishing. <https://doi.org/10.1016/C2016-0-03932-3>
50. Wisconsin Department of Public Instruction (2019). *School Mental Health Referral Pathways Guide*. Retrieved from [https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/DPI\\_Mental\\_health\\_referral\\_pathways\\_web.pdf](https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/DPI_Mental_health_referral_pathways_web.pdf)