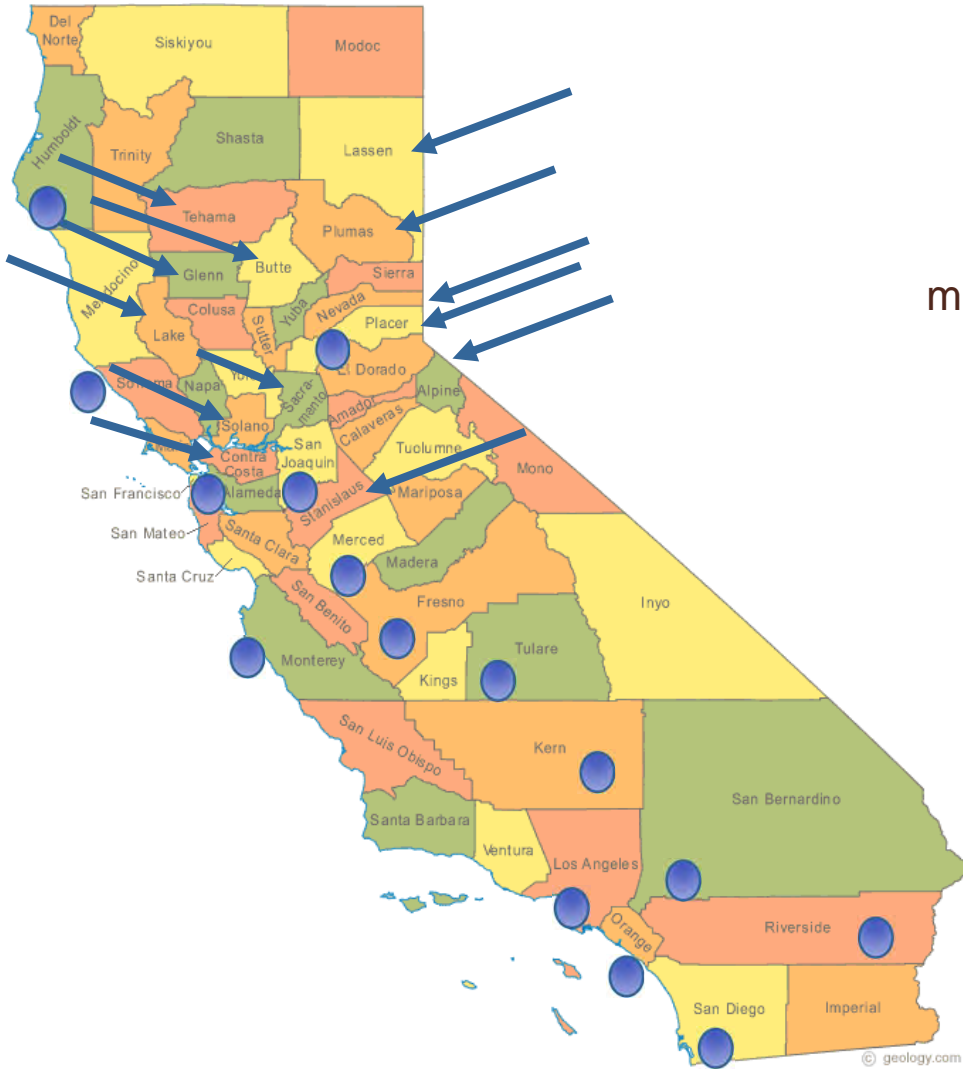





**CSHA Conference
April 30- May 1, 2015**

**Multi-tier System and Supports
Integrated Services Framework
for Student Wellness**

Welcome!



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National Implementation Research Network (NIRN)
State Implementation and Scale-up of Evidence-Based Practices (SISEP)
Frank Porter Graham Child Development Institute
University of North Carolina – Chapel Hill

the content of this presentation is taken from the work of members of NIRN & SISEP

Special Acknowledgments



**Advancing Education
Effectiveness: Interconnecting School Mental
Health And Positive Behavior Interventions and
Supports Editors: Susan Barrett, Lucille Eber &
Mark West**

Special Acknowledgments

What We'll Cover

- Demonstrating need for Framework
- Multi-Tier Systems of Student Wellness (MTSS): Integrated Services Framework
- Review of MTSS/ Integrated Services Framework System Tools
- Selection Tools

Tier I

Three Program Options

Tier II

Three Program Options

Tier III

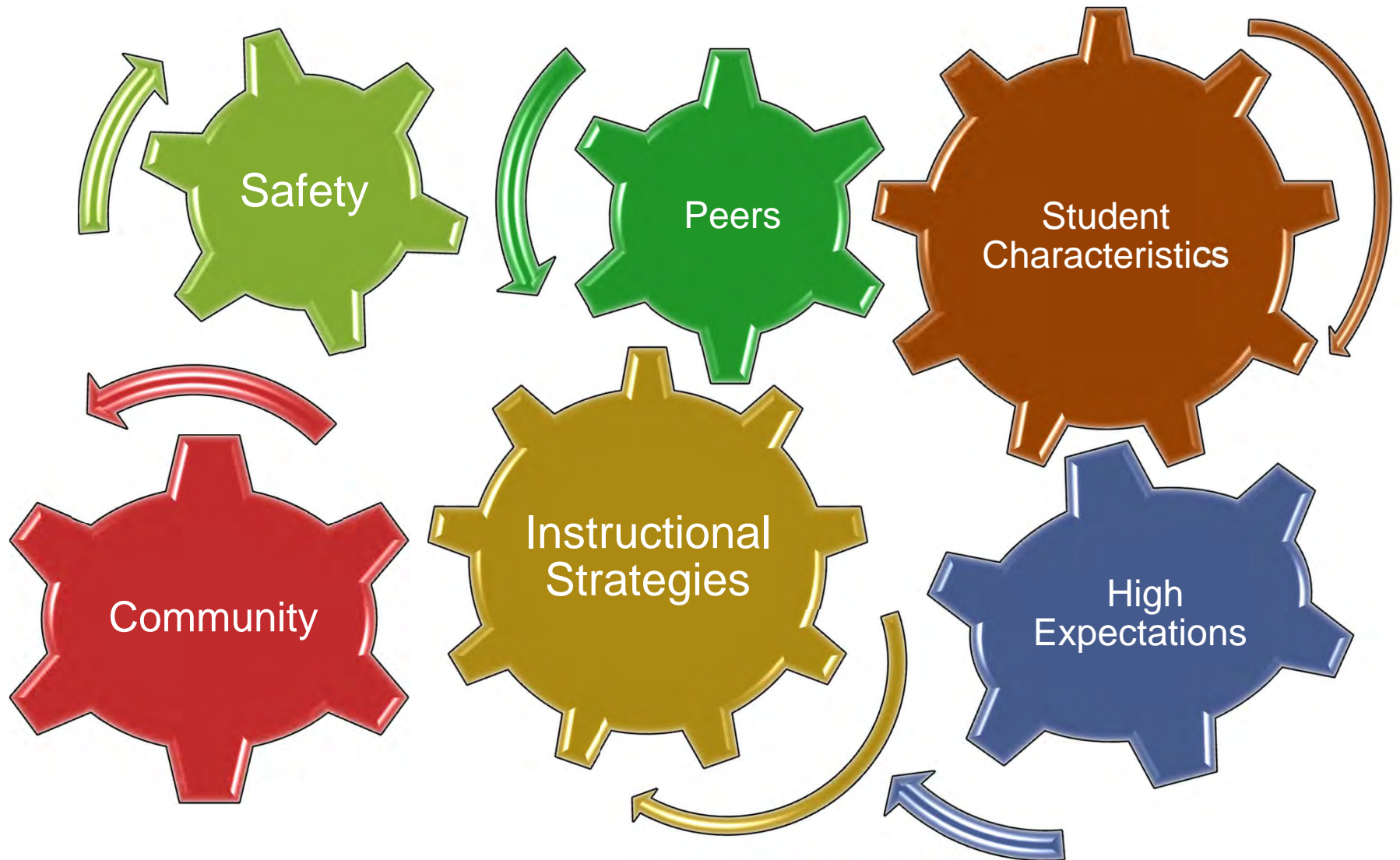
Three Program Options



Multi-tier System and Supports

Students have complex needs...

The Context of Learning



Think about a time when you worked with a student or family who had complex needs.

1. What systems were required to meet the multiple needs?
 1. Example: Child Welfare, Community, Mental Health, AOD, Public Health....
2. What partners would have helped to meet these needs?
 1. Example: Social Services, Community Providers, Family Members, County Mental Health, Faith Organizations....

Share with a shoulder partner
Use the MTSS Map to graph where you believe the
(5 Minutes)

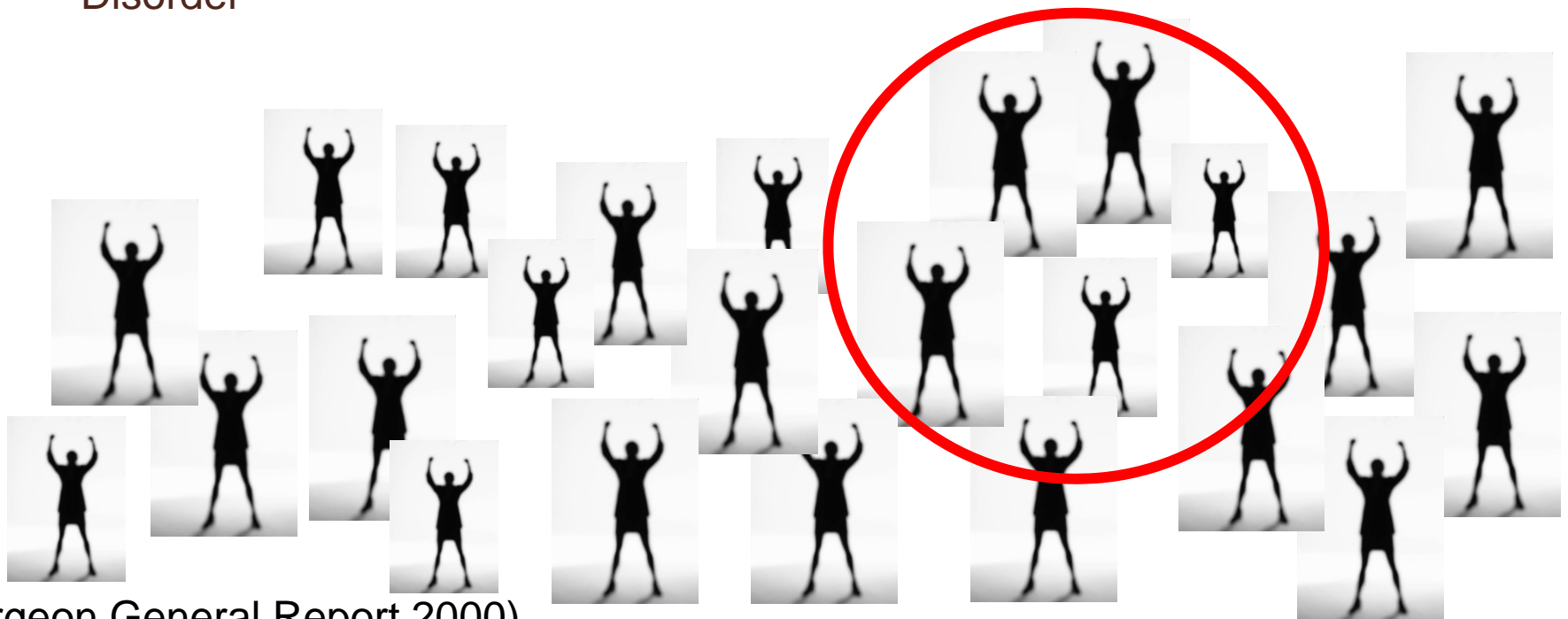
Our Students..



Students have complex needs

Prevalence of Child and Adolescent Mental Disorders

- ½ of Lifetime cases of Mental Disorders Begin by Age 14
- 20% of Children Identified with Mental Disorders Receive Treatment
- 50% of Students 14 and Older Living with Mental Illness Drop out of school
- 21% of 9-17 Year Olds Have a Diagnosable Mental or Addictive Disorder



(Surgeon General Report 2000)

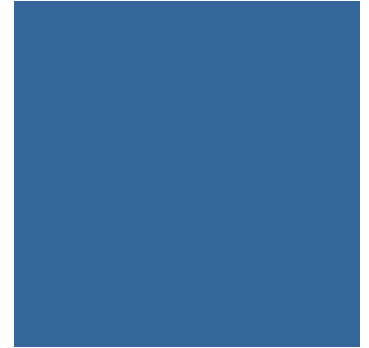
Our Students

- The Surgeon General's report on mental health in the United States (1999) estimated that 20% of children need active mental health interventions, 11% have significant impairment, and 5% have extreme functional impairment.

- School systems are essentially the de facto mental health system for children in this country.
- Schools are critical in the provision of the breadth of mental and behavioral health services.
- Schools can reduce barriers to access for children and families, such as stigma and affordability.
- Schools provide maximal coverage for universal prevention and early intervention programs.

(Kutash, et. al. 2006)

State Mental Health Mental Health Services



- 6,236,672 Student in California
- 1,247,334 Student MH Needs

<u>Ethnicity</u>	<u>Emotional Disturbance</u> (ED)
Native American	295
Asian	689
Pacific Islander	101
Multi	934
Hispanic	8,326
African-American	4,316
White	9,781
Total:	24,442

- Center for Disease Control & Kaiser Hospital
 - Dr. Felitti Kaiser Hospital
 - Dr. Anda Center for Disease Control
- 17,000 Patients participated between 1995 & 1997
- Measured 10 childhood traumas



Adverse Childhood Experience

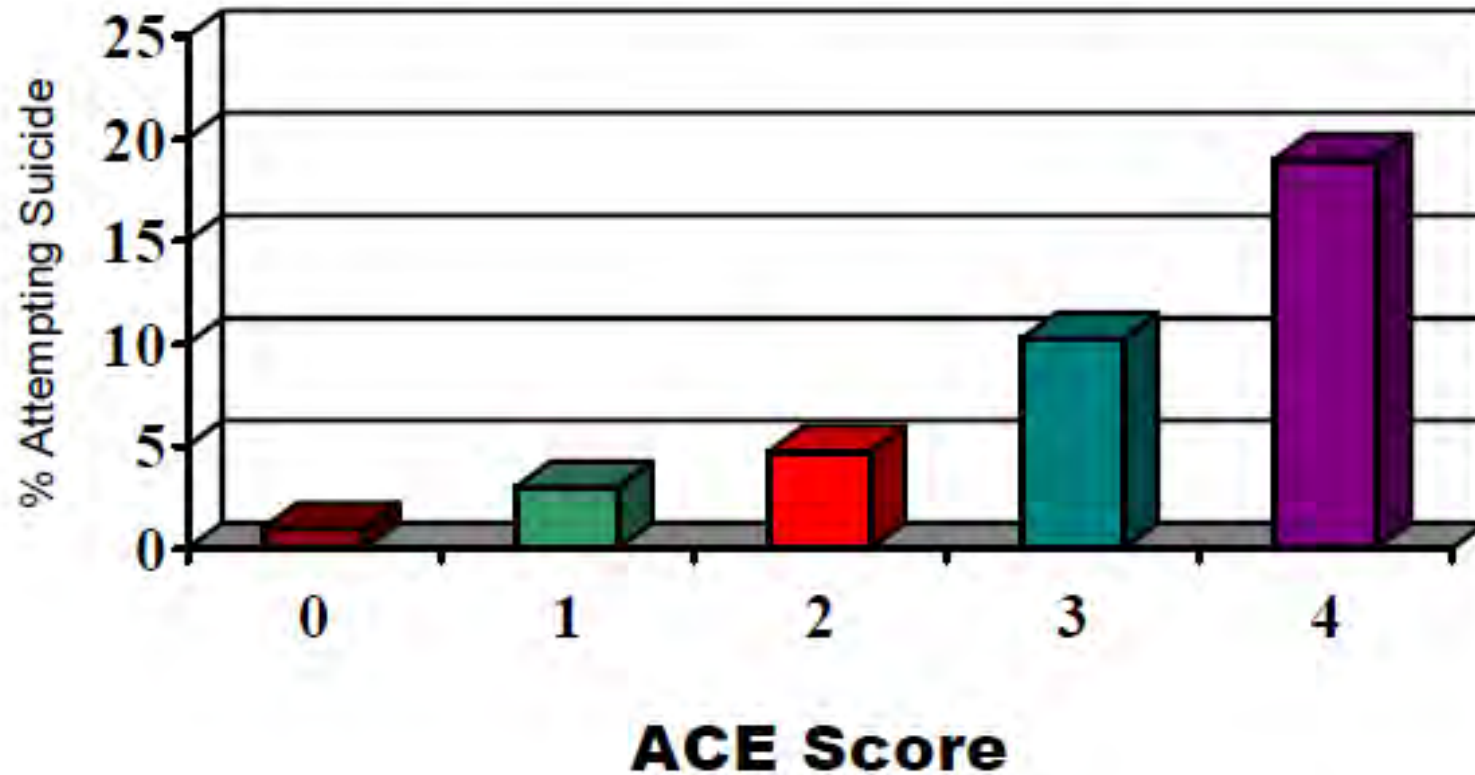
ACE Category*		Women (N = 9,367)	Men (N = 7,970)	Total (N = 17,337)
Abuse (#abuse)				
	Emotional Abuse (#1)	13.1	7.6	10.6
	Physical Abuse (#2)	27.0	29.9	28.3
	Sexual Abuse (#3)	24.7	16.0	20.7
Neglect (#neglect)				
	Emotional Neglect (#4)¹	16.7	12.4	14.8
	Physical Neglect (#5)¹	9.2	10.7	9.9
Household Dysfunction (#dysfunction)				
	Mother Treated Violently (#6)	13.7	11.5	12.7
	Household Substance Abuse (#7)	29.5	23.8	26.9
	Household Mental Illness (#8)	23.3	14.8	19.4
	Parental Separation or Divorce (#9)	24.5	21.8	23.3
	Incarcerated Household Member (#10)	5.2	4.1	4.7

What did they measure? Early Childhood Trauma

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

Adverse Childhood Experience

ACE Score vs. Attempted Suicide



Adverse Childhood Experience

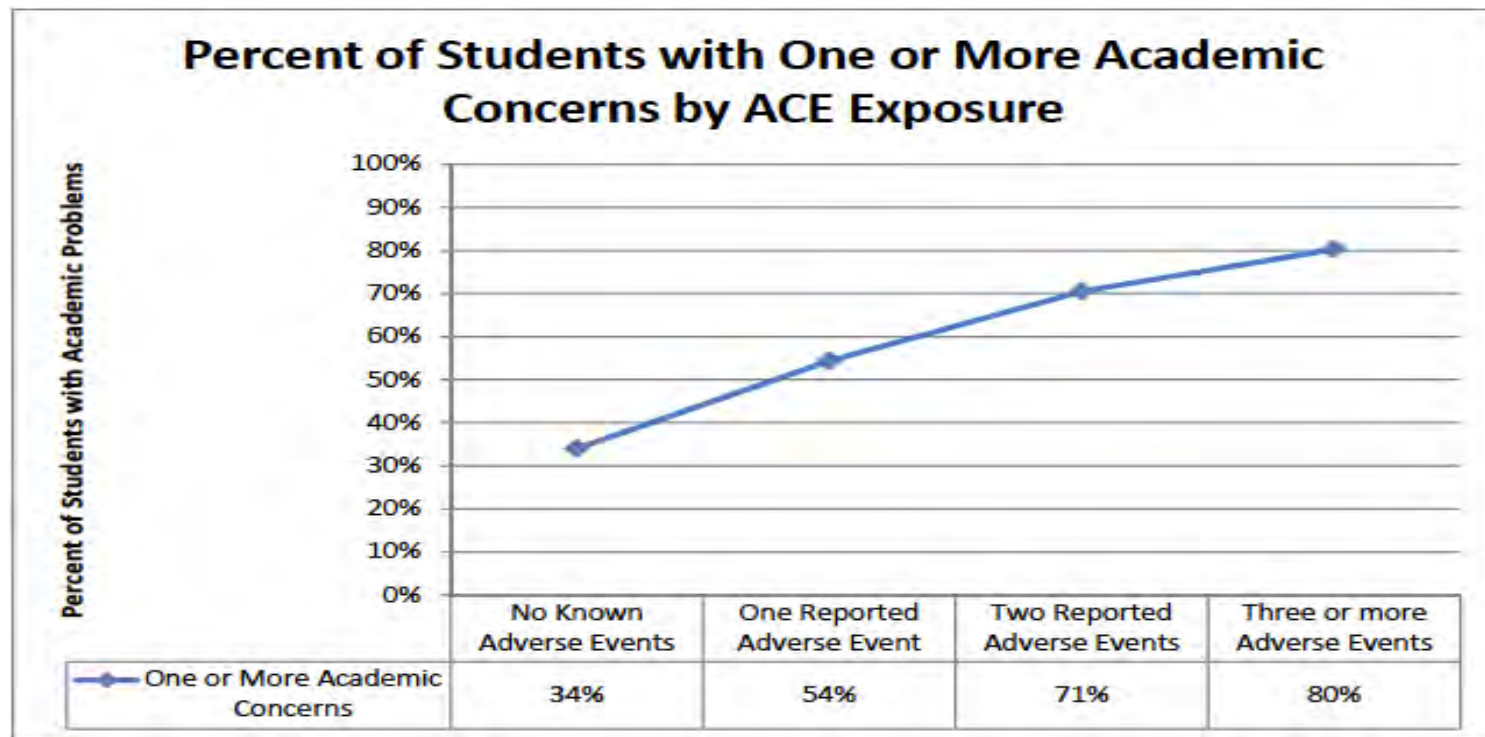
Child Welfare in California



	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children
California	9,150,549	482,383	52.7	83,981	9.2



Early Childhood Trauma



- 2,100 children / 10 elementary schools
- 248 children (3 or more experiences)
 - 3 x rate of academic failure, 5 x rate of chronic truancy, 6 x rate of behavior problems 4 x rate of poor health

Spokane ACE Study 2010

Christopher Blodgett, Director of the [Area Health Education Center of Eastern Washington at Washington State University](#)

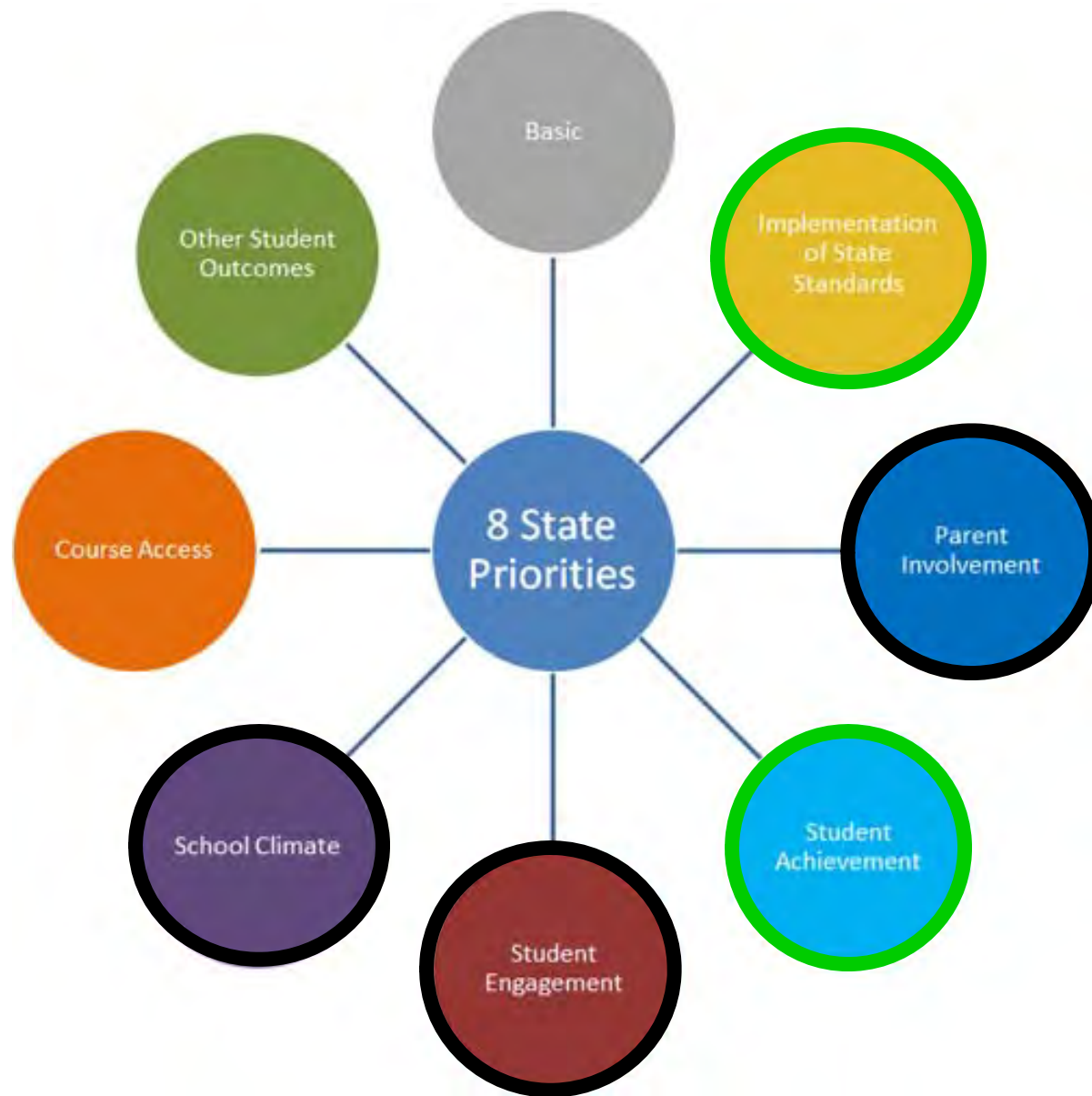
ACE Study Outcomes



- “Secondary prevention of the effects of adverse childhood experiences will first require increased recognition of their occurrence and second, an effective understanding of the behavioral coping devices that commonly are adopted to reduce the emotional impact of these experiences.”
- “What we have learned in the ACE Study represents the underlying fire in medical practice where we often treat symptoms rather than underlying causes.”

Dr. Felitti ~Kaiser Permanente, Department of Preventative Medicine





- **Parental involvement**, including efforts the school district makes to seek parent input in making decisions for the school district and each individual school site, and including how the school district will promote parental participation in programs for unduplicated pupils and individuals with exceptional needs.

- **Pupil engagement**, as measured by all of the following, as applicable:
 - A. School attendance rates.
 - B. Chronic absenteeism rates.
 - C. Middle school dropout rates.
 - D. High school dropout rates.
 - E. High school graduation rates.

- **School climate**, as measured by all of the following, as applicable:
 - A. Pupil suspension rates.
 - B. Pupil expulsion rates.
 - C. Other local measures, including surveys of pupils, parents, and teachers on the sense of safety and school connectedness.

Education Code section 52060(d) lists the following as state priorities with respect to the Local Control and Accountability Plan



Multi-tier System and Supports

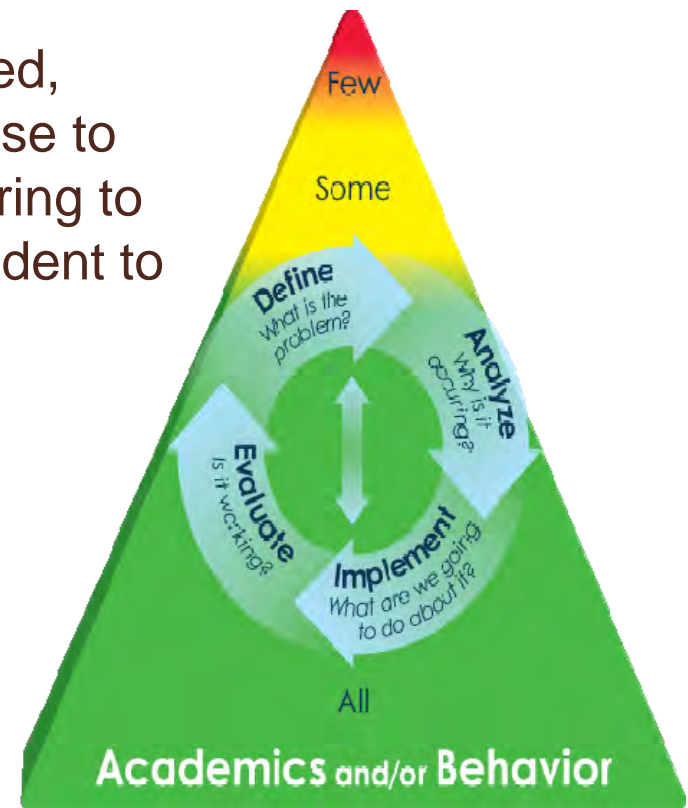
Framework for Student Wellness

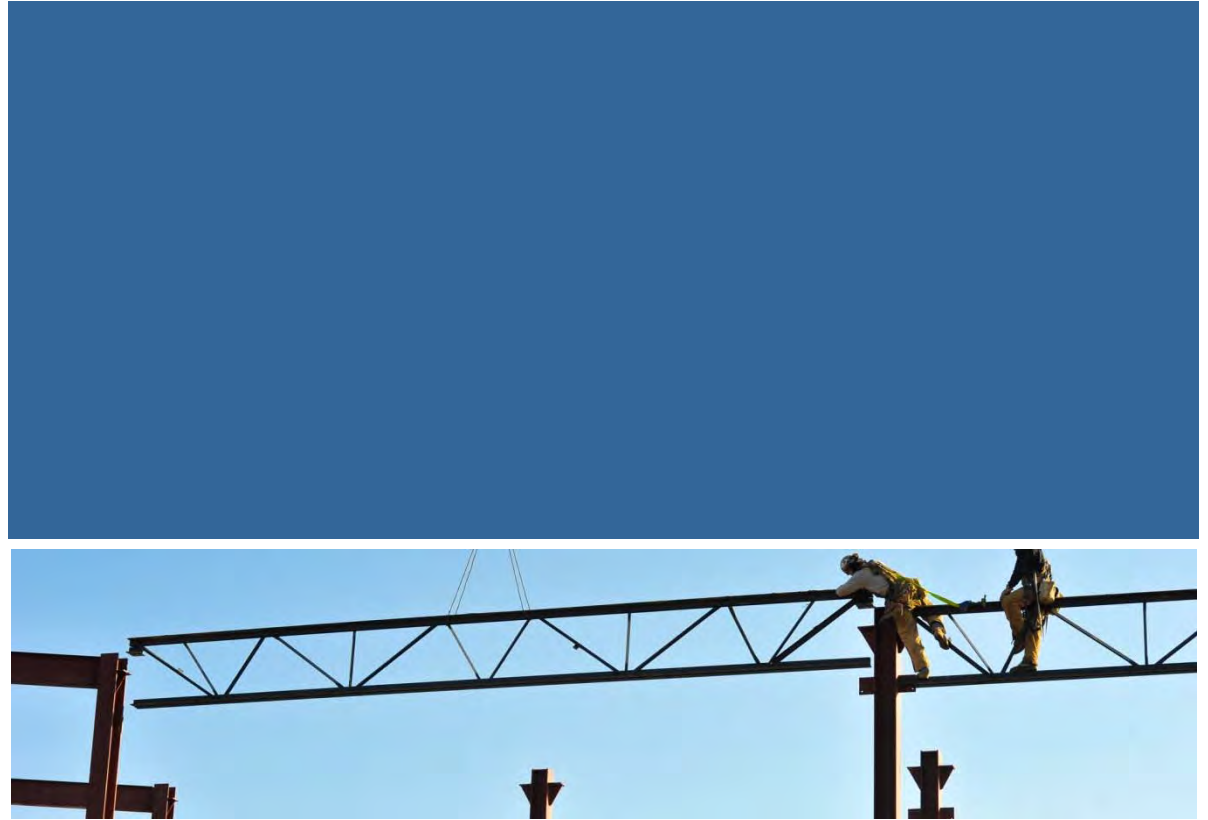


**Multi-tier System and Supports
helps put the pieces together**

MTSS Defined

MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision-making and empower each student to achieve their potential.



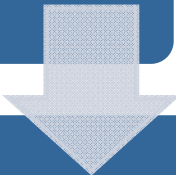


Start with a Framework

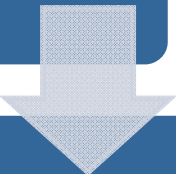
Positive Behavior Intervention and Supports



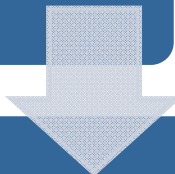
Framework for enhancing the adoption and implementation of



A continuum of evidence-based interventions to achieve



Important academic and behavioral outcomes



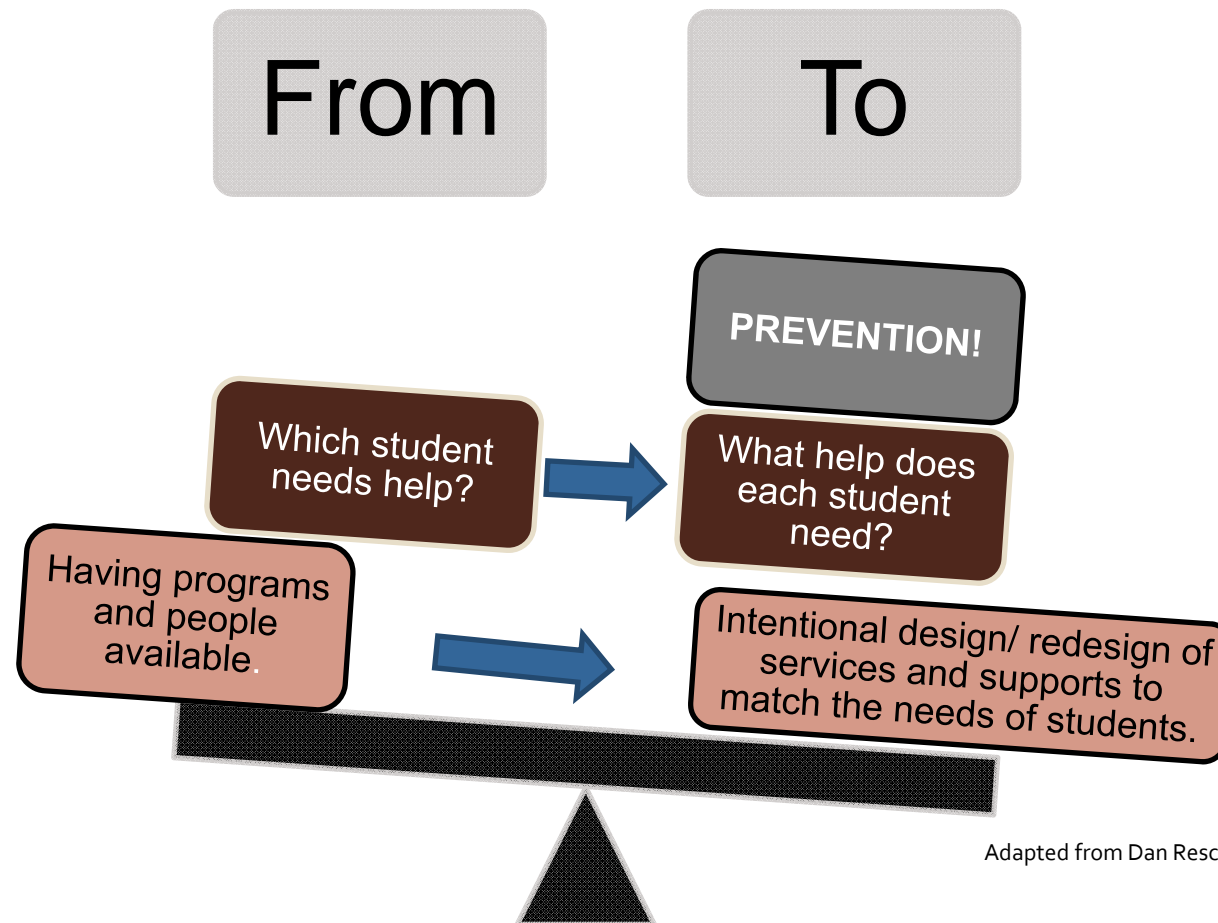
For ALL students

PBIS

What MTSS is not...



JUST ANOTHER INITIATIVE



Adapted from Dan Reschly, 2002

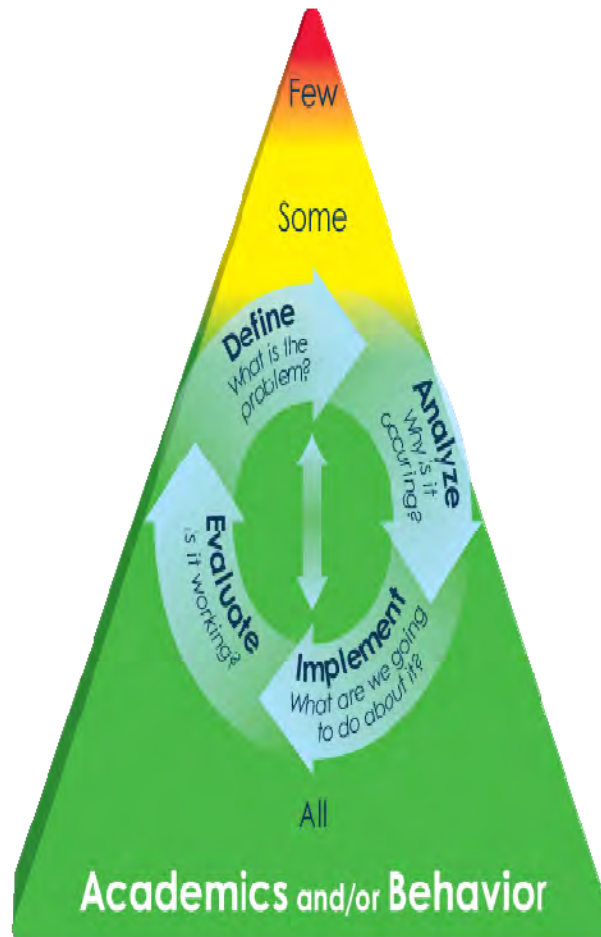
MTSS as a Response to Intervention

RtI ACADEMIC SYSTEMS

Tier III: Comprehensive & Intensive Interventions –

Tier II: Strategic Interventions-Small Group and/or technology assisted instruction

Tier I: Core Curriculum – All Students



RtI BEHAVIOR SYSTEMS

Tier III: Comprehensive & Intensive Interventions –

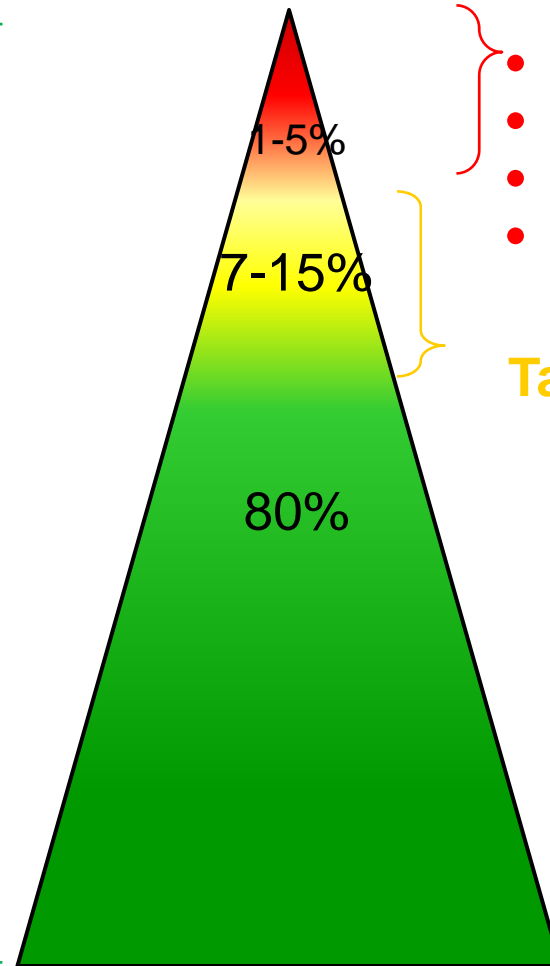
Tier II: Strategic Interventions - Target Group Interventions – Some At-Risk Students

Tier I: Universal Interventions – All Students (PBS Tier I)

What does MTSS Look Like?

Universal Prevention All Students

- Core Instruction
- Preventive
- Proactive
- Common Rules and Expectations
- Common Referral System
- Common Core
- First Instruction
- Life Skills
- Career Readiness



Intensive Intervention Few Students

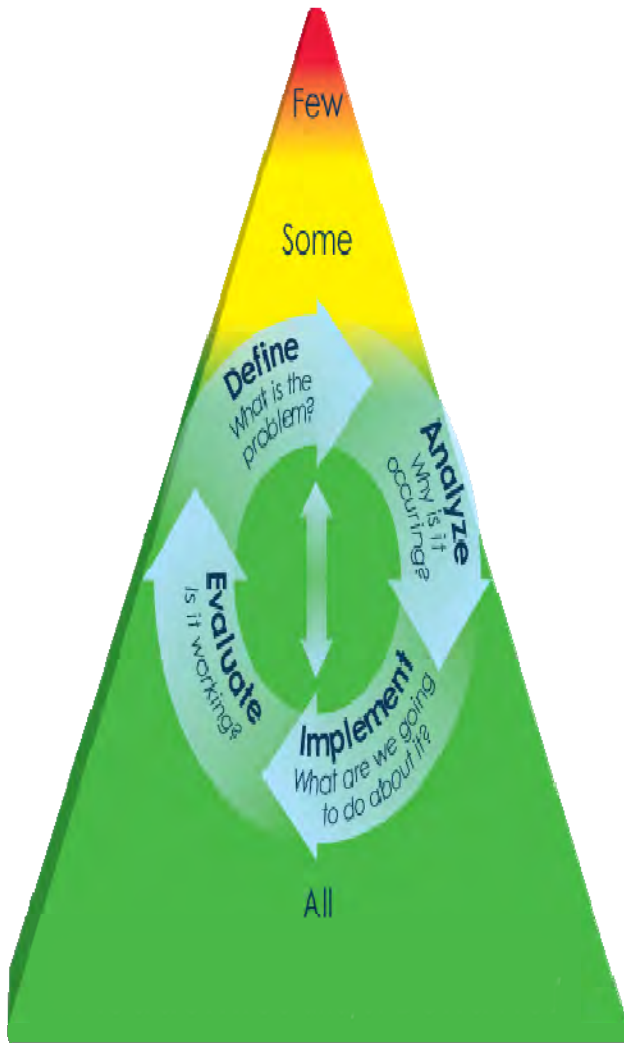
- Individualized
- Function-based
- High intensity
- Direct Skills Development

Targeted Intervention Some Students

- Supplemental (to reduce risk)
- High Efficiency
- Rapid Response

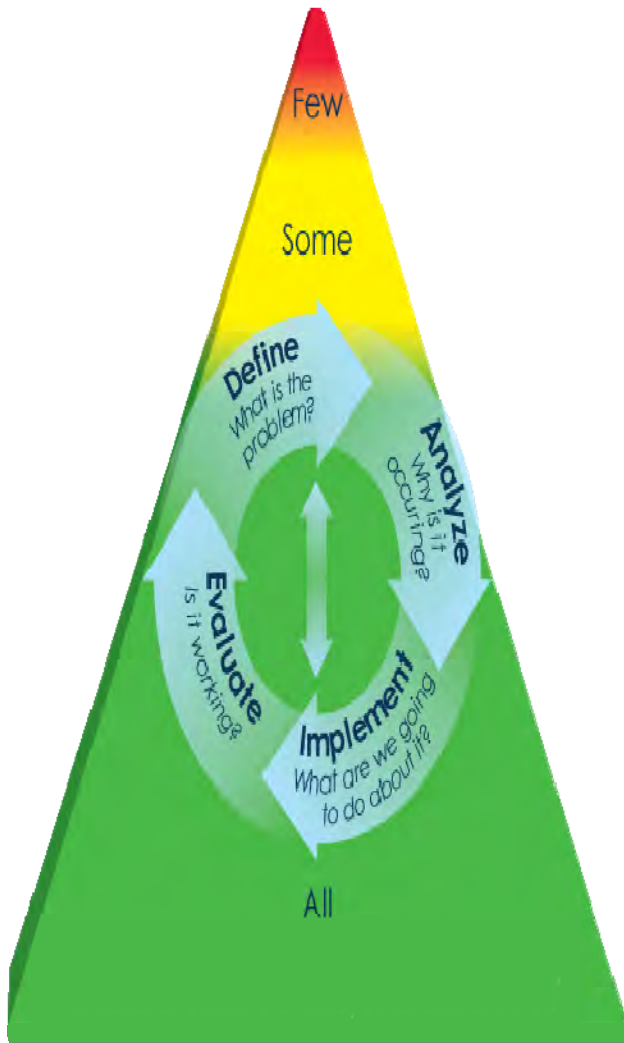
All students in school

MTSS / PBIS Framework



Tier I: Universal Interventions – All Students
Common Rules & Expectations
Acknowledgement System
Behavior Matrix
Common Referral System

MTSS / PBIS Framework

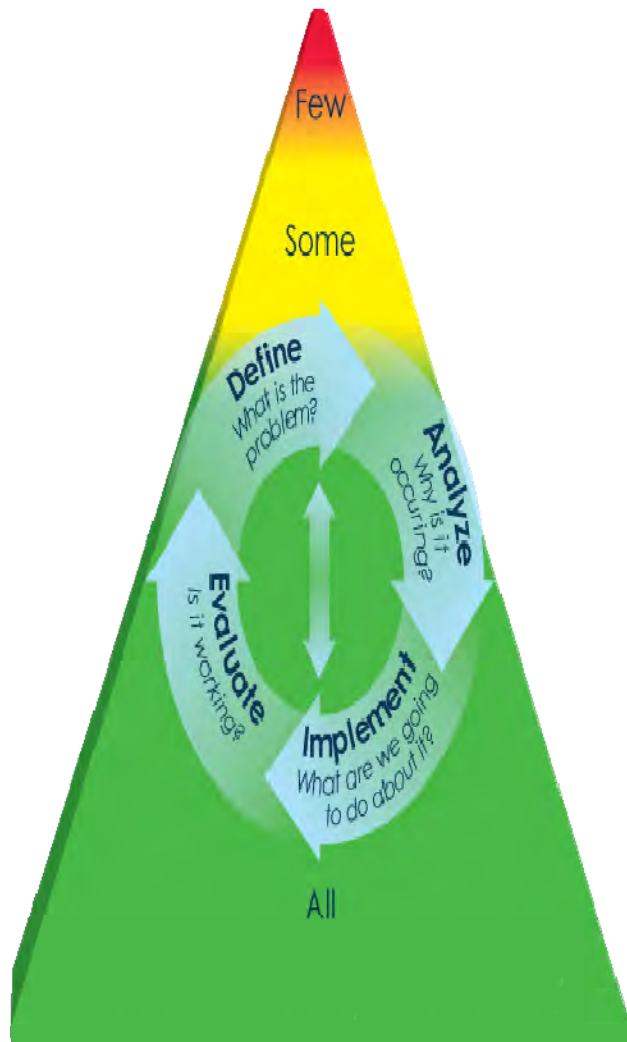


Tier III: Individual Practical Behavior Plan & Wraparound

Tier II: Check In Check Out

Tier I: Universal Interventions – All Students

Multi-tier System of Support for Student Wellness (School Supports)

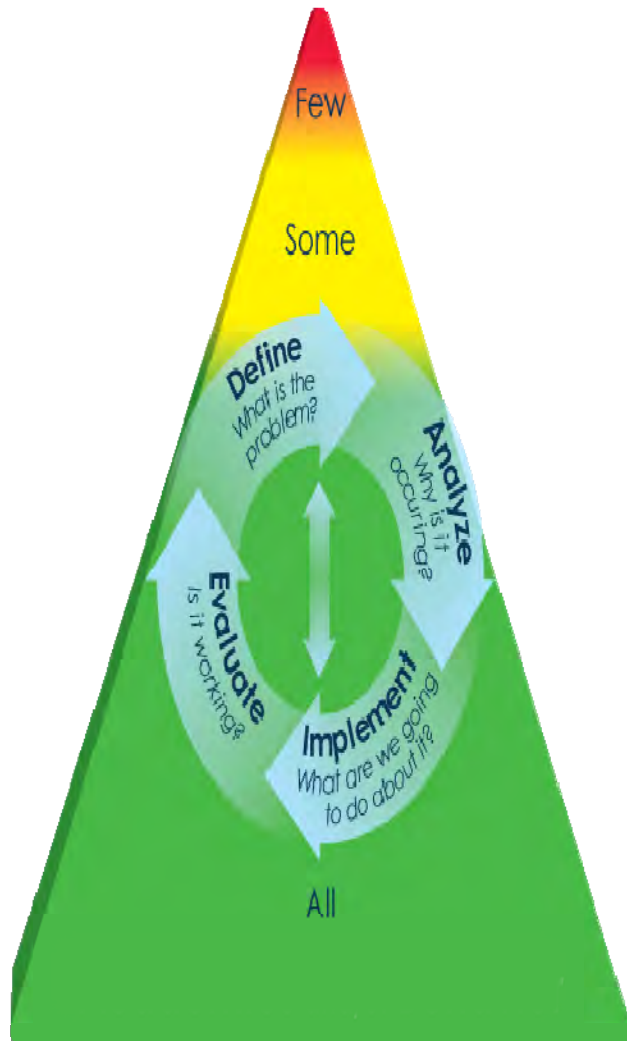


Tier III: Individual Practical Behavior Plan
Wraparound Applied Suicide
Intervention Training
Incredible Years Special Education
Reconnecting Youth

Tier II: Check In Check Out
Check and Connect Coping and
Support Training
Second Step Teaching Pro-Social Skills
Steps to Respect
Mental Health First Aid
Signs of Suicide

Tier I: Universal Interventions – All Students
Second Step Kognito At Risk
Simulation Steps to Respect
Eliminating Barriers to Learning
NAMI On Campus High School

Multi-tier System of Support for Student Wellness (Community Supports)

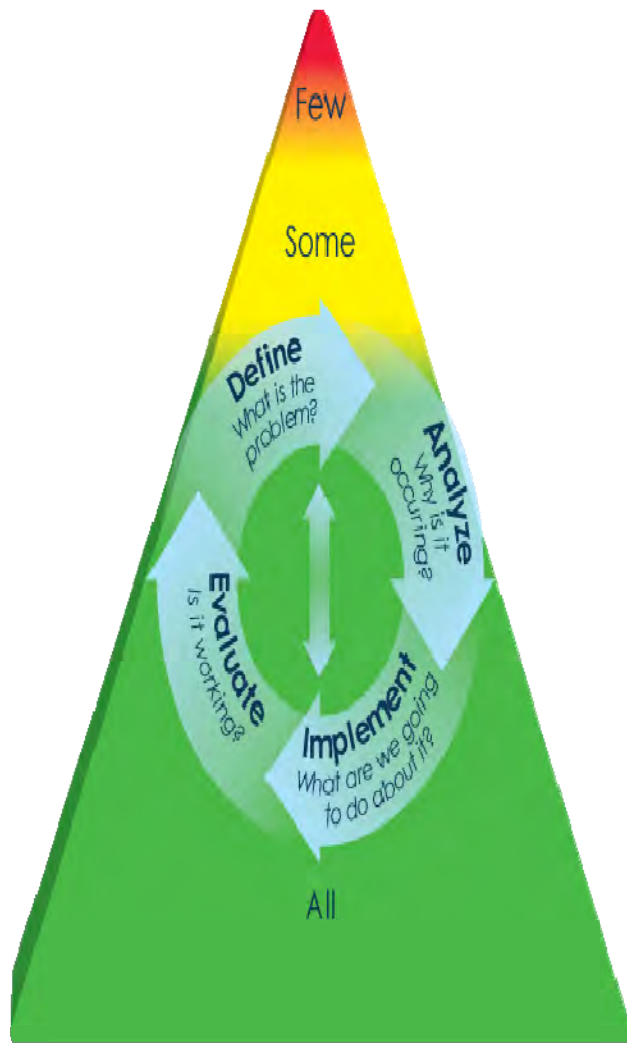


Tier III: Functional Family Therapy
Wraparound
Parent Child Interactive Therapy
Incredible Years Maternal Depression
Trauma Focus Cognitive Behavior Therapy

Tier II: A2Y Mentor Program
Active Parenting **Diversion**
Teaching Pro-Social Skills
White Bison
Native Art/Drumming
Parent Project/Parent Project Latino

Tier I: Universal Interventions – All Students
Network of Care
Sierra Native Alliance
Latino Leadership Counsel

Multi-tier System of Support for Student Wellness (Suicide Prevention)



Tier III Indicated / Individual:

- Applied Suicide Intervention Skills Training
- Coping and Support Training

Tier II: Targeted / Selected:

- Mental Health First Aid
- Signs of Suicide

Tier I: Universal Interventions – All Students:


- Eliminating Barriers to Learning
- NAMI on Campus
- Kognito
- QPR Gate Keeper Training

ACTIVITY



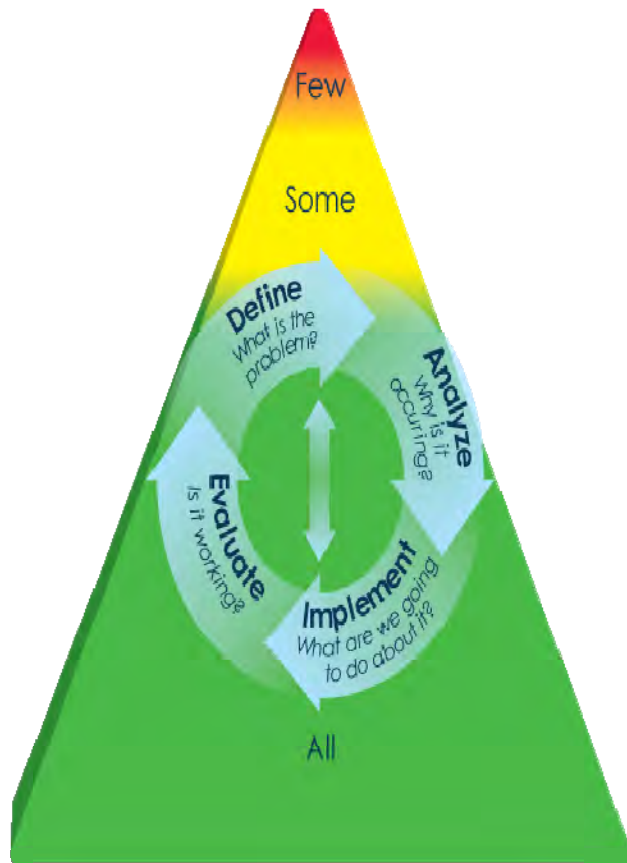
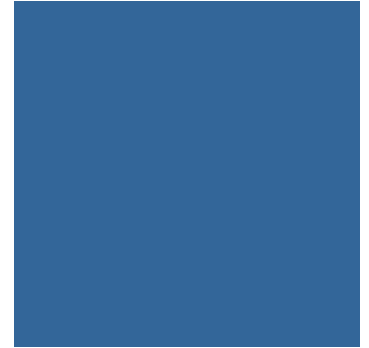
SHARED KNOWLEDGE BUILDING
Map District / Site / Community
Initiatives & Supports





What Programs and Practices
does your school/district offer at
Tier I, II, & III?

Activity Map Your Services



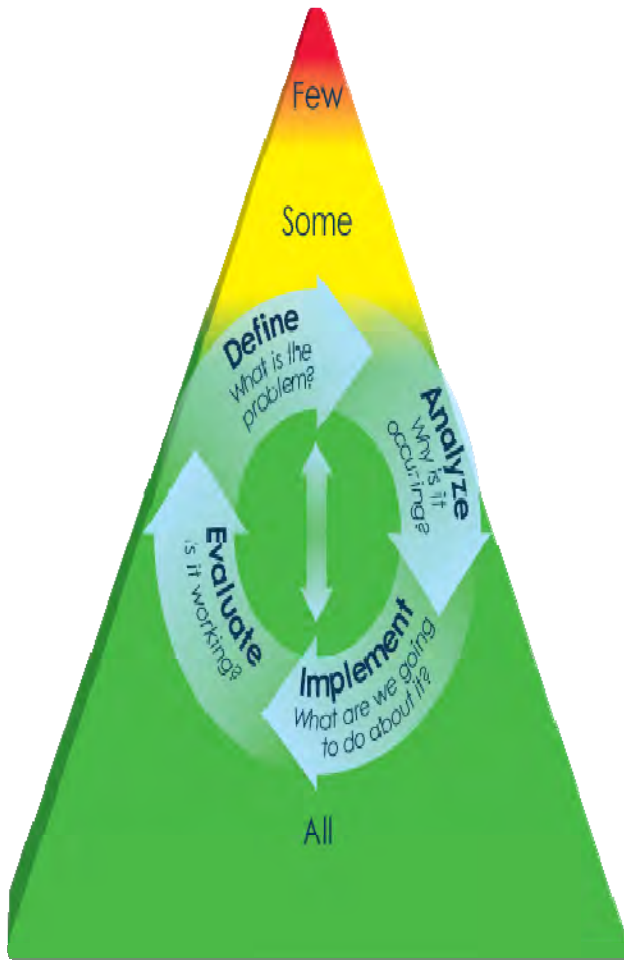
Prevention
Social Emotional Wellness
Suicide Prevention
Behavior
School Engagement
Attendance

Multi-tier System of Support for Student Wellness (District / School/ Community)

Three Tools

- Multi-tier System and Supports Map
- Tool for documenting MTSS
- District Initiative Inventory





Tier III: _____

Tier II: _____

Tier I: _____

Multi-tier System of Supports for Student Wellness

Multi-Tier Supports for Student Wellness

Sample

School Site _____

Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring	Implement What are we going to do about it? G=Gap C= Community F= Family S= School	Evaluate Is the solution working?
Tier I	Inconsistent referrals to the office as evidenced by large number of referrals for minor referrals that could be remediated by instructors. Data Source: ODR Forms	Data showed inconsistency in a large number of referrals. Observation from administration indicates lack of consistency in referrals sent to the office.	(S) Utilize PBIS to create consistent policy and process for discipline matrix. Train staff in elements of PBIS strategies and classroom management.	Review ODR Forms. Use SWIS/Aries to track discipline. Determine percent decrease of referrals.
	Increase number of ODRs for defiance among freshman students evidenced by ODR and Aries	Lack of school engagement and		
	Increased truancy among Latino sophomore students. Evidenced by school attendance records.			

MTSS Development Mapping



Multi- Tier Supports for Student Wellness

School Site

Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier II	Student use of alcohol increased in 2012 school year. Evidenced by Healthy Kids Survey, Office Discipline referrals and student report to counselors.	Larger number of youth experimenting with alcohol appears to be from lack of alternative coping strategies	(C)Utilize support of CORR to implement small group intervention of youth who are identified using. (C) (Tier I: Support Social Host Ordinance with HHS Prevention Services)	Pre-Post Survey of Students Monitor ODRs & CHKS Parents Survey
	Increase number of students for counseling with Depression and Stress			


MTSS Development Mapping

Multi- Tier Supports for Student Wellness

School Site

Tier Intervention	Define What the Problem is?	Analyze Why it is Occurring	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier III	Decreased attendance among small group of Latino Students.	3 Latino students decreased attendance due to familial cultural differences for school. High conflict related to cultural issues.	(C) Refer students and family to Functional Family Therapy (FFT) (C) Refer to Latino Leadership Counsel	Monitor pre-post attendance patterns Monitor ODR
	High percentage of freshman students with Special Education Designation			
	Increase number of students seen by counselors expressing suicidality. Students in this group have a higher than average rate of Chronic Truancy.	Students with a high degree of risk factors stemming from stress, depression and adverse childhood experiences	(S) Train three staff at each campus in Applied Suicide Intervention Skills Training (G)(S) Define Tier I and Tier II programs to increase protective factors. (S) (C) Explore NAMI on Campus (G)(S) Explore Tier II intervention Reconnecting Youth.	Monitor number of students referred to primary care giver Pending Exploration Pending Exploration Pending Exploration

MTSS Development Mapping



This tool can be used to guide your district's review of programs to get a clear picture of successful strategies, and challenges, along with existing mandates and resource commitments.

District Initiative Inventory

District Initiative Inventory



This tool can be used to guide your team's review of past and current programs to get a clear picture of successful strategies, and challenges, along with existing mandates and resource commitments.

Previous District Initiatives							
Initiative	Expected Outcome	Target Population	Mandated/Regulatory Activity? Yes/No	Financial Commitment (1=low, 5=high)	Relation to District Priorities & Strategic Plan (1=low, 5=high)	Level of Success (1=low, 5=high)	Evidence of Outcomes
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	




Building Collaboration

Between Partner Government Agencies
Community Providers
Families



Integrated Services Framework Systems of Care

- 
1. Effective teams that include community and mental health providers
 2. Data based decision making
 3. Formal processes for the selection and implementation of evidence based practices (EBP)
 4. Early access through use of comprehensive screening
 5. Rigorous progress-monitoring for both fidelity and effectiveness
 6. Ongoing coaching at both the systems and practices level.

Core Features



1. Lack of clarity and consistency of roles and relationships among school-employed mental health staff and with other providers from community agencies
2. Differences in training traditions and language, and limited training in mental health issues for educators
3. Lack of interdisciplinary training and collaborative teamwork
4. Ineffective teaming processes that put fragmented practices in place without systemic ways to progress monitor and measure impact or fidelity

Barriers

Building an Inclusive Community of Practice: Four Simple Questions



1. Who cares about this issue and why?
2. What work is already underway separately?
3. What shared work could unite us?
4. How can we deepen our connections?



Adapted From:
 ADVANCING EDUCATION
 EFFECTIVENESS:
 INTERCONNECTING SCHOOL MENTAL
 HEALTH AND SCHOOL-WIDE POSITIVE
 BEHAVIOR SUPPORT (2013)



Selecting a Practice

Selection of practices to scaffold to your framework

The description of this framework is grounded in a number of important guiding principles:

- Models interventions, and practices are important, but successful implementation must occur within an interconnected implementation framework.
- Selection of an intervention or practice must be preceded by a careful specification and prioritization of the need and intended outcome.
- Priority must be given to the practice having the most convincing research or evidence to document effectiveness, efficacy, and relevance.
- Student progress and benefit are most important for evaluating implementation fidelity and appropriateness.
- Student progress and benefit must always be examined in the context of implementation fidelity.



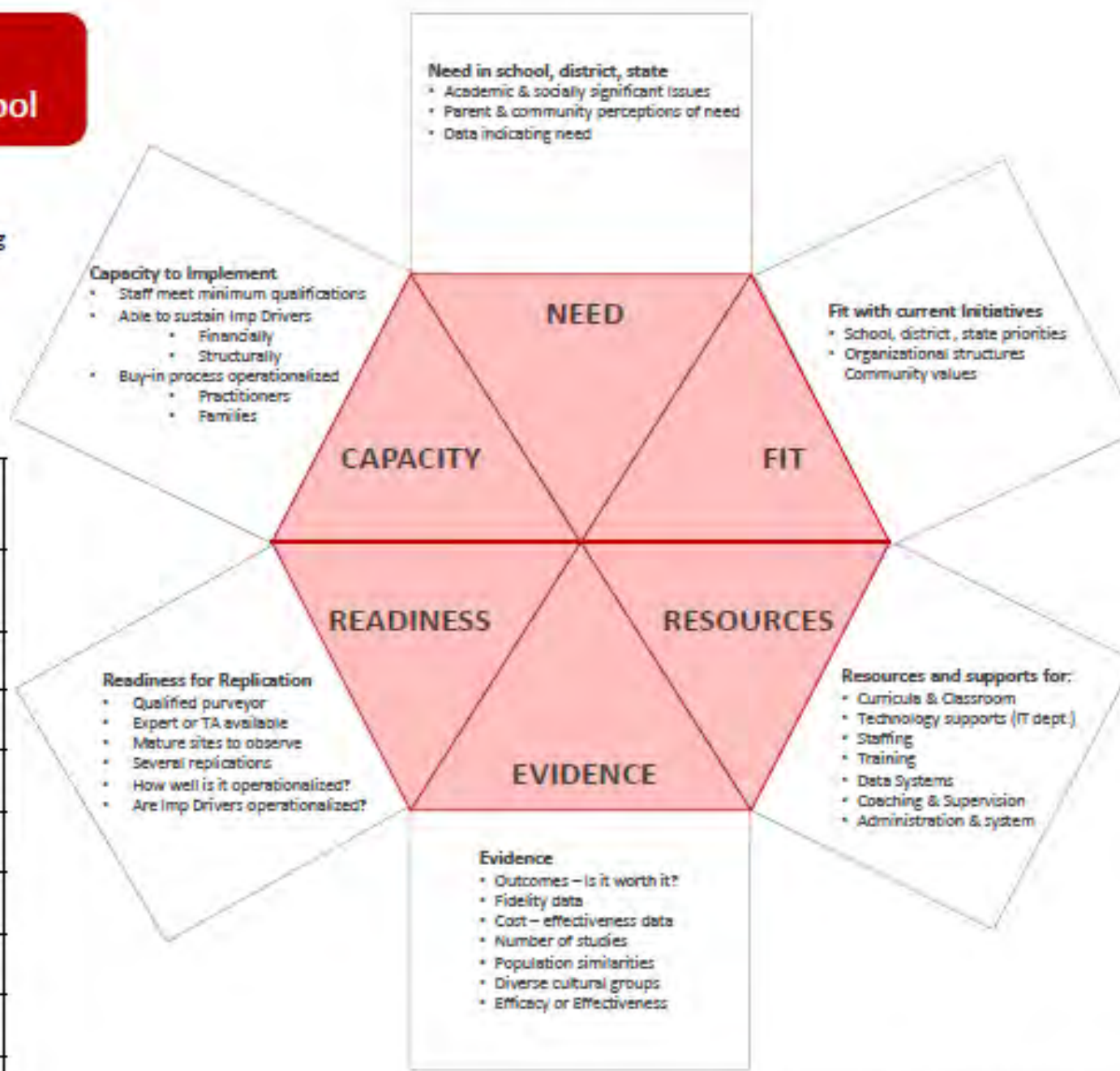
The Hexagon

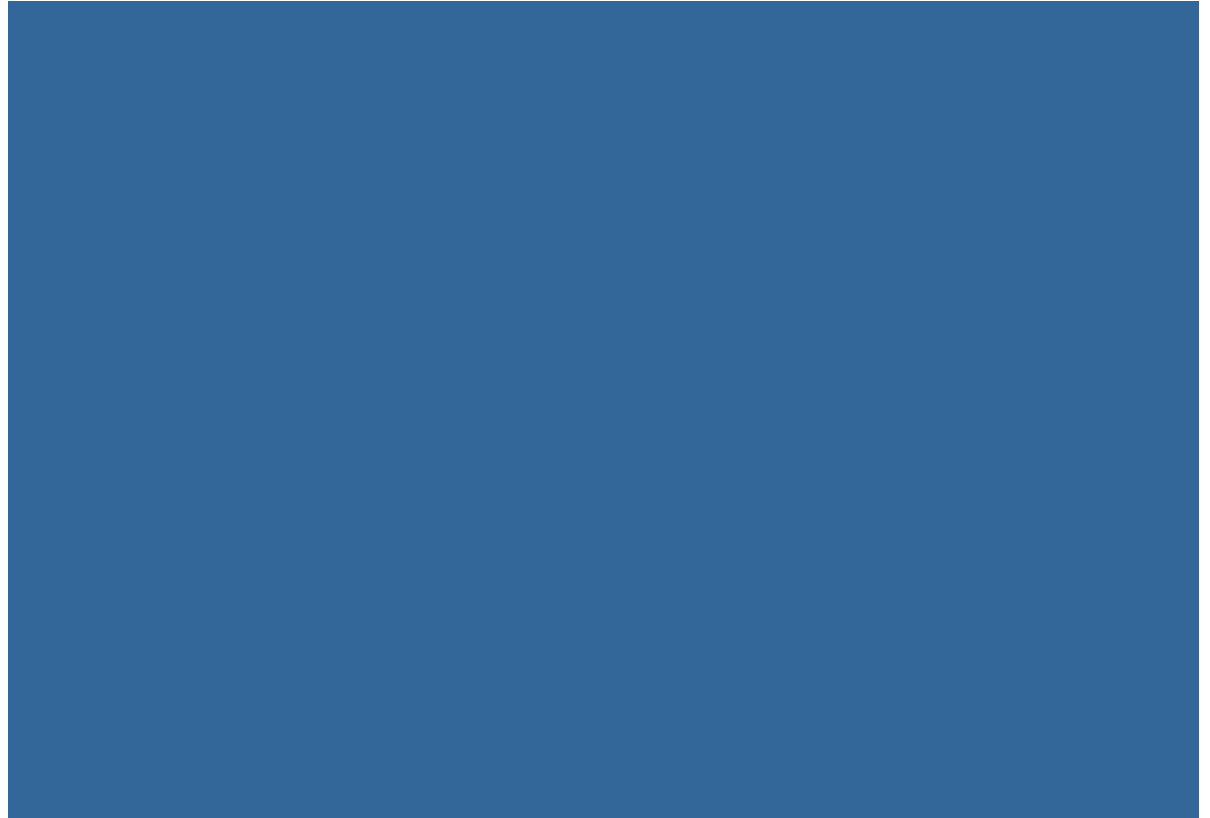
An EBP/EII Exploration Tool

The "Hexagon" can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

Download available at:
www.scalingup.org/tools-and-resources

EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	Med	Low
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



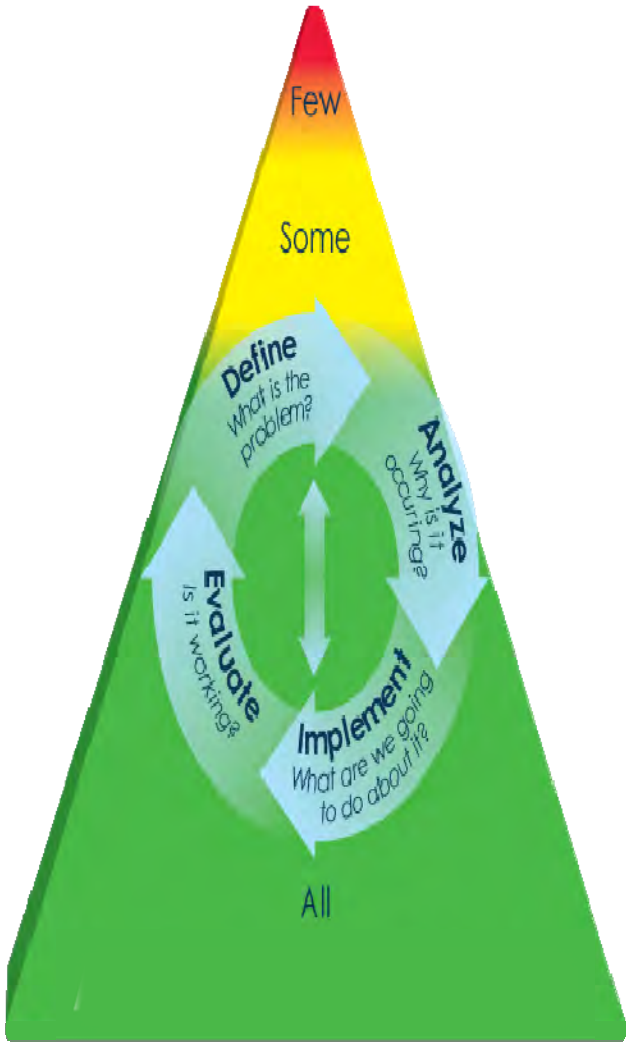


Highlighted Programs

Tier I /Tier II /Tier III
Programs

Tier I: Universal





**Tier I: Universal Interventions – All
Eliminating Barriers to Learning
Kognito
NAMI on Campus
Life Skills Training**

DAY 1

Eliminating Barriers to Learning

Can Stand Alone

- Everyone welcome
- Full training of all 5 modules

DAY 2

Training of Trainers

Pre Req: Day 1

- Trainer Teams Attend
- Learn how to present EBL (like on Day 1)
- Goal is for Trainer Team to teach others in district

DAY 3

NAMI on Campus Club Training

Pre Req: Days 1 and 2

Or an Advisor with Mental Health Experience

- Advisors and Student Leaders attend
- Learn about bringing NCHS to campus
- Interactive training day

Five Modules

Eliminating Barriers for Learning: The Foundation

Social-emotional development, stigma, and discrimination

Social-Emotional Development, Mental Health, and Learning

Overview of disorders, effects on learning, risk factors, and classroom strategies

Making Help Accessible to Students and Families

Formulate a plan to help students with mental health needs

Strategies To Promote a Positive Classroom Climate

Create a climate that promotes learning and mental wellness
Create a formal action plan for promoting mental wellness

Infusing Cultural Competence into Mental Wellness Initiatives

Practical considerations for the classroom and campus



Training Teams



Administrator
Teaching Staff
Nurse
School Counselor

Secretary
Yard Duty
Janitor
Parents

Reflect the School Environment





Kognito At-Risk simulation

<http://california.kognito.com/>

Family and youth voice



What NAMI California Affiliates Bring to EBL Trainings:

- **Connect schools to local community partners (NAMI)**
- **Overview of Ending the Silence, a mental health education and stigma-reduction program for students**
- **Information on how to bring ETS to their school**
- **Direct contact through youth voice**
- **Lived Experience**
- **Provide information about resources for schools and families**



NAMI on Campus



Video NAMI on Campus



- Peer clubs led by an Advisor that bring mental health awareness to campus
- Clubs open to all students, regardless of mental health status
- Clubs promote mental health activities on campus
- Strive to create a safe and stigma and discrimination-free environment on campus
- Creates life-long mental health advocates

NAMI on Campus High School (NCHS)



- NCHS Clubs on campuses with TETRIS/EBL trained staff or staff with Mental Health Background
- Advisors are school staff members with an interest in helping change the campus climate towards mental health and wellness
- NAMI California offers monthly Coaching Webinars for Advisors and a staff person to provide support and technical assistance
- Building a framework in the district, the school, the staff and the students to support mental health and wellness

NAMI on Campus High School (NCHS)

Activities include:

- Participate in the Directing Change video contest
- Participate in Mental Illness Awareness Week
- Movie screenings
- Host events featuring speakers with lived experience
- Learning the accurate facts about mental illness
- Discussions on how to support friends
- Identification of on-and off-campus resources and services
- Advocating for district administration to create new policies or action plans for mental health awareness, education and pre/post –vision plans

NAMI on Campus High School (NCHS)

Life Skills Training (LST)



- LifeSkills Training (LST) is a school-based program
- Prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors for risky behaviors
- LST is based on both the social influence and competence enhancement models of prevention.
- Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills.

Life Skills Training (LST)



Demonstrates:

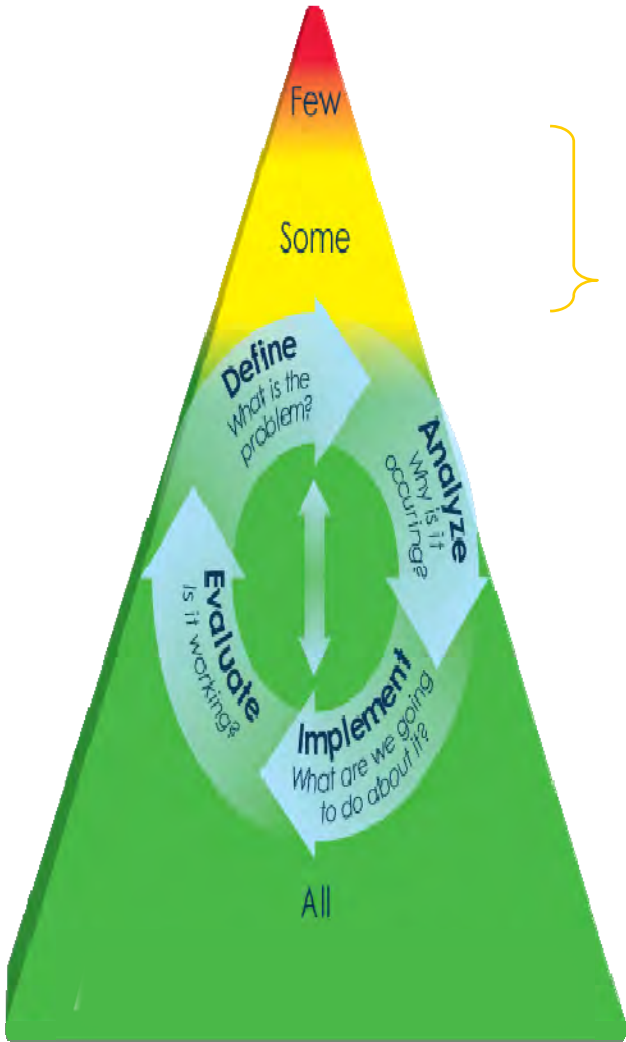
- Decrease substance use (alcohol, tobacco, inhalants, marijuana, and polydrug)
- Increased normative beliefs about substance use and substance use refusal skills
- Decreased violence and delinquency

**Life Skills Training
(LST)**



Tier II: Targeted






Targeted Intervention

- Mental Health First Aid
- Reconnecting Youth
- Check in Check Out
- Second Step
- (Social Skills Groups)

Mental Health First Aid



MENTAL
HEALTH
FIRST AID

- 
- 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis
 - Helps you identify, understand, and respond to signs of mental illnesses and substance use disorders
 - **A** ssess for risk of suicide or harm
 - **L** isten nonjudgmentally
 - **G** ive reassurance and information
 - **E** ncourage appropriate professional help
 - **E** ncourage self-help and other support strategies

Mental Health First Aid



Reconnecting Youth



Reconnecting Youth™ Inc.

75 lessons in the RY curriculum. It is typically offered as a semester-long, for-credit class by a teacher/facilitator –

RY program goals:

- Increased school performance
- Decreased drug involvement
- Decreased emotional distress

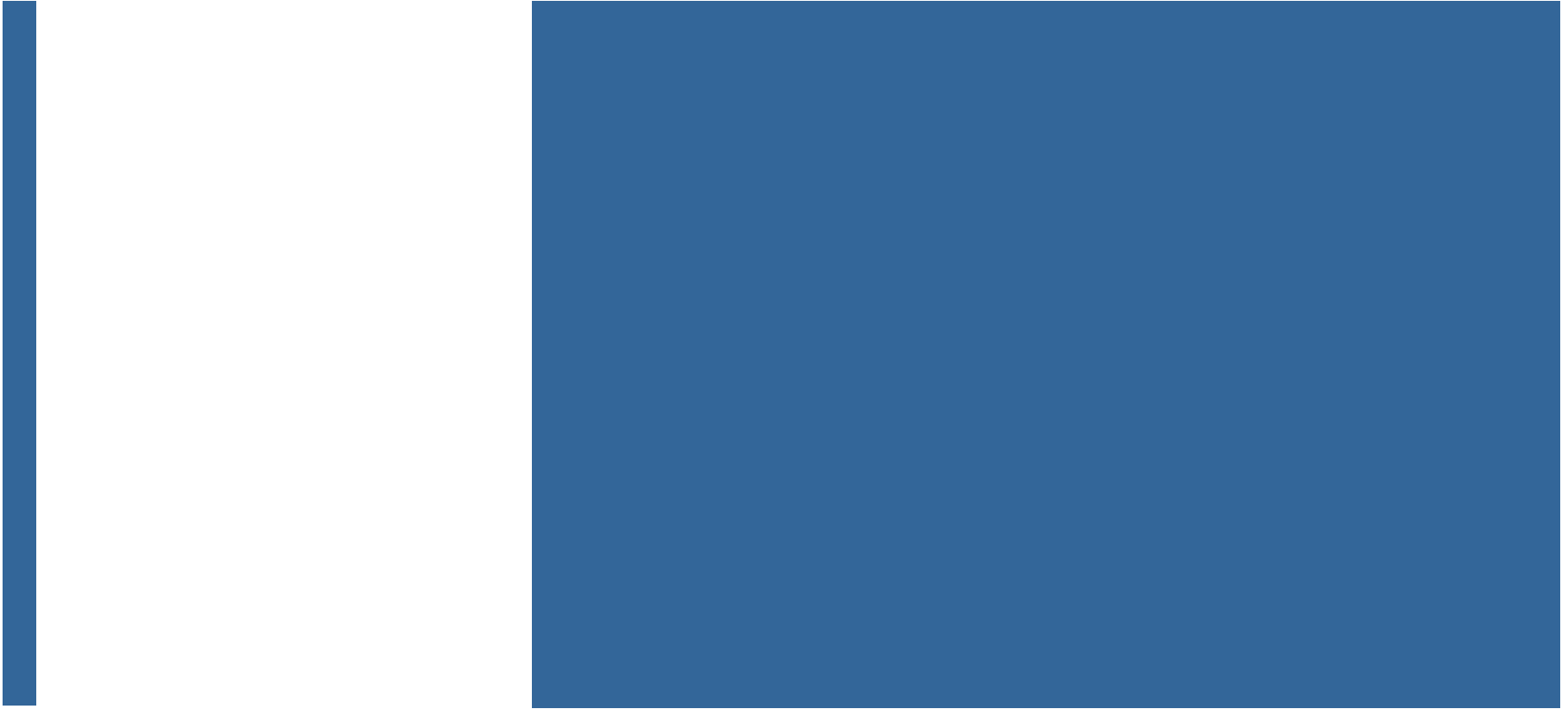
Activities Focus On

- Self-esteem Enhancement
- Decision Making
- Personal Control
- Interpersonal Communication

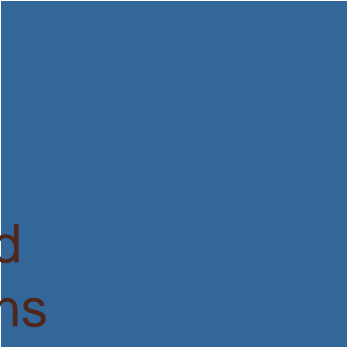


Reconnecting Youth™ Inc.

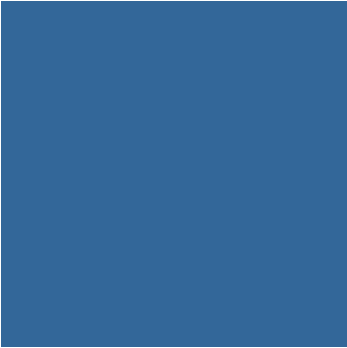
Reconnecting Youth



Check In Check Out

- 
- Used when a student has not responded to Tier I
 - Student has failed to respond to other interventions and general class management techniques and interventions
 - When a student has emotional issues, like anxiety, frustration, etc
 - Students daily checking in with an adult at the start of school
 - Teachers provide feedback on the sheet throughout the day
Students check out at the end of the day with an adult
 - Student takes the sheet home to be signed, returning it the following morning at check in

Check in Check out

- 
- Improves student accountability
 - Increases structure
 - Improves student behavior and academics when other interventions have failed
 - Provides feedback and adult support on a daily basis
 - Improves and establishes daily home/school communication and collaboration
 - Improves student organization, motivation, incentive, and reward
 - Helps students to self monitor and correct

Check in Check out



Second Step



- Classroom-based social-skills program for children 4 to 14
- Teaches social- emotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence
- Teaches children to:
 - Identify and understand their own and others' emotions
 - Reduce impulsiveness
 - Choose positive goal
 - Manage their emotional reactions and decision making process when emotionally aroused

Second Step

Tier III: Selected





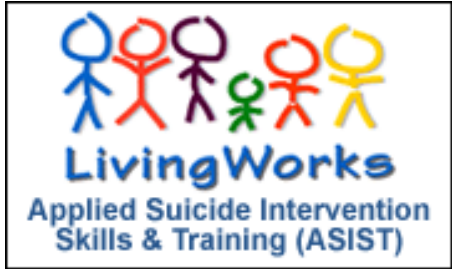
Intensive Intervention

Applied Suicide Intervention Skills Training

Wraparound

Prevent Teach Reinforce





Applied Suicide Intervention Skills Training




- For caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide
- Two-day, highly interactive and practice-oriented workshop (15 hours)
- Develop skills
 - Learn how to communicate with a suicidal individual
 - Recognize and review risk
 - Intervene to prevent the immediate risk of suicide
 - Understand resources available

Applied Suicide Intervention Skills Training



Wraparound



- 
- Holistic method of engaging with individuals with complex needs
 - Focus on home, school and community
 - Process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process
 - Focus on strength and needs
 - Development of family and students resources
 - Begins from the principle of “voice and choice”

Wraparound



- Engagement
- Plan Development
- Plan Implementation
- Transition

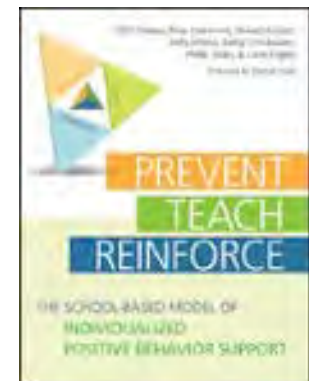
Similar to Principles of Therapy

- Engagement
- Motivation
- Behavior Change
- Generalization

Wraparound - Stages



Prevent Teach Reinforce (PTR)



PTR Strategies

PREVENT

- Make strategic changes to student's activities, settings, or social circumstances

TEACH

- Select and teach appropriate replacement skills, or strengthen existing appropriate skills

REINFORCE

- Select effective and appropriate motivators to encourage desirable, pro-social behavior

Strengths and Benefits of PTR

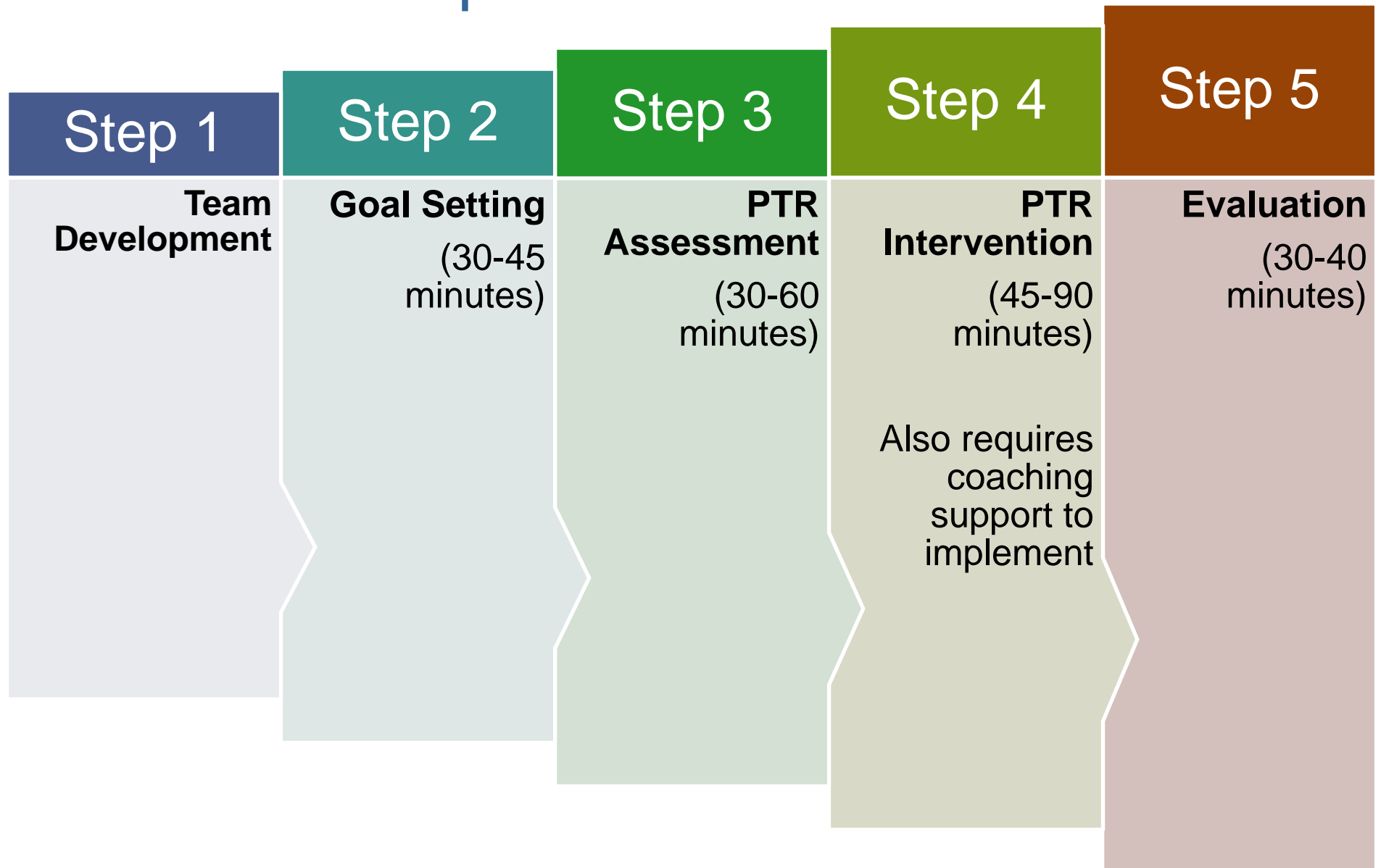
Effective, evidence-based practices

Increased buy-in and commitment due to team approach

Selection of data-collection methods which are not too cumbersome in the classroom

Process builds capacity within teams at a site, rather than relying solely on individuals with specialized training

Five Main Steps of PTR



Questions?





Additional Resources:

SMHI Clearinghouse www.regionalk12smhi.org

NREPP: www.nrepp.samhsa.gov

CEBC: www.cebc4cw.org

Colorado Blueprints: www.colorado.edu/cspv/blueprints/

OJJDP: www.ojjdp.gov/MPG

Active Implementation: <http://implementation.fpg.unc.edu>

PBIS: www.pbisapps.org

California MHSA: <http://calmhsa.org/>

Kognito: <http://california.kognito.com/>

SAMSHA: www.samhsa.gov



Contact Information

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