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

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Special Acknowledgments

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

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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

- Safety
- Peers
- Student Characteristics
- Instructional Strategies
- Community
- High Expectations
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)
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

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Emotional Disturbance (ED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>295</td>
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<tr>
<td>Asian</td>
<td>689</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>101</td>
</tr>
<tr>
<td>Multi</td>
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<tr>
<td>Hispanic</td>
<td>8,326</td>
</tr>
<tr>
<td>African-American</td>
<td>4,316</td>
</tr>
<tr>
<td>White</td>
<td>9,781</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>24,442</strong></td>
</tr>
</tbody>
</table>
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

http://acestudy.org/
What did they measure?

**Early Childhood Trauma**

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

**Number of Adverse Childhood Experiences (ACE Score)**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
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<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td>24.5</td>
<td>27.9</td>
<td>26.0</td>
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<tr>
<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>
Adverse Childhood Experience

Key findings (4 or more adverse experiences):

- 240% increase prevalence of Hepatitis
- 250% increase prevalence of STDs
- 260% increase prevalence of Heart Disease
- 460% more likely to be suffering from depression
- 1,220% increase in attempted suicide

ACE Score vs. Attempted Suicide

ACE Score

% Attempting Suicide

0 1 2 3 4

Adverse Childhood Experience
# Child Welfare in California

<table>
<thead>
<tr>
<th></th>
<th>Total Child Population</th>
<th>Children with Allegations</th>
<th>Incidence per 1,000 Children</th>
<th>Children with Substantiations</th>
<th>Incidence per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>9,150,549</td>
<td>482,383</td>
<td>52.7</td>
<td>83,981</td>
<td>9.2</td>
</tr>
</tbody>
</table>

- **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
8 State Priorities

- Basic
- Implementation of State Standards
- Parent Involvement
- Student Achievement
- Student Engagement
- School Climate
- Course Access
- Other Student Outcomes
Education Code section 52060(d) lists the following as state priorities with respect to the Local Control and Accountability Plan:

- **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.
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

PBIS For ALL students
What MTSS is not…

JUST ANOTHER INITIATIVE

From

Which student needs help?

Having programs and people available.

To

What help does each student need?

PREVENTION!

Intentional design/ redesign of services and supports to match the needs of students.

Adapted from Dan Reschly, 2002
MTSS as a Response to Intervention

RtI ACADEMIC SYSTEMS

Tier I: Core Curriculum – All Students

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

Tier III: Comprehensive & Intensive Interventions –

RtI BEHAVIOR SYSTEMS

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

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

Tier III: Comprehensive & Intensive Interventions –
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

Targeted Intervention
Some Students
- Supplemental (to reduce risk)
- High Efficiency
- Rapid Response

Intensive Intervention
Few Students
- Individualized
- Function-based
- High intensity
- Direct Skills Development

80%
7-15%
1-5%
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
Multi-tier System of Support for Student Wellness (District / School / Community)

Prevention
Social Emotional Wellness
Suicide Prevention
Behavior
School Engagement
Attendance
Three Tools

- Multi-tier System and Supports Map
- Tool for documenting MTSS
- District Initiative Inventory
Multi-tier System of Supports for Student Wellness
<table>
<thead>
<tr>
<th>Tier Intervention</th>
<th>Define What the Problem is? Data Source/Evidence</th>
<th>Analyze Why it is Occurring</th>
<th>Implement What are we going to do about it?</th>
<th>Evaluate Is the solution working?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I</td>
<td>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</td>
<td>Data showed inconsistency in a large number of referrals. Observation from administration indicates lack of consistency in referrals sent to the office.</td>
<td>($ Utilize PBIS to create consistent policy and process for discipline matrix. Train staff in elements of PBIS strategies and classroom management.</td>
<td>Review ODR Forms. Use SWIS/Aries to track discipline. Determine percent decrease of referrals.</td>
</tr>
<tr>
<td></td>
<td>Increase number of ODRs for defiance among freshman students evidenced by ODR and Aries</td>
<td>Lack of school engagement and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased truancy among Latino sophomore students. Evidenced by school attendance records.</td>
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</tr>
</tbody>
</table>
## Multi-Tier Supports for Student Wellness

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

### MTSS Development Mapping
## Multi-Tier Supports for Student Wellness

<table>
<thead>
<tr>
<th>Tier Intervention</th>
<th>Define What the Problem is?</th>
<th>Analyze Why it is Occurring</th>
<th>Implement What are we going to do about it?</th>
<th>Evaluate Is the solution working?</th>
</tr>
</thead>
</table>
| 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 | 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 |
|                   | Increase number of students seen by counselors expressing suicidality. Students in this group have a higher than average rate of Chronic Truancy. | | | |

### 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
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.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Expected Outcome</th>
<th>Target Population</th>
<th>Mandated/Regulatory Activity? Yes/No</th>
<th>Financial Commitment (1=low, 5=high)</th>
<th>Relation to District Priorities &amp; Strategic Plan (1=low, 5=high)</th>
<th>Level of Success (1=low, 5=high)</th>
<th>Evidence of Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
</tbody>
</table>

Learn more at: http://implementation.fpg.unc.edu/
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/Ell 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

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### EBP:

<table>
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<tr>
<th>5 Point Rating Scale:</th>
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<tbody>
<tr>
<td>High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Med</th>
<th>Low</th>
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<tr>
<td>Need</td>
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<tr>
<td>Fit</td>
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<td></td>
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<tr>
<td>Resource Availability</td>
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<tr>
<td>Evidence</td>
<td></td>
<td></td>
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<tr>
<td>Readiness for Replication</td>
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</tr>
<tr>
<td>Capacity to Implement</td>
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<tr>
<td>Total Score</td>
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</tbody>
</table>

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### Need
- Academic & socially significant issues
- Parent & community perceptions of need
- Data indicating need

### Capacity
- Staff meet minimum qualifications
- Able to sustain Imp Drivers
  - Financially
  - Structurally
- Buy-in process operationalized
- Practitioners
- Families

### Fit
- School, district, state priorities
- Organizational structures
- Community values

### Resources
- Resources and supports for:
  - Curricula & Classroom
  - Technology supports (IT dept.)
  - Staffing
  - Training
  - Data Systems
  - Coaching & Supervision
  - Administration & system

### Evidence
- Outcomes – Is it worth it?
- Fidelity data
- Cost – effectiveness data
- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

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Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith at the University of Maryland
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  Secretary
Teaching Staff  Yard Duty
Nurse  Janitor
School Counselor  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
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
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
Check In Check Out
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
- 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
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

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Development</td>
<td>Goal Setting (30-45 minutes)</td>
<td>PTR Assessment (30-60 minutes)</td>
<td>PTR Intervention (45-90 minutes)</td>
<td>Evaluation (30-40 minutes)</td>
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<tr>
<td>Also requires coaching support to implement</td>
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</tbody>
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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
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