School Mental Health Implementation Slide Deck

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Exploration Meeting

Learning Targets

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

Updated 2021.05.28

DRAFT
Overview

**Why** Improve mental health outcomes for children/youth

**Who** District-Community Leadership Teams

**What** Implement effective, cross-system school mental health processes and practices

**How** School Mental Health Implementation Process and Planning Components

**When** Monthly/Bi-Monthly

**Where** Onsite and Online

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Check for Understanding

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Core Principles of Trauma-Responsive School Mental Health Implementation

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

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

<table>
<thead>
<tr>
<th>Increase Efficiency</th>
<th>Increase Effectiveness</th>
<th>Ensure Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate processes, practices, and resources</td>
<td>Improve collaboration</td>
<td>Establish a cross-system infrastructure, continuum of policies, practices, and common language</td>
</tr>
<tr>
<td>Utilize case-studying and learning to enhance coordination of support</td>
<td>Make decisions informed by both district and community data</td>
<td>Develop plans to address competencies and capacity to facilitate</td>
</tr>
<tr>
<td>Align with existing district and community improvement efforts (i.e. Board goals and the Kansas Education Systems Accreditation)</td>
<td>Establish fidelity and progress monitoring measures across settings</td>
<td>Clearly defined roles and procedures for school- and community-employed mental health providers</td>
</tr>
</tbody>
</table>

### Who: District-Community Leadership Team Members

#### EXECUTIVE-LEVEL LEADERSHIP

<table>
<thead>
<tr>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHC</td>
<td>Executive Director or Designee</td>
</tr>
<tr>
<td>District</td>
<td>Superintendent or Designee</td>
</tr>
</tbody>
</table>

#### DISTRICT/COMMUNITY IMPLEMENTATION COACHES

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<thead>
<tr>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHC</td>
<td>Community-Based Service Provider, Clinical Director</td>
</tr>
<tr>
<td>District</td>
<td>School Social Worker, School Psychologist, School Counselor, Behavior Specialist</td>
</tr>
</tbody>
</table>

#### BUILDING/ORGANIZATION IMPLEMENTATION COACHES

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<thead>
<tr>
<th>Position</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHC</td>
<td>School-based social worker, case manager, other</td>
</tr>
<tr>
<td>District</td>
<td>School Social Worker, School Psychologist, School Counselor, Behavior Specialist</td>
</tr>
</tbody>
</table>

Under the guidance of the District/Community Implementation Coaches, implement school-community mental health processes and practices at the building/organization level by taking at least an action item follow up provision of training and coaching. Provide feedback on application of policies, practices, and procedures.

### What: Trauma-Responsive Planning Components

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

**PROCESS COMPONENTS**
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching

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

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**Phased Implementation**

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Installation</th>
<th>Initial Implementation</th>
<th>Full Implementation</th>
<th>Innovation and Sustainability</th>
</tr>
</thead>
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<tr>
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<td>Change, evidenced by implementation activities.</td>
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<td>Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.</td>
</tr>
</tbody>
</table>

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**Example Implementation Timeline**

<table>
<thead>
<tr>
<th>Process Components</th>
<th>Beginning (August)</th>
<th>Year-End (May)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaming and Planning</td>
<td>Exploration</td>
<td>Initial Implementation</td>
</tr>
<tr>
<td>Data-Based Decision Making</td>
<td>Exploration</td>
<td>Initial Implementation</td>
</tr>
<tr>
<td>Training and Coaching</td>
<td>Exploration</td>
<td>Initial Implementation</td>
</tr>
<tr>
<td>Stakeholder Communication</td>
<td>Exploration</td>
<td>Initial Implementation</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Planning Components</th>
<th>Beginning (August)</th>
<th>Year-End (May)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-Responsive School Community</td>
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<td>Installation</td>
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<td>Exploration</td>
<td>Initial Implementation</td>
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<td>Exploration</td>
<td>Installation</td>
</tr>
<tr>
<td>Trauma-Responsive Transition and Reintegration Planning</td>
<td>Exploration</td>
<td>Exploration</td>
</tr>
</tbody>
</table>
Data Collection Activities

<table>
<thead>
<tr>
<th>Suggested Meeting Arrangements</th>
<th>District CommunityLeadership Team Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Five times per year</td>
</tr>
<tr>
<td></td>
<td>Approximately three hours per meeting</td>
</tr>
<tr>
<td></td>
<td>Onsite</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggested Meeting Arrangements</th>
<th>District Community Leadership Team Coaches Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approximately four hours per meeting</td>
</tr>
</tbody>
</table>

When: Planning Schedule and Time Commitments

**EXAMPLE DCLT SCHEDULE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Participants</th>
<th>Topic/Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 18</td>
<td>8:00</td>
<td>Zoom</td>
<td>DCLT Coaches</td>
<td>Coaching Roles and Commitments</td>
</tr>
<tr>
<td>September 1</td>
<td>8:00</td>
<td>Wellington</td>
<td>DCLT</td>
<td>Implementation Process</td>
</tr>
<tr>
<td>October 20</td>
<td>8:00</td>
<td>Zoom</td>
<td>DCLT</td>
<td>Trauma-Responsive Support Planning</td>
</tr>
<tr>
<td>November 17</td>
<td>8:00</td>
<td>Wellington</td>
<td>DCLT</td>
<td>Trauma-Responsive Support Planning</td>
</tr>
<tr>
<td>December 15</td>
<td>8:00</td>
<td>Zoom</td>
<td>DCLT</td>
<td>Trauma-Responsive School Community</td>
</tr>
<tr>
<td>January 19</td>
<td>8:00</td>
<td>Wellington</td>
<td>DCLT</td>
<td>Referral Protocol</td>
</tr>
<tr>
<td>February 2</td>
<td>8:00</td>
<td>Zoom</td>
<td>DCLT</td>
<td>Referral Protocol</td>
</tr>
<tr>
<td>March 22</td>
<td>8:00</td>
<td>Wellington</td>
<td>DCLT</td>
<td>Referral Protocol School Community</td>
</tr>
<tr>
<td>Apr 15</td>
<td>8:00</td>
<td>Wellington</td>
<td>DCLT</td>
<td>Referral Protocol</td>
</tr>
<tr>
<td>May 18</td>
<td>8:00</td>
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Next Steps: Agreement to Participate

- Readiness Assessment
- Review and Return Invitation/Agreement to Participate
Check for Understanding

Conclusion

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

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

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

Adverse Childhood Experiences Study

Materials developed by CDC.*

Kansas Adverse Childhood Experiences Study

DRAFT
Brain Architecture and Functioning

Typical Development

Cognition
Social/Emotional
Regulation
Survival

Developmental Trauma

Cognition
Social/Emotional
Regulation
Survival

Impact of Adverse Childhood Experiences on Children/Youth

Increased risk of failing grades and poor test scores

ACEs

Greater number of suspensions or expulsions

Experience language difficulties and higher referral rates to special education

Impact of Adverse Childhood Experiences on Caregivers

Burnout
Vicarious Trauma
Secondary Traumatic Stress
Compassion Fatigue

Toxic Stress
Schools: The De Facto Mental Health System

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

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

Addressing Mental Health in Kansas School Communities

Barriers identified in addressing student mental health:
- Consistency in services
- Relationships with families
- Little mental health training
- Stigma
- Access to services

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

School Mental Health Defined

All aspects of social-emotional development, including mental health, mental illness, substance abuse, and the impact of ACEs/trauma.

Practices that support the emotional well-being of all children/youth, including those at risk of and/or with mental health challenges.

Supports (and the coordination thereof) provided by both school and community mental health professionals to address barriers to learning.
Treatment Access and Outcomes

Children/youth are more likely to complete evidence-based treatment when it’s provided in schools than other community settings.

6X

Trauma-Responsive Principles

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

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

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

Learning Target

Identify the building blocks around which systems might align to improve mental health outcomes for children/youth.
Kansans Can Integrated Learning Process

Framework for Cross-System Implementation

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

Single System of Delivery

MTSS essential to install SMH

Key Messages

Access is NOT enough

Mental Health is for ALL
Conclusion

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

Overview of the School Mental Health Implementation Process Components

**PROCESS COMPONENTS**
- Training and Coaching
- Data-Based Decision Making
- Stakeholder Communication
- Teaming and Planning

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

Learning Target

Describe the application of the School Mental Health Implementation Process.
Core Principles of the School Mental Health Implementation Process

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

Implementation Process Components Defined

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

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

- **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.

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

 trajectories (Diagram)

 Trauma-Responsive Planning Components

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</table>
## Implementation Process and Planning Application

<table>
<thead>
<tr>
<th>Description</th>
<th>Exploration</th>
<th>Initiation</th>
<th>Initial Implementation</th>
<th>Full Implementation</th>
<th>Sustainability and Innovation</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular review and adjustments, evidenced by implementation activities, fidelity, and outcome data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Application Questions

1. **What practices, policies, or resources are in place; Needed?**
   - **Teaming and Planning**
2. **What data points are being utilized; Could be utilized?**
   - **Data-Based Decision Making**
3. **What supports are in place/provided; Needed and how they will be provided?**
   - **Training and Coaching**
4. **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

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Outcome</th>
</tr>
</thead>
</table>

### Self-Correcting Feedback Loop

- **Executive Leadership**
- **District/Community Implementation Coaches**
- **Building/Organization Implementation Coaches**
- **Building Teams**

### Check for Understanding
Describe the application of the School Mental Health Implementation Process.

Teaming and Planning Process Component

- PROCESS COMPONENTS
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching
- PLANNING COMPONENTS
- Trauma-Responsive School Community
- Trauma-Responsive Support Plans
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning

Learning Targets

- Define “Teaming and Planning”.
- Outline membership roles and responsibilities.
- Identify how to establish a meeting schedule and set a planning agenda.
Core Principles of Teaming and Planning

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

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.

### 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.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Exploration</th>
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### Roles and Responsibilities

- **Executive-Level Leadership**
  - What policies and resources are needed?
  - How will training and coaching be provided?
  - What needs to happen to implement these practices?

- **District/Community Implementation Coaches**
  - 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.
## Schedules and Agendas

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Training Location</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 21, 2021</td>
<td>8:00 AM - 11:30 AM</td>
<td>In person – Centralized</td>
<td>DCLT</td>
</tr>
<tr>
<td>October 5, 2021</td>
<td>10:00 AM - 11:30 AM</td>
<td>Online via Zoom</td>
<td>DCLT Coaches</td>
</tr>
<tr>
<td>November 2, 2021</td>
<td>8:00 AM - 11:30 AM</td>
<td>In person – Centralized</td>
<td>DCLT</td>
</tr>
<tr>
<td>November 16, 2021</td>
<td>10:00 AM - 11:30 AM</td>
<td>Online via Zoom</td>
<td>DCLT Coaches</td>
</tr>
<tr>
<td>January 24, 2022</td>
<td>8:00 AM - 11:30 AM</td>
<td>In person – Centralized</td>
<td>DCLT</td>
</tr>
<tr>
<td>February 8, 2022</td>
<td>10:00 AM - 11:30 AM</td>
<td>Online via Zoom</td>
<td>DCLT Coaches</td>
</tr>
<tr>
<td>March 1, 2022</td>
<td>8:00 AM - 11:30 AM</td>
<td>In person – Centralized</td>
<td>DCLT</td>
</tr>
<tr>
<td>March 22, 2022</td>
<td>10:00 AM - 11:30 AM</td>
<td>Online via Zoom</td>
<td>DCLT Coaches</td>
</tr>
<tr>
<td>April 26, 2022</td>
<td>8:00 AM - 11:30 AM</td>
<td>In person – Centralized</td>
<td>DCLT</td>
</tr>
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</table>

**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
- Develop a SMART goal for installing trauma responsive practices

**General Agenda:**
- Review meeting objectives
- Trauma Responsive School Community
- SMART goal
- Next steps/Action Items

**Handouts/Attachments:**
- Trauma Responsive School Community Facilitation Guide
- Moodle User Guide

**What to Bring/How to Prepare:**
- Computer
- Consider: Your system's previous experience and definition of "Trauma-Responsive"
- Prepare any stakeholder feedback received

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### Conclusion

- Define “Team and Planning”.
- Outline membership roles and responsibilities.
- Identify how to establish a meeting schedule and set a planning agenda.
Data-Based Decision Making Process Component

**PROCESS COMPONENTS**
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching

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

Learning Target

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

Core Principles for Data-Based Decision Making

- Ensure emotional and physical safety
- Believe that healing happens in relationships
- View children/youth holistically
- Strive for cultural competence
- Support choice, control, and empowerment
- Understand trauma and its impact
- Use a collaborative approach
Definition of the Data-Based Decision-Making Process

Component

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

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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.

Clear Data-Based Decision Making

Social Competence & Academic Achievement

Supporting Staff Behavior

DATA

PRACTICES

Supporting Decision Making

Supporting Child/Youth Behavior

Appropriate Data-Based Decision Making

[Image of students engaged in learning activities]
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.

### Comprehensive Data-Based Decision Making

- Adverse Childhood Experiences (ACEs)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child Behavior Checklist (CBCL)
- Diagnostic Assessments (such as Behavior Assessment System for Children - BASC, Parent & Teacher)
- IQ/cognitive testing
- Universal Screener (such as SAEBRS, SRSS-IE, etc.)

### Flexible Data-Based Decision Making

- Achievement scores
- Diagnoses
- Gene testing
- Psych evaluations
- Achievement scores
- IQ/cognitive testing
- Universal Screener (such as SAEBRS, SRSS-IE, etc.)

### Feasible Data-Based Decision Making

<table>
<thead>
<tr>
<th>CMHC Data (Analytical)</th>
<th>District Baseline (Analytical)</th>
<th>CMHC Progress Monitoring</th>
<th>District Progress Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences (ACEs)</td>
<td>Achievement scores</td>
<td>Medication logs</td>
<td>Time in class behavior rating scores</td>
</tr>
<tr>
<td>Child and Adolescent Functional Assessment Scale (CAFAS)</td>
<td>Diagnoses</td>
<td>General assessments</td>
<td>Nurse visit</td>
</tr>
<tr>
<td>Child Behavior Checklist (CBCL)</td>
<td>Gene testing</td>
<td>Case management reports</td>
<td>Counselor visits</td>
</tr>
<tr>
<td>Child Behavior Checklist (CBCL)</td>
<td>Psych evaluation</td>
<td>DSM</td>
<td>Attendance</td>
</tr>
<tr>
<td>Self-soothing skills</td>
<td>On-task observation</td>
<td>Treatment plan meetings</td>
<td>Office discipline referrals</td>
</tr>
<tr>
<td>Self-parent reports (every 10 days)</td>
<td>Social work notes</td>
<td>Wraparound meetings</td>
<td>Check in Check Out (CICO)</td>
</tr>
<tr>
<td>Therapy notes</td>
<td>Daily point sheet</td>
<td>Lab work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plus/minus sheets</td>
<td>Group psycho/social reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavior reports/incident reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Punch cards (positive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sticker charts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check for Understanding

Conclusion

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

Training and Coaching Process Component
Learning Targets

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

Core Principles for Training and Coaching

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

Definition of the Training and Coaching Component

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

<table>
<thead>
<tr>
<th>Phase</th>
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<th>Sustainability and Innovation</th>
</tr>
</thead>
<tbody>
<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 progress, fidelity, and outcome data.</td>
</tr>
</tbody>
</table>

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.
Scaling Implementation

Effective Innovation

Effective Implementation

Fidelity

Policy

Socially Significant Outcomes

Leadership

Enabling Context

Executive-Level Leadership

District/Community-Wide Implementation

District/Community-wide Implementation Coaches

Building/Organization-wide Implementation Coaches

BUILDING/ORGANIZATION IMPLEMENTATION COACHES

Building/Organization-level Implementation

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.

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Assessment System</td>
<td>How many staff are expected to use a particular practice? (N)</td>
<td>10</td>
</tr>
<tr>
<td>What is the fidelity criteria?</td>
<td>Observation forms and survey</td>
<td></td>
</tr>
<tr>
<td>What two periods will be used for assigning staff scores?</td>
<td>October and March</td>
<td></td>
</tr>
</tbody>
</table>

Assign Staff Scores

0 = Staff position vacant
1 = Staff untrained
2 = Staff completed initial training
3 = Staff trained and receive weekly coaching
4 = Staff met fidelity criteria in the previous monitoring period
5 = Staff met fidelity criteria previously in 2 of 3 previous monitoring periods

Add the scores together for all staff:

\[ \text{Staff Sum} = \text{Sum} \]

Divide the Staff Sum by the Total Staff (N) to get the Implementation Quotient:

\[ \frac{\text{Staff Sum}}{\text{Total Staff (N)}} = \text{Implementation Quotient} \]
Check for Understanding

APPLICATION: Role Reflection

School Mental Health Implementation

DCF

District/Employed District/Community Implementation Coach

Building-level Implementation Coach

School Level

Conclusion

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

**PROCESS COMPONENTS**
- Teaching and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching

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

---

**Learning Target**

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

---

**Core Principles of Stakeholder Communication**

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

<table>
<thead>
<tr>
<th>Phase</th>
<th>Exploration</th>
<th>Installation</th>
<th>Initial Implementation</th>
<th>Full Implementation</th>
<th>Sustainability and Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Willingness, demonstrated by participation in exploration meetings.</td>
<td>Commitment, evidenced by review and documented planning</td>
<td>Change, evidenced by policies, protocols, processes, resource allocation, and stakeholder communication practices.</td>
<td>Fidelity and outcomes, measured by process fidelity and documented outcomes.</td>
<td>Regular review and adjustments, evidenced by documented need and outcomes.</td>
</tr>
</tbody>
</table>

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 timelines

Assess Communication Need

Prioritize Stakeholders

- Caregivers and Children/Youth
- Community Partners
  - Youth service groups
  - Mental health organizations
  - Other community-based organizations
  - Foundations
  - Community members
- District/Community Leadership
  - District Superintendent
  - Other Administrators
  - School Board
- Building/Organization Leadership and Staff
  - Principal, other administrative
  - Instructional staff
  - Non-instructional staff (school mental health professionals, administrative, custodial, food service staff, school bus drivers, others)
Determine Desired Outcome

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

SUPPORT POINTS
1. Examples of clear communications goals:
   a. Persuade parents to support a particular district or school event.
   b. Demonstrate the importance of child/youth mental health to staff.
   c. Connect mental health and “hot topic” education issues such as employee retention and staff well-being.

2. If seeking to demonstrate the importance of mental health, DCLTs may, for example, revise their district’s/agency’s mission statement and inform stakeholders about the work taking place.

3. The goal-setting process can help to establish clarity on an issue or the purpose of a new policy and practices.

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

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

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

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

Identify Methods for Conveying the Message

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

Develop the Message
Establish Specific Outreach Activities and Timeline

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

Check for Understanding

APPLICATION: Message Mapping

<table>
<thead>
<tr>
<th>Who do you want to reach?</th>
<th>What do you want to achieve?</th>
<th>What do you want to say?</th>
<th>How will you say this?</th>
<th>How will you follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children/Youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classified Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Education or Governing Board</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Conclusion

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

Overview of the School Mental Health Implementation Planning Components

PROCESS COMPONENTS
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching

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

Learning Target

Describe the components around which District-Community Leadership Teams initially plan, using the implementation process.
Core Principles of School Mental Health Implementation Planning

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

Definition of Implementation Planning Components

PLANNING COMPONENTS

- Trauma-Responsive School Community
  School community is trauma-informed and has trauma-responsive goals, plans, policies, protocols, processes, practices, and resources in place.

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

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

- Trauma-Responsive Transition and Reintegration Planning
  Protocol for transition from alternative settings, such as a psychiatric residential treatment facility.

Check for Understanding
Conclusion

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

**Trauma-Responsive School Community Planning Component**

**PROCESS COMPONENTS**
- Teaming and Planning
- Stakeholder Communication
- Data-Based Decision Making
- Training and Coaching

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

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

**Ensure** emotional and physical safety

**Believe** that healing happens in relationships

**View** children/youth holistically

**Strive** for cultural competence

**Support** choice, control, and empowerment

**Understand** trauma and its impact

**Use** a collaborative approach

Definition of a Trauma-Responsive School Community

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

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</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Participation demonstrated by participation in exploration meetings.</td>
<td>Enacted training/coaching activities evidenced by meeting attendance and participatory processes.</td>
<td>Enacted training/coaching activities evidenced by meeting attendance and participatory processes.</td>
<td>Fidelity and outcomes evidenced by implementation activity, fidelity, and outcome data.</td>
<td>Fidelity and outcomes evidenced by implementation activity, fidelity, and outcome data.</td>
</tr>
</tbody>
</table>

Examples

- Participation in exploration meeting
- Coaches are trained
- Development of SMART goal and action plan for district/community-wide training
- Enacted training/coaching implementation plans
- Documented evaluation of training/coaching implementation
- Established review schedule
- Documented outcomes
- Documented adjustments
- Training/coaching for new staff

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

**Tool**

- eLearning Modules
- 11 Interactive modules
- Individual Applications
- Reports and Management

**Content**

- Knowledge and application for individual development

**Purpose**

- eLearning Modules
- Facilitation Guide
- Facilitation Notes, Content and Timeline
- Structure for trauma-responsive school community

Facilitation Guide
https://www.kodekson.org/resources/2691

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

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

Application for Children and Youth
Application for Staff and Caregivers

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

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

In partnership with

Aligned Training and Coaching Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Format</th>
<th>Evaluation</th>
<th>Planning Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 23</td>
<td>BCLT Coaches facilitate weekly PD with BCLT Coaches to model building/agency level facilitation.</td>
<td>Training</td>
<td>Implementation Plan</td>
<td>B/1</td>
</tr>
<tr>
<td>Sept 12</td>
<td>Develop template for building/agencies to utilize for documenting implementation of training series.</td>
<td>Training</td>
<td>Training Schedule</td>
<td>November</td>
</tr>
<tr>
<td>Nov 17</td>
<td>Establish check in with BCLT coaches.</td>
<td>Meeting</td>
<td>Implementation Quotient</td>
<td>November</td>
</tr>
<tr>
<td>Dec 6</td>
<td>Observe BCLT Coach facilitation and provide follow up coaching.</td>
<td>Meeting</td>
<td>Observation Form</td>
<td>December</td>
</tr>
<tr>
<td>Jan 25</td>
<td>Conduct middle of year Implementation Quotient review.</td>
<td>In person</td>
<td>Implementation Quotient</td>
<td>January</td>
</tr>
<tr>
<td>Feb 18</td>
<td>Develop District/Community Goals.</td>
<td>Online</td>
<td>Implementation Quotient</td>
<td>February</td>
</tr>
<tr>
<td>March 3</td>
<td>BCLT Coaches summarize building-level implementation recommendations.</td>
<td>Online</td>
<td>Implementation Quotient</td>
<td>March</td>
</tr>
<tr>
<td>April 6</td>
<td>Support school and school community skill building and problem solving.</td>
<td>Online</td>
<td>Implementation Quotient</td>
<td>April</td>
</tr>
</tbody>
</table>
Conclusion

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

---

Trauma-Responsive Support Planning Component

**PROCESS COMPONENTS**
- Stakeholder Communication
- Training and Coaching
- Data-Based Decision Making
- Teaming and Planning

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

---

Learning Targets

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

**Understand**
- trauma and its impact

**Believe**
- that healing happens in relationships

**View**
- children/youth holistically

**Strive**
- for cultural competence

**Support**
- choice, control, and empowerment

**Use**
- a collaborative approach

---

**Definition of Trauma-Responsive Support Planning**

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

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<td>Description</td>
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<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>
<tr>
<td>Example(s)</td>
<td>participation in exploration meeting</td>
<td>coaches are trained</td>
<td>development of SMART goal and action plan</td>
<td>specification of all new TSSP implementation fidelity</td>
<td>established review schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>individual child/youth outcome data</td>
<td>documented outcomes, protocols, policies, and procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>documented training/coaching for new staff</td>
<td></td>
</tr>
</tbody>
</table>

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- eLearning Modules
- Facilitation Guide
- Slide Deck
### Aligned Training and Coaching Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Format</th>
<th>Evaluation</th>
<th>Planning Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 23</td>
<td>Develop training and coaching plan for DCLT to support community coaches</td>
<td>Modules</td>
<td>Pre/post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop District/Community Goal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaborative determination of shared child/youth in need of a TRSP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept 12</td>
<td>Implement TRS with at least one shared child/youth</td>
<td>Meeting</td>
<td>Schedule</td>
<td>K2/K3</td>
</tr>
<tr>
<td></td>
<td>Conduct initial implementation quotient monitoring meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct 17</td>
<td>Develop agency staff in implementation and support strategies</td>
<td>Meeting</td>
<td>Pre/post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better TRS models to increase coaching in work building agency - RCQ coach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov 2</td>
<td>Develop coaches to lead TRS in each building with RCQ leaders</td>
<td>Meeting</td>
<td>Pre/post</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DCLT coaches determine any shared children in need of TRSP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 1</td>
<td>DCLT coaches train BCLT coaches to lead TRS in each building</td>
<td>Meeting</td>
<td>Schedule</td>
<td></td>
</tr>
<tr>
<td>Jan 25</td>
<td>DCLT coaches train BCLT coaches to lead TRS in each building</td>
<td>Meeting</td>
<td>Implementation Quotient</td>
<td>11/15</td>
</tr>
<tr>
<td>Feb 18</td>
<td>DCLT coaches continue implementation and plan fidelity criteria</td>
<td>Meeting</td>
<td>Schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BCLT coaches determine any shared child in need of TRSP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 6</td>
<td>DCLT and BCLT coaches continue implementation and plan fidelity criteria</td>
<td>Meeting</td>
<td>Schedule</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DCLT coaches train BCLT coaches to lead TRS in each building</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DCLT coaches collate data and plan fidelity criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BCLT coaches determine any shared child in need of TRSP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BCLT coaches determine fidelity criteria for implementation</td>
<td></td>
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<tr>
<td></td>
<td>BCLT coaches determine any shared child in need of TRSP</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Implementation Quotient

**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

### Application: Process and Planning

**Support** is collaboratively determined and remediated with aligning stakeholders, including children/youth and caregivers.

<table>
<thead>
<tr>
<th>Process</th>
<th>Exploration</th>
<th>Implementation</th>
<th>Stabilization</th>
<th>Sustainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase</td>
<td></td>
<td>Full implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
<td>Agreement to participate in the project</td>
<td>Implementation and evaluation</td>
<td>Sustained fidelity and outcomes</td>
</tr>
<tr>
<td>Process Questions</td>
<td></td>
<td>Will participatory partners in the process</td>
<td>Implementation and evaluation</td>
<td>Sustained fidelity and outcomes</td>
</tr>
<tr>
<td>Key Terms</td>
<td></td>
<td>Agreement to participate in the project</td>
<td>Implementation and evaluation</td>
<td>Sustained fidelity and outcomes</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Action Plan and Resource Monitoring Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
</tr>
<tr>
<td>----</td>
</tr>
</tbody>
</table>

---

*APPLICATION: Process and Planning*

Provide a brief overview of the process and planning steps for the implementation of the training and coaching plan, including any resources or materials needed to support the process.

---

*Application: Process and Planning*

**Support** is collaboratively determined and remediated with aligning stakeholders, including children/youth and caregivers.
Check for Understanding

Conclusion

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

Trauma-Responsive Referral Protocol Planning Component

PROCESS COMPONENTS
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Process
- Training and Coaching

PLANNING COMPONENTS
- Trauma-Responsive School Community
- Trauma-Responsive Support Planning
- Trauma-Responsive Referral Protocol
- Trauma-Responsive Transition and Reintegration Planning
Learning Targets

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

Core Principles of a Trauma-Responsive Referral Protocol

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

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.
### APPLICATION: Process and Planning

<table>
<thead>
<tr>
<th>Phase</th>
<th>Exploration</th>
<th>Initial Implementation</th>
<th>Full Implementation</th>
<th>Sustainability and Innovation</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Process Questions</td>
<td>What practices, policies, or resources are in place; Needed? (Teaming and Planning)</td>
<td>What data points are being utilized; Could be utilized? (Data-Based Decision Making)</td>
<td>What supports are in place/provided; Needed and how they will be provided? (Training and Coaching)</td>
<td>What is communicated; Needs to be communicated? (Stakeholder Communication)</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check for Understanding</td>
<td></td>
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</table>

**DRAFT**
**Conclusion**

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

**Trauma-Responsive Transition and Reintegration Planning Component**

**PROCESS COMPONENTS**
- Teaming and Planning
- Data-Based Decision Making
- Stakeholder Communication
- Training and Coaching

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

**Learning Targets**

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

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

---

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

<table>
<thead>
<tr>
<th>Protocol for transition from alternative settings, including a psychiatric residential treatment facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase</strong></td>
</tr>
<tr>
<td>Exploration</td>
</tr>
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</tbody>
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### Training and Coaching Resource: Transitioning Students From Psychiatric Hospitalization Back to School

- **Agreement**
  - Liaisons for relevant agencies
  - Guidelines for transition and reintegration

- **Consent**
  - Release/exchange of information

- **Communication & Planning**
  - Collaboration/planning around mental health, social, emotional, behavioral, and academic needs
  - Discharge/reintegration planning

---

**Download at** [https://www.ksdetasn.org/resources/1265](https://www.ksdetasn.org/resources/1265)
APPLICATION: Process and Planning

For children transitioning from alternative settings, including a psychiatric residential treatment facility.

<table>
<thead>
<tr>
<th>Phase</th>
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<th>Full Implementation</th>
<th>Sustainability/Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Non-consensual to exploratory discussions</td>
<td>Consensual to implementation activities</td>
<td>Consensual to process fidelity activities</td>
<td>Consensual to fidelity and outcomes activities</td>
<td>Consensual to sustainability and innovation activities</td>
</tr>
<tr>
<td>Process Questions</td>
<td>What practices, policies, or resources are in place and needed?</td>
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<td>What supports are in place and needed?</td>
<td>What is communicated and needs to be communicated?</td>
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Check for Understanding

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