



**Building brighter
tomorrows,
together.**



About eLuma

Comprehensive Intervention for Student Well-Being

Improve academic outcomes with custom MTSS support for mental health and special education.



STRENGTHENING YOUR MTSS TEAM: IMPACT OF EDUCATOR SHORTAGE

May 9, 2024

Presented by

Laurie VanderPloeg
Council for Exceptional Children



All Educators. Every Child. No Limits.
exceptionalchildren.org

Strategic Goal #1

Develop and support an effective and diverse workforce of special education professionals

• **ATTRACT**

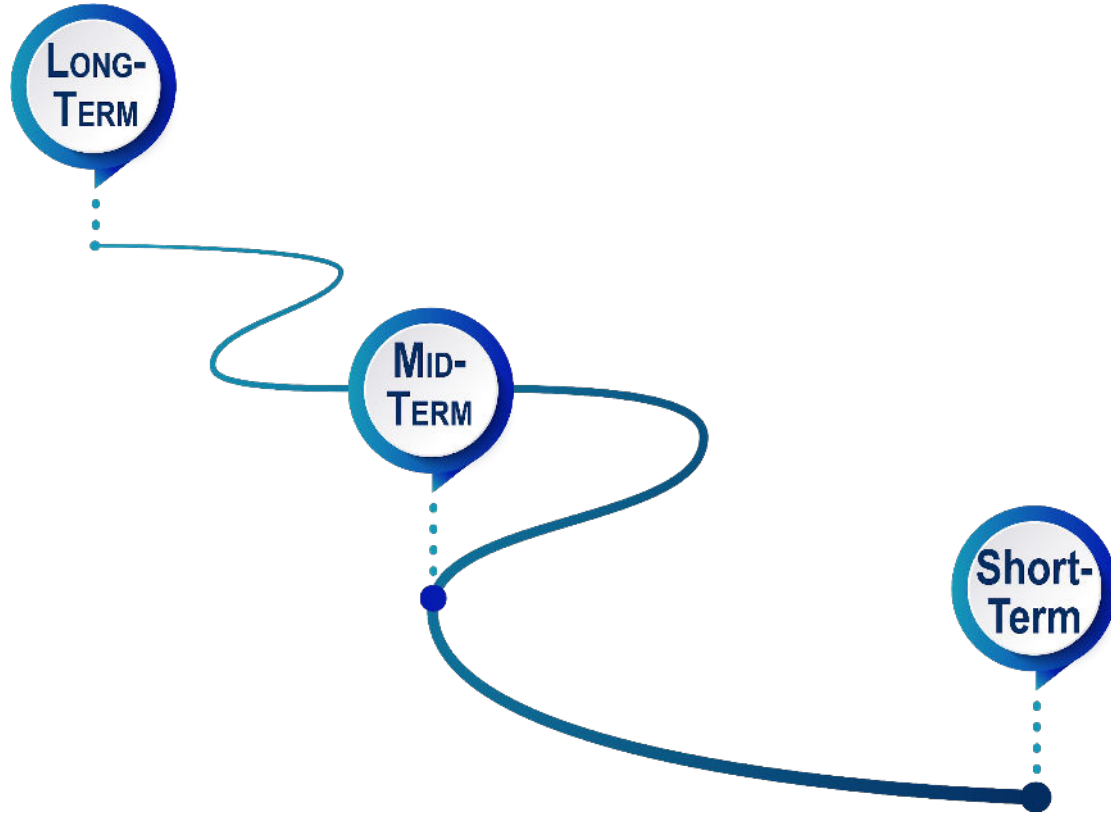
• **PREPARE**

• **RETAIN**

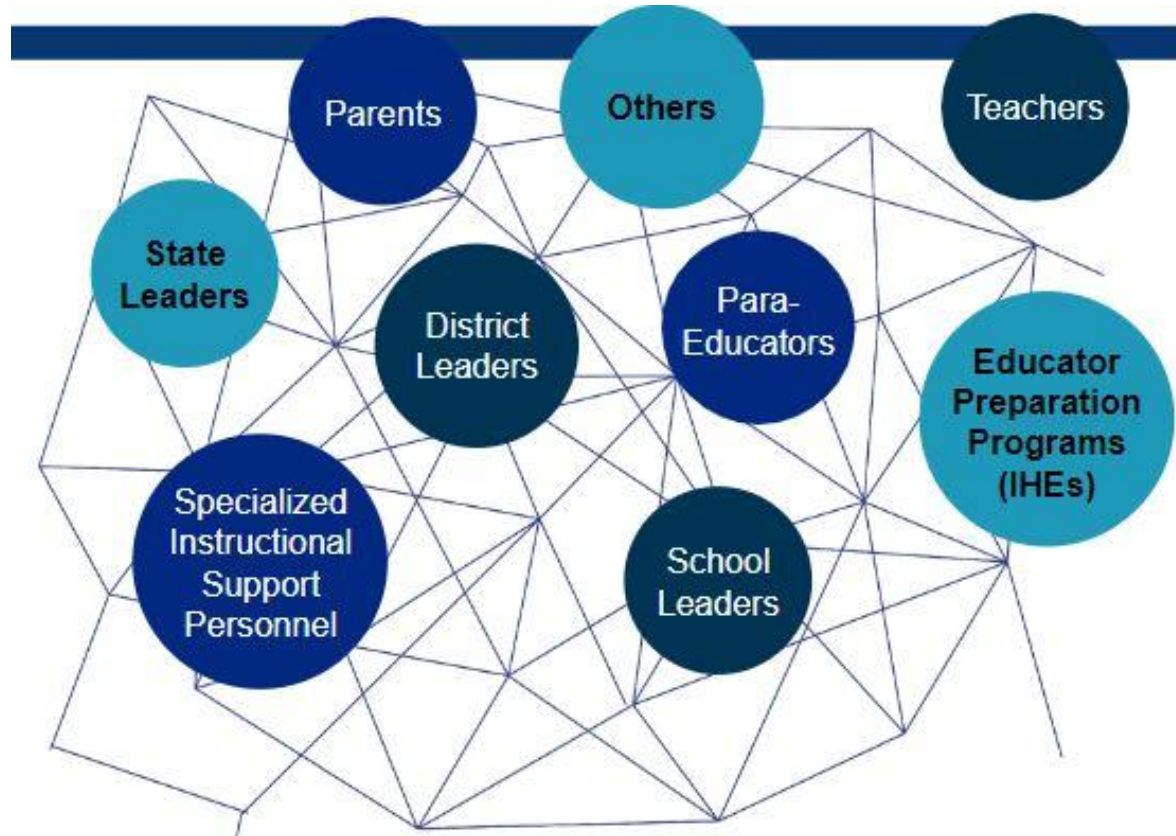
RURAL
SUBURBAN
URBAN

**Equal importance
across all areas.**

Identify Strategies



Key Stakeholders



Triggering Question

What are barriers (local & systemic) to attracting, preparing, and retaining special educators?

Address MTSS Within:

Induction and
Mentoring

Professional
Development/Learning
Opportunities

Change the
Perception/Elevate
the Profession

Are these Critical to a MTSS Teams Success?

- Have extensive knowledge of how to support students with disabilities in achieving rigorous content standards
- Be extremely proficient in the content, interventions, assessments, and technology to support students' learning needs
- Have well-developed collaboration skills to communicate and work with various service providers in the ways required to design cohesive and precise instruction

Induction, Coaching and Mentoring



- Do you have a strong, intentional induction program?
- Do you have processes and procedures for identifying, training and assigning coaches and mentors?
- Do you have a system to evaluate the effectiveness of your coaching and mentoring?

Induction & Mentoring

Induction is a system of coordinated and aligned supports designed to support new educators with a systematic pathway into the profession.

Mentoring refers to one-on-one support and feedback provided by an experienced veteran professional to novice personnel.

Begin a dialogue between relevant leaders (e.g., State education agency (SEA), LEA, or school leaders) to select a focus area for induction and mentoring models to address identified areas of need.

Ex: High Leverage Practices

Impact of Shortage on MTSS

- Content expertise and delivery in all classrooms
- Lack of content knowledge lack of appropriate specially designed instruction
- High percent requiring Tier 2 and/or Tier 3 interventions
- Individuals with disabilities not participating in Tiered system
- More-

Professional Learning Opportunities

- Tier 1 Literacy and Numeracy
- Functional Assessment/Behavior Intervention Plan
- High Leverage Practices
- Paraeducator

- Focus on long term substitutes!!!!

Staffing Ratio Current Policy

School psychologists, social workers, and counselors who, together, provide a range of necessary mental health services in schools.

- School Psychologists: Missouri has one school psychologist for every 4,867 students (the recommended ratio is 1:500).
- School Social Workers: Missouri has one school social worker for every 2,250 students (the recommended ratio is 1:250).
- School Counselors: Missouri has one school counselor for every 339 students (the recommended ratio is 1:250).
- Policy Opportunity: Invest in significantly improving the ratios of school psychologists, school social workers, and counselors in K-12, including through telehealth partnerships and workforce programs that incentivize careers in mental health.

Policies that support training of teachers and staff in mental health, substance use, and suicide prevention.

Current Policy:

- Teacher/staff training: Mo. Ann Stat. § 170.048 (2016) requires each district to adopt a policy for youth suicide awareness and prevention, including training of district employees.

Policy Opportunity:

- Expand on existing training requirements to ensure K-12 teachers and staff receive regular training on mental health conditions and substance use conditions, including available school and community-based services and resources.

Elevating the Profession

**Changing the Perception of Special
Education**

What Can Be Done Now?

- Positive story telling
- Social media
- High school career counseling
- Dual enrollment
- Staff recognition in district newsletters, school board meetings, local media
- Much more!!!!
- <https://optimise.education/>

Improving Working Conditions

TRIGGERING QUESTION

*“What **ACTIONS**, if immediately adopted and implemented by Administrators, would enhance working conditions for special educators in your district starting tomorrow?”*

Working Conditions Strategies

- Inclusive Leadership Training
- School Climate and Culture
- Behavior Supports

Workload vs Caseload

- How do you fairly measure the growing responsibilities and heightened intensity of special education personnel work today?
- **Caseload** - number of students with Individual Education Programs (IEPs) assigned to teacher or provider.
- **Workload** - direct and in-direct services (intensified by inclusion, educator shortage, etc.)

What is Included?

- Direct instruction
- Planning time Consultation with general ed teachers
- Modifications/adaptation of curriculum
- Demonstration teaching
- Directing the work of paraeducators
- Planning with specialized instructional support personnel
- Coordination of services
- Parent communication

What is Included?

- IEP Management
- Annual reviews
- Progress management
- Behavior Intervention plans
- Other duties as assigned

Impact of Shortage

- Leaving the field due to not having time to assess, design and deliver specially designed instruction
- Inclusive practices, co-teaching, supported instruction, assessments and services in the general education setting requires more emphasis on workload responsibilities
- Intended to adapt to the changing responsibilities of special educators
- Increase in caseloads equals an increase in meeting times and paperwork demands
- Large caseloads contribute to the high attrition rate in special education
- Larger caseloads are perceived to diminish student outcomes on IEPs and negatively impacted ability to meet student needs

Rethink

- What are you currently doing that is getting results or outcomes you are working toward?
- What are you currently doing that is not getting the results or outcomes you want that needs to change?
- **HOW COULD YOU USE THESE QUESTIONS?**



HLPs for Paraeducators (FREE)

Enhance knowledge and skills of the paraeducator role as part of the special education team

Understand the importance of assessment to a student's success in the classroom

Examine the paraeducator role in providing instructional support

Illustrate the connection between social and emotional learning, self management and the paraeducator

<https://exceptionalchildren.org/improving-your-practice/high-leverage-practices-paraeducators>

Series for Paraeducators (FREE)

- FREE
- Aligned with the 22 High Leverage Practices (HLPs)
 - Assessment
 - Instruction
 - Social, Emotional, Behavioral
 - Collaboration
 - <https://exceptionalchildren.org/webinar/professional-development-programs/effective-and-high-leverage-practices-paraeducators>

Paraeducator Assessment and

Evaluation Toolkit

- Paraeducator Self-Assessment Form
- Paraeducator Assessment and Evaluation for Supervising Teachers
- Annual Evaluation Form
- The toolkit is designed to improve the assessment and evaluation of paraeducators who work with students with disabilities. The goal is to ensure the effective utilization of paraeducators and provide them with ongoing mentoring and professional development.

High Leverage Practices (HLPs)

- <https://exceptionalchildren.org/webinar/early-childhood-recommended-practices-informing-high-leverage-practices-k-3>
- <https://highleveragepractices.org/hlp-leadership-guides>
- <https://highleveragepractices.org/hlp-faculty-guides>

CEC Learning Library

- On-demand, on-line professional learning library- webinars, workshops courses and supporting materials
- Member benefit
- Browse by topic, presenter, title
- CEUs available

Virtual Literacy Institute: Tier 1 Literacy in Practice

Dr. Terry Scott, University of Louisville

Dr. Nancy Nelson, Boston University

Dr. Marissa Pilger Suhr, Boston University

Dr. Jade Wexler, University of Maryland

Dr. Alexandra Shelton, John Hopkins University

Dr. Caryn Ward, University of North Carolina at Chapel Hill

Student Engagement, Explicit Tier 1 for Elementary or Secondary Literacy, Effective Implementation Strategies

Questions?





Roadmap to Mental Health Services in the Schools: Using a MTSS Framework to Meet Students' Needs

May 9, 2024

Presented by
John Kelly, Ph.D.





Navigation...



...is the art and science of **determining the position** of a ship, plane or other vehicle, and **guiding it to a specific destination**. Navigation requires a person to know the vehicle's **relative location**, or position compared to other known locations.



The earliest navigation methods involved **observing landmarks or watching the direction** of the sun and stars. Few ancient sailors **ventured out** into open sea. Instead, they **sailed within the sight of land** in order to navigate. When that was impossible, ancient sailors **watched constellations** to mark their position.





To make it more relatable....

If I wanted to get from Kansas City
to St. Louis, you could tell me to ...

Get on I 70 and head East

Or

Plug your destination into Google
Maps and follow the directions.

**How are your schools
navigating the open
waters of our current
Mental Health Crisis?**



Need for Mental Health Supports



- Divorce
- Financial Difficulties
- Homelessness
- Sickness
- Violence
- Food Insecurity
- Death
- Unemployment
- Bullying
- Academic Difficulties

**Why is this work so
important?**

Risk factors that create “Barriers to Learning”

- Poverty
- Exposure to Violence
- Exposure to Drug Use
- Behavioral and Cognitive Disabilities
- Court-involved – Juvenile Justice
- Foster Care

Failure to address multiple problems early on can lead to **system spillover**.

Schools are victims of **system spillover**

Declaration of a National Emergency in Children and Adolescent Mental Health

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



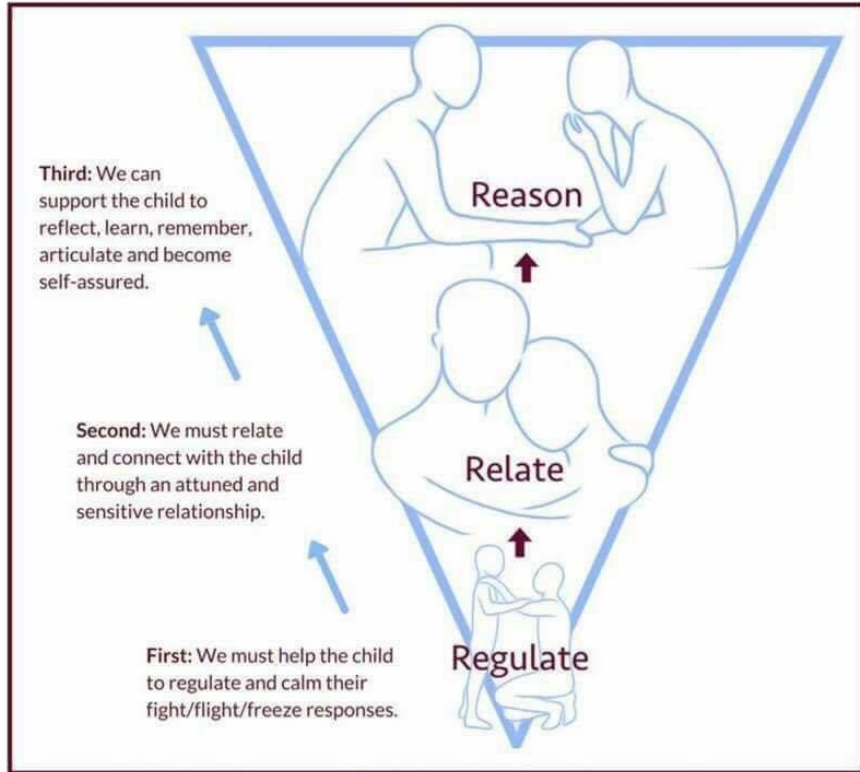
U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by the COVID-19 Pandemic

“The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. **The future wellbeing of our country depends on how we support and invest in the next generation”**

**Schools Cannot Do It All...
But We Can Do Something**

The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

The 3 R's to Reaching the Learning Brain

- -Dr. Bruce Perry



What is Mental Health?

Mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral wellness and the ability to cope with life's challenges.

What We Know....

- The earlier school staff can identify students' difficulties, the quicker and less expensive the task is to help them catch up.
- The longer a student goes without assistance, the longer the remediation time and the more intense the services must be.

Multi-Tiered System of Supports

Mental and behavioral health services fall on a continuum and are increasingly provided within a multi-tiered system of supports

Tier I: promotion of mental and behavioral wellness and prevention of mental and behavioral health problems

Tier II: direct and indirect services to address emerging mental and behavioral health problems and prevent risky behaviors

Tier III: direct and indirect services to address identified mental and behavioral health problems

Services provided at all three levels are considered mental and behavioral health services

Refocus School-Based Mental Health Services on the Core Foundation of Schools

To Promote Learning





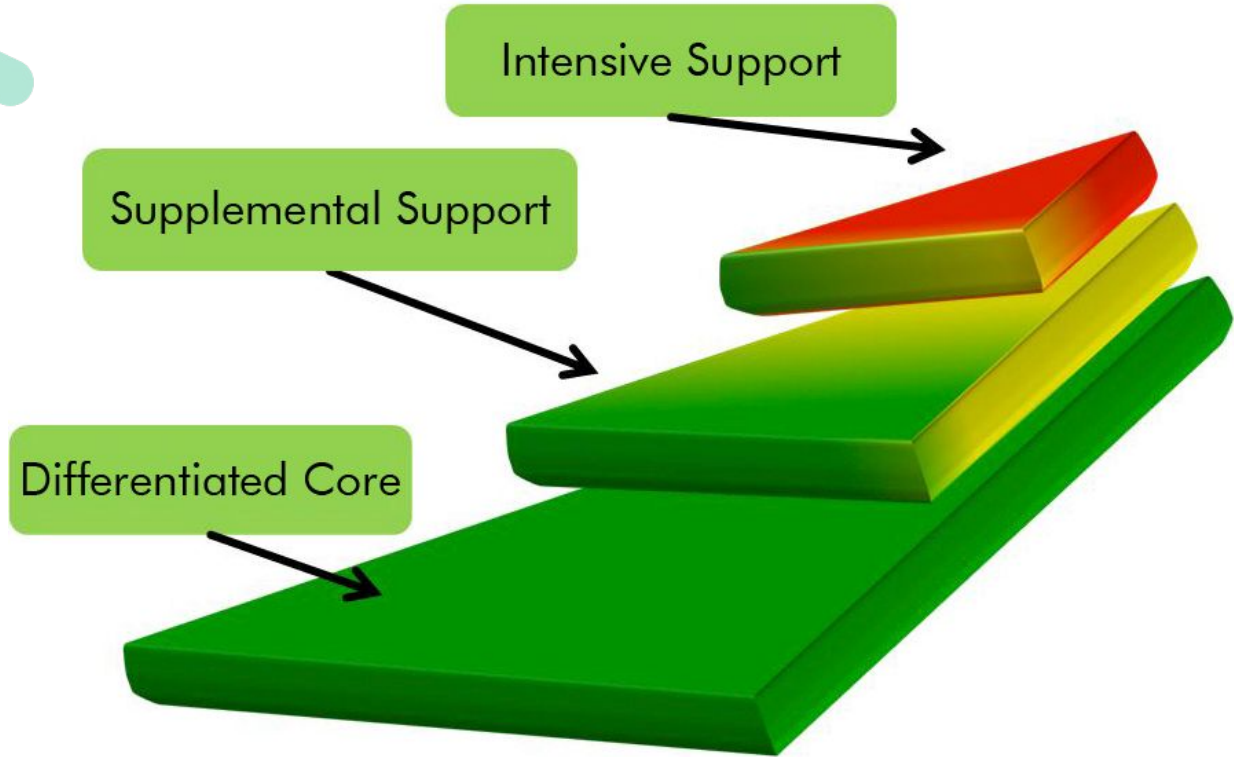
The Refocused Role of Mental Health Services

- Support Teachers: the *Primary Change Agents*
- Mental Health Providers Become: *“Educational Enhancers”*
- Serve the Core Function of Schools
- Promoting Social/Emotional Development, No Longer Tangential

Model of School Mental Health Services



Layering of Support



Missouri gives you the mandate/permission to do this work!

- (1) For school year 2022-23 and each school year thereafter, upon graduation from high school, pupils in public schools and charter schools shall have received a **minimum of two (2) hours of mental health awareness training** to be given at any time during a pupil's four (4) years of high school. Instruction shall be included in the local education agency's existing health and/or physical education curriculum.
- (2) The mental health awareness instruction shall be aligned to **Missouri K-12 Learning Standards for Social-Emotional Learning (SEL)**, Missouri and/or national standards and course level expectations in health education, physical education, and school counseling and shall address the following domains:
 - (A) **Defining** Mental Health;
 - (B) **Identifying Strategies** for Achieving and Maintaining Sound Mental Wellness;
 - (C) **Decreasing the Stigma** of Mental Health Concerns; and
 - (D) Recognizing **How to Connect** to Services When Needed.

Adopted by Missouri Register November 1, 2023/volume 48, Number 21, effective 12/31/2023.

- The Missouri Model: A Developmental Framework for **Trauma-Informed Schools** Initiative Publication
- **Jason Flatt/Avery Reine Cantor Act**
- **Youth Suicide Awareness and Prevention** Model Policy
 - (1) Strategies that can help **identify students** who are at possible risk of suicide;
 - (2) Strategies and protocols for **helping students** at possible risk of suicide; and
 - (3) Protocols for **responding** to a suicide death.
- Through implementation of the **comprehensive school counseling program**, school counselors serve as the initial contact for mental health services for students and can provide **universal school counseling curriculum, short-term individual or group counseling, responsive crisis intervention services, and referrals** to other mental health professionals within or outside the school.



**FERGUSON-FLORISSANT SCHOOL DISTRICT
COMPREHENSIVE INTEGRATED THREE-TIERED (CI3T) MODEL**

TO LEARN MORE, VISIT
WWW.FERGFLOR.ORG/CI3T



Core + Supplemental and/or Selective Supports/Strategies

Systematic Instruction in Phonological Awareness, Phonics, & Sight Words (SIPPS)
Language & Literacy
Read 180 (K-4)
Systems 44 (5-8)
Imagine Math
Supplemental Reading Course (9-12)
Tutoring (Math & ELA)
AVID (6-12)
Check-in/Check-out (CICO)
Care Team
30 Minutes Daily or Designated Time Small groups (K-5)
Progress monitoring weekly or bi-monthly
Care Team Determines Tiered Interventions:
Duration = 6-8 weeks

Core Instruction Aligned to State Standards, Research-based Instructional Strategies

Coordinated, Effective, High Quality Instruction
School Guidance Curriculum (K-12)
Universal Screening and Intervention
Large group/individual/small group/ progress monitoring
Advisory (6-12)
PLC Determines Tiered Interventions:
Duration = 6-8 weeks

TIER 3: FEW INTENSIVE

Targeted Small Group
Counseling (K-6)
Check-in/Check-out
Restorative Circles
Mentoring Program (9-12)
Care Team
Progress monitoring weekly or bi-monthly
Care Team Determines Tiered Interventions:
Duration = 6-8 weeks

Core and/or Supplemental Intensive Intervention Program, Supports and Strategies
Functional Behavior Assessment
Problem Solving with Function in Mind Teams
Therapeutic Behavioral Services(External Agency Services): Pinnocchio (K-5) & Great Circle (6-12)
Individualized Guidance Counseling
Individualized Plan Development (Academics, Behavior, & Attendance)
Weekly Progress Monitoring
PSFMT Determines Tiered Interventions : Duration ≈ 3-4 weeks

Check-in/Check-out
Targeted Small Group Counseling (K-12)
Mentoring Program (9-12)
Restorative Circles
Progress monitoring weekly or bi-monthly
Care Team Determines Tiered Interventions:
Duration ≈ 6-8 weeks

TIER 2: STRATEGIC/SUPPLEMENTAL

Social-Emotional Learning Curricula:
Second Step (PK-5) and
7 Mindsets (6-12)

School Guidance Curriculum (K-12)
Universal Screening and Intervention
Advisory/Class Meetings (K-12)

PLC Determines Tiered Interventions: Duration ≈ 6-8 weeks

Research-based Strategies
School Guidance Curriculum (K-12)
Teaching of School-wide Positive Behavior Interventions and Supports
Advisory/Class Meetings (K-12)
Universal Screening and Intervention
PLC Determines Tiered Interventions: Duration ≈ 6-8 weeks

TIER 1: ALL UNIVERSAL

ACADEMIC SOCIAL-EMOTIONAL BEHAVIORAL

Navigating your course using an MTSS Framework

On the Road to Better Youth Mental Health: A Roadmap for School-Based Mental Health Services



The New York Association of School Psychologists
September 2023



Early Identification, Screening, and Progress Monitoring

Dr. Joni Splett
University of Florida

To avoid a reactive approach to addressing unmet student needs, and **early identification system** must be established.

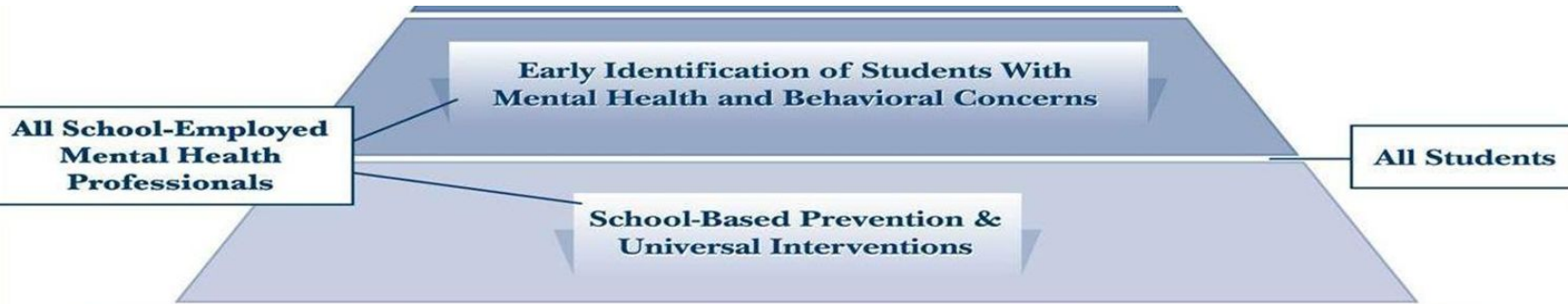
The school must establish procedures to identify students early on who may need additional mental health supports.

Teacher identification can be used to determine students with the greatest challenges.

Existing school data on these students can be used to help determine what additional supports might benefit them.

Early Identification

- Connectedness survey
- Teacher surveys/screeners
- Behavioral data
- Attendance Data
- Staff development/Mental Health First Aid
- Suicide Risk/Threat Universal Screening
- Protocols for responding to bullying
- Self-reporting
- Anonymous reporting



The Continuum of School Mental Health Services

Programs delivered to all students are proactive, preventive and reduce the risk of stigma for students who are served.

Tier 1

Mental and Behavioral Health Services

Prevention and Universal Interventions

Prevention and wellness promotion through:

- Trauma sensitive practices
- Classroom guidance lessons
- Social Emotional Learning
- Positive behavior interventions and supports
- Effective discipline policies and practices
- Bullying/Violence prevention
- Crisis prevention and intervention teams
- Fostering positive relationships among students and staff

**All School-Employed
Mental Health
Professionals**

**School-Based Prevention &
Universal Interventions**

All Students

The Broad Directions

- **School-employed mental health providers** focus on prevention by implementing evidence-based interventions at the school-wide level.
- At the Tier 1 level, universal interventions should be effective for **80 percent** of the student population.
- Interventions simultaneously work to **reduce negative behaviors while building social-emotional competencies** and **mental wellness**.
- It is important to conceptualize **'mental health' as a continuum** between mental wellness and mental illness. It is often the role of Tier 1 to address the **promotion of mental wellness**.
- Universal interventions that promote mental wellness include **social and emotional learning, mental health education and behavioral support**.

Collaborative for Academic, Social, & Emotional Learning – District Resource Center

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drc.casel.org

CASEL District Resource Center

How It Works SEL and Equity District Framework Rubric Resources Login

CASEL's District Resource Center

The District Resource Center helps school districts make social and emotional learning (SEL) an integral part of every student's education. Find research, knowledge, and resources curated from school systems across the U.S. to support high-quality, systemic implementation of SEL.

How It Works

Scroll for More

9:27 AM 1/12/2022

DRC.CASEL.org

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Inspiring Every Educator and Student to Live a Life of Passion, Purpose, and Joy

Mindsets-based Learning for Positive, Lasting Change

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A Comprehensive Mindsets-Based SEL Solution Trusted by Educators for Over 15 Years



The Incredible Years

- Early intervention model targeting risk factors across settings
- Two goals
 - To **enhance both social-emotional and academic competence**, which includes understanding of feeling and decrease of negative attributions
 - **To reduce conduct problems**
- Three different curricula for **parents, teachers, and children**
- **Ages 2-8**

Promoting Alternative Thinking Strategies (PATHS)

- **Universal and comprehensive SEL intervention** for students in **kindergarten through fifth grade.**
 - Program content **includes:**
 - Emotional understanding
 - Self-control
 - Social skills
 - Social-problem-solving skills
- **Preschool version** is available

Penn Resiliency Program

- Teaches **cognitive behavioral and social problem solving**
- **Manualized curriculum**
- Designed for both **elementary and middle school levels**
- Designed to be taught by **trained school personnel**
- Student learn that **beliefs affect both emotions and behavior**
- Can be used at **Tier 2**

Second Step – Universal EL Curriculum

Classroom-based program that promotes the **development of critical thinking and problem-solving skills**

Early Childhood (preschool)

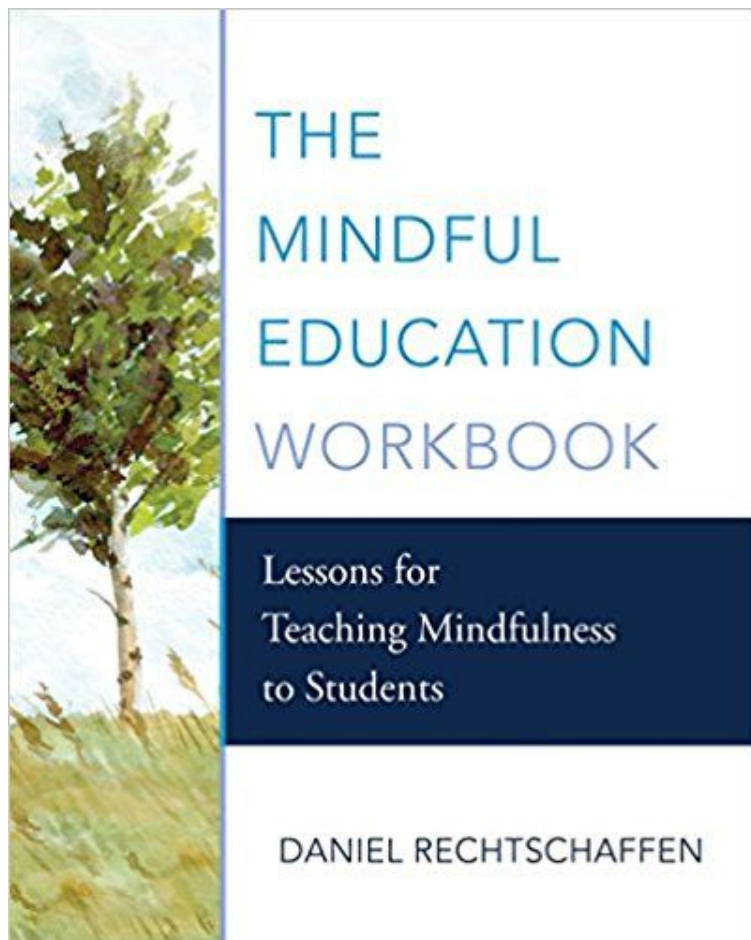
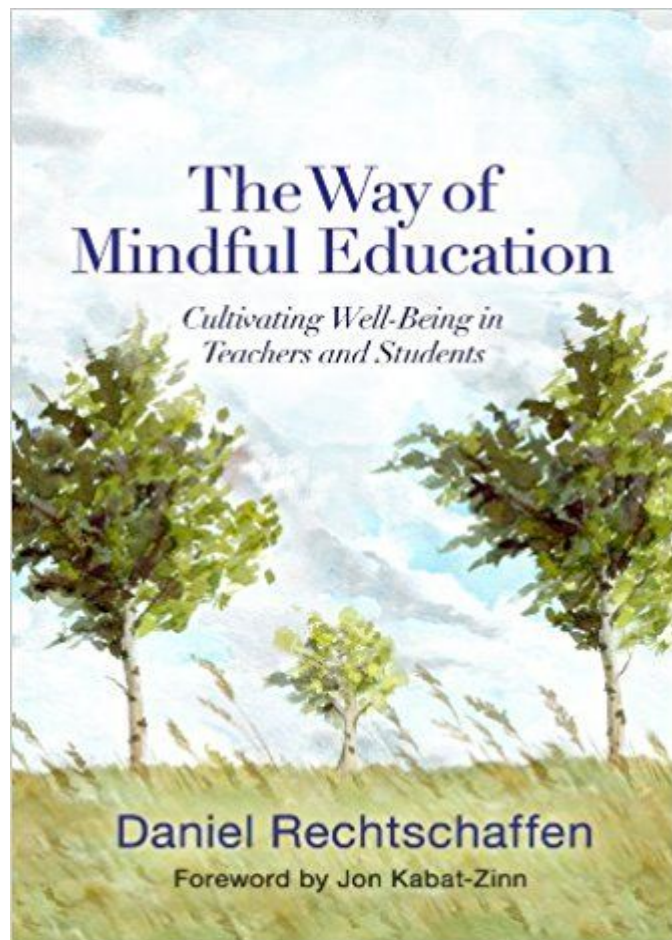
- Listen
- Pay attention
- Control their behavior
- Get along with others

Elementary (K-5)

- Empathy
- Emotion Management
- Problem Solving

Middle School (6-8)

- Mindset & Goals
- Values and Friendships
- Thoughts, Emotions & Decisions
- Serious Peer Conflict



Mindfulness in Public Schools

Building Wellness & Resilience in Our Children



A Manual for Teaching Mindfulness

Compiled by the South Burlington, Vermont, School District

Edited by Judith Horstman

Foreword by Jon Kabat-Zinn

Contributors include Sonia Cassani, Auriel Gray, Pat Messerie, Marilyn Webb Neagley, Anthony Quintilliani, Sheri Rand, Ferris Buck Urbanowski, and the teachers, students and staff of the South Burlington School District

www.mindfulnessinkk12education.com

Web-based resources

<https://www.mindful.org/4-signs-poorly-designed-school-mindfulness-programs/>

<https://www.mindful.org/mindfulness-schools-can-provide-lifeline-teens/>

<http://www.calmclassroom.com/>

<https://learning2breathe.org/>

<https://mindfulnessinschools.org/>

<http://theminfulnessinitiative.org.uk/publications/building-the-case>

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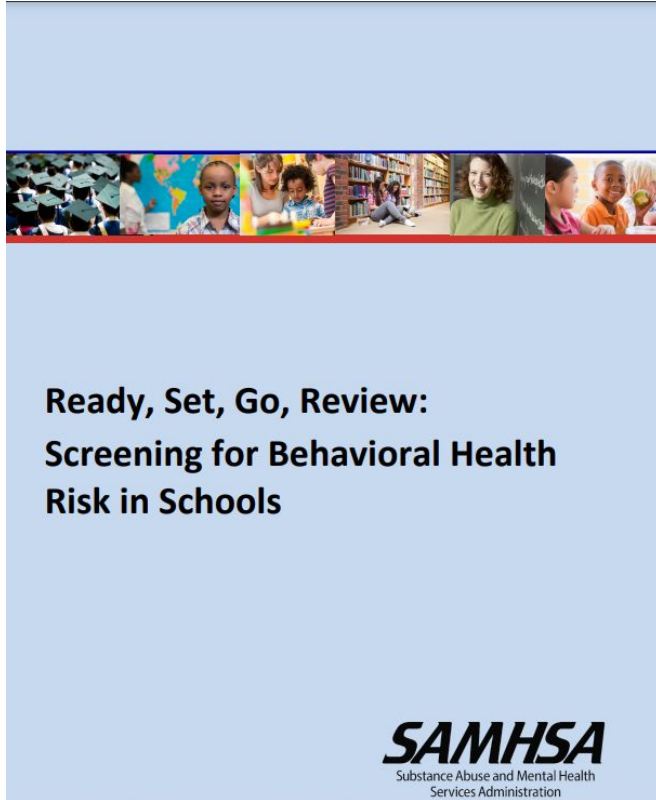
<http://themindfulnessinitiative.org.uk/publications/building-the-case>

<http://missionbe.org>

Tier 1 Data-based Decision Making

- Climate survey
- Attendance
- Grades
- Discipline records
- Universal screeners
- Anecdotal information regarding individual student experiences
- Risk factors for and warning signs of psychological distress
- Data from caregivers
- Teacher report
- Self-report data

Universal Screening Guidance



The Ready, Set, Go Review: Screening for Behavioral Health Risks in Schools toolkit is designed to guide schools through the process of developing comprehensive screening procedures, as well as provide readily available resources to facilitate the implementation of effective behavioral health screening in schools.

Tier 2

Mental and Behavioral Health Services

The Broad Directions

- Tier 2 mental and behavioral health services can be **both direct and indirect interventions**.
- They provide support to **targeted groups** of students who are beginning to display signs of **behavioral and/or emotional challenges** or who need more support due to other **risk factors**. Such risk factors may include issues related to a student's:
 - **Home or community environment**
 - **Health or other biological issues**
 - **Emerging mental health issues**

The Broad Directions

- In conjunction with Tier 1 universal and prevention programs, Tier 2 supports are selective and geared toward **strengthening skills, competencies, and reducing risk** in students who are identified as in need of a higher level of support and intervention.
- The goal of Tier 2 interventions is to **address students' needs** and **respond in a specific way** in order to **mitigate** the issue, as well as **prevent it from becoming worse**. It is a **proactive** means of supporting students' mental and behavioral health needs.

Targeted Interventions

- Co-Planning Session
- Wellness Plans
- Chick-in, Check-out
- Group Counseling
- Behavioral Plans
- Mentoring
- Teacher/Family Consultation



Lehigh University – Trauma Responsive MTSS Toolkit

Trauma-
Responsive MTSS
Toolkit

Home

About

▼ What is Trauma-
Responsive MTSS?

Tier 1 Supports

Tier 2 Supports

Tier 3 Supports

Glossary

Resources

References

TIER 2 SUPPORTS



WHAT IS TIER 2?

CBT for childhood anxiety & depression includes:

- Psychoeducation
- Exposure therapy
- Cognitive restructuring
- Relaxation training, diaphragmatic breathing, progressive muscle relaxation
- Contingent reinforcement
- Modeling

Camp Cope-A-Lot



- 12-session interactive online intervention for use with children suffering from anxiety
- Ages 7-13
- During the **first 6 sessions**, online sessions teach the child how to **recognize anxious feelings and thoughts, use strategies to manage their anxiety and reward themselves for facing anxiety**
- During the **last 6 sessions**, the child **completes tasks and participates in role-playing** situations that cause anxiety with a MH professional

Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A)

- **Manualized, cognitive-behavioral therapy (CBT)** program that aims to **improve regulation and interpersonal and social-support problems** among adolescents exposed to trauma
- Intended for ages **12-21**
- Reduce PTSD and depression symptoms
- **8-12 group sessions**

Cool Kids Child and Adolescent Anxiety Management Program

- **Ages 7-18.**
- Anxiety and related disorders.
- **Family-based program** that uses CBT providing children (and parents) with skills to manage anxiety.
- **Parents are offered information sessions** as well as support through phone calls.
- **Homework assignments** following each session provide the opportunity to practice new skills.

Support for Students Exposed to Trauma (SSET)

- **Adapted Cognitive Behavioral Intervention for Trauma – Schools (CBITS)**
- **Ages 10-14**
- **Reduce posttraumatic and depressive symptoms** and improve functioning in youths who have been exposed to traumatic events
- SSET is delivered through a **lesson-plan format**

Let's get creative....

What would be your most innovative group to address the needs of your students?



eLuma

Tier 2 Data-based Decision Making

- Data from Tier 1 programs
- Attendance
- Grades
- Discipline records
- Previous support at school
- Pre-existing conditions
- Behavioral, social, or emotional concerns
- Data from teachings or caregivers

Tier 3

Mental and Behavioral Health Services

The Broad Directions

- Effective **Tier 1 and Tier 2** practices provide the foundation upon which viable and sustainable Tier 3 interventions may be built
- When **prevention and early interventions do not meet** students' needs, other interventions should be used.
- Intensive and individualized interventions should be linked with the **system of care principles**, where 'wraparound; or coordination of school-based services with community support are facilitated to meet the needs of students and families.

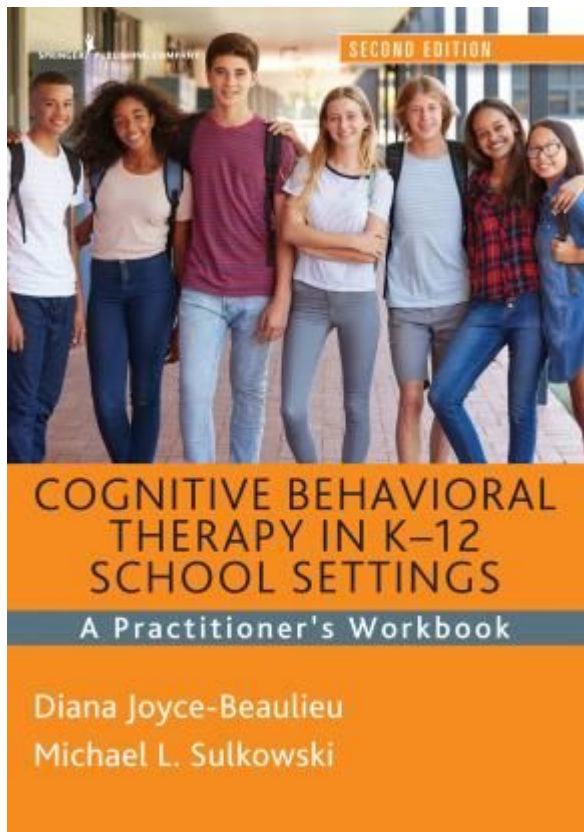
The Broad Directions

- Tier 3 or indicated services are for students who **already display a mental health concern or problem.**
- In providing services to students with intensive needs, school teams need to apply **culturally responsive and equity-focused lens** to their identification and intervention processes.
- **Cultural norms and expectations** for emotional responses, expression, and behavior vary widely, as do norms for help-seeking and community support
- **Current and historical context** for emotions and behaviors must be considered. **Student's individual and cultural strengths** must be a significant point of emphasis in any intervention plan.

Intensive School & Community Supports

- Individual Counseling
- Family Counseling
- Long-Term Therapy
- Functional Behavioral Assessment
- Special Education Considerations
- IEP
- Involvement with Social services
- Community Mentoring
- More Restrictive Environment





Part I: School-Based Cognitive Behavioral Therapy

One: Effective Cognitive Behavioral Therapy in Schools

Two: Cognitive Theoretical Foundations

Three: Cognitive Behavioral Therapy Essential Components

Part II: Counseling Techniques

Four: Emotional and Behavioral Regulation Strategies

Five: Exposure & Response Prevention and CBT

Six: Applied Cognitive Behaviour Session Activities

Seven: Case Studies

CREATIVE CBT
INTERVENTIONS
FOR CHILDREN
WITH ANXIETY

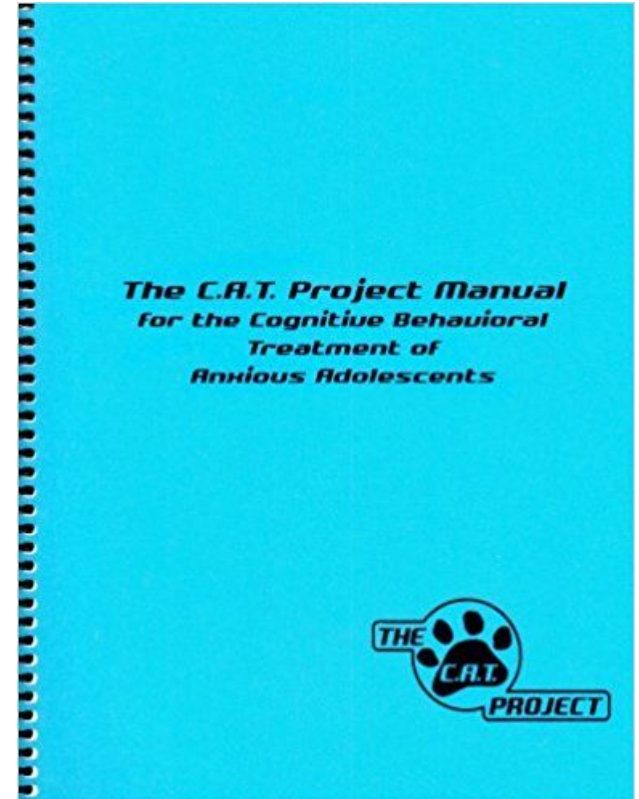
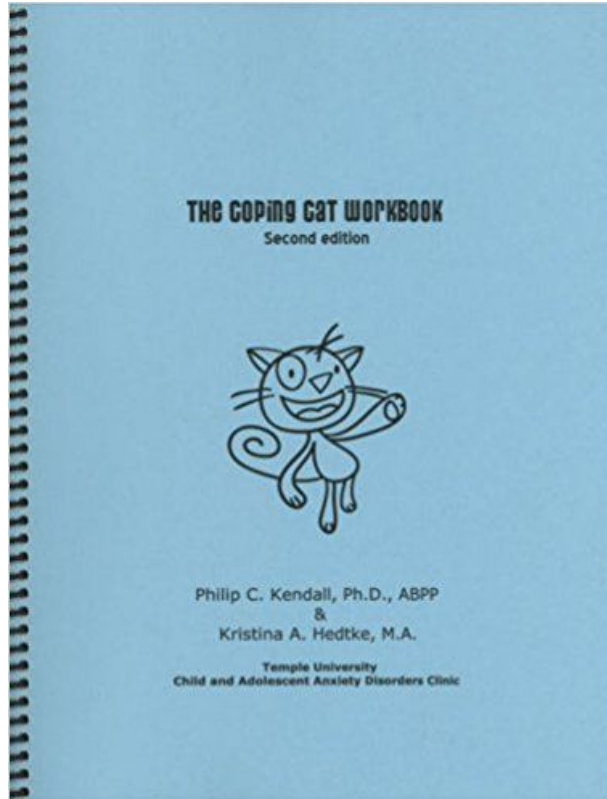


Liana Lowenstein

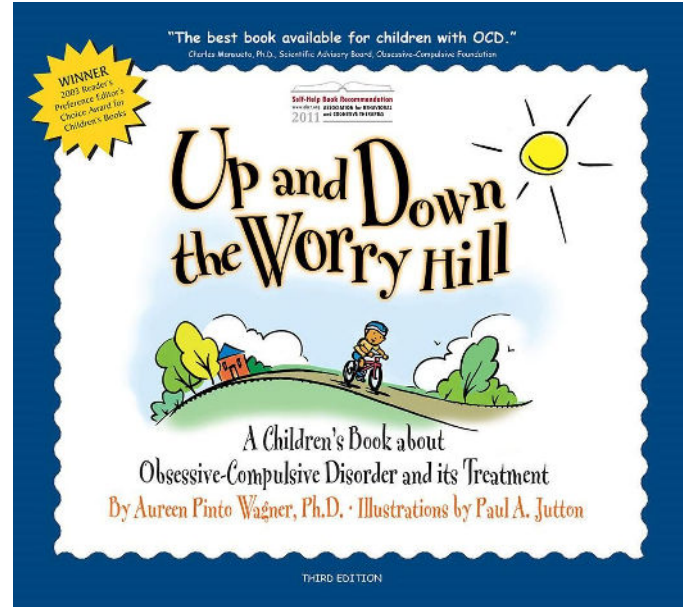
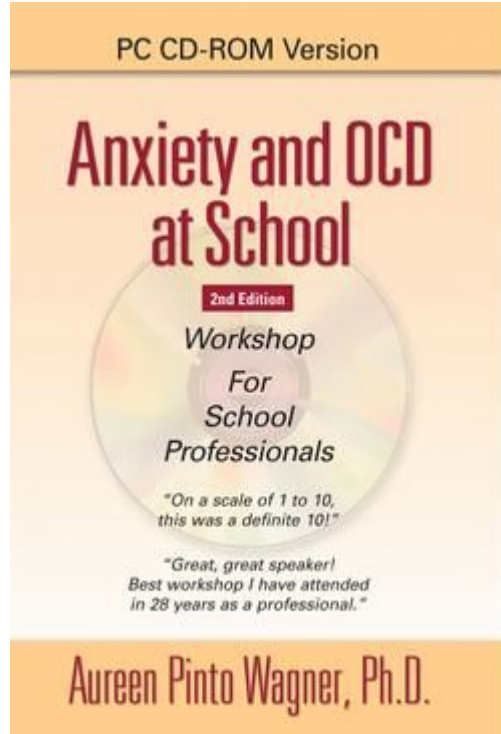
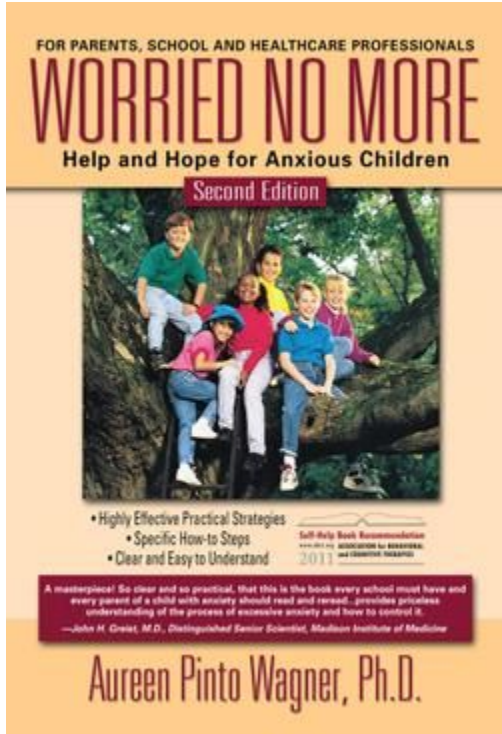
Therapeutic games, art, stories, and other creative activities address the key components of CBT.

Psychoeducation, relaxation, affective expression, cognitive coping, exposure, and parent training.

Coping Cat & CAT Project - Kendall & Hedtke



Aureen Pinto Wagner



Share a Success Story....



Tell us about an effective Tier 3 Intervention at your school.

Tier 3 Data-based Decision Making

- Data from Tier 1 and Tier 2 Interventions
- Attendance
- Grades
- Discipline records
- Anecdotal information regarding individual student experiences
- Risk factors for and warning signs of psychological distress
- Data from teachings or caregivers
- Self-reported data

Detour Ahead:



Potential Roadblocks to implementation

Obtaining appropriate and sustainable funding for staffing school-employed mental health providers

- RECOVS Grant
- Learning Loss RECOVS Grant
- **Project AWARE Grants**
- Medicaid funded School Supportive Health Programs
- **Cooperative Agreements** for School-based Trauma-informed Support Services (TISS) and Mental Health Care for Children and Youth
- Bipartisan Safer Communities Act
- Geenlights Grant Initiatives

Funding Opportunities and MH Training in MO

- **Missouri School Mental Health/SHAPE Training** – The Missouri Comprehensive School Based Mental Health Training is an in-depth, two-day training that connects school mental health professionals, school health professionals, administrators, and more to the latest evidence-based national best practices and guidance.
- **Stronger Connections Grant** – The purpose of the SCG is to provide students safe, healthy, and supportive learning opportunities and environments
- **School-Based Mental Health (SBMH) Recruitment and Retention Initiative for Institutions of Higher Education**
- **Immediate Responsive Services Grant (IRSG)**

Mental health staff engaged in other activities

- Administrators need to collaborate with school-employed MH providers to discuss **recommended staffing ratios**
- Utilize grant funding identified to **ensure appropriate ratios of school-employed MH providers**

The perception that school-based mental health providers should not provide these services

- It is so important to note that **services at all three levels are considered mental health services**, not just at Tier 3.
- School psychs, social workers and counselors all have **national practice models to identify them as qualified to provide mental and behavioral health** services based upon their expertise and training..

Gaining buy-in from staff, parents and students.

- **Reconsider 'top down' approaches** in selecting and implementing programs
- Establish ongoing **district-wide committees** consisting of staff members in various roles to discuss mental and behavioral initiatives in the district
- Focus on **research-based programs** that demonstrate effectiveness
- Educate staff and parents about the **impact of mental wellness** on student achievement

Time

- Educate staff and parents on how the **implementation of services saves time in the long-run**
- **Spread out** SEL lessons and integrate lessons into academic instruction
- Identify a program that has **lesson plans written out**
- **Dedicate** a period of the schedule to allow for implementation



Please share your
one takeaway from
today



eLuma

jkellyphd@gmail.com



Title of Presentation

May 9, 2024

Presented by

Chad Gundry





Identifying and Addressing Student Behavior and Discipline: Practical Strategies for Administrators

May 9, 2024

Presented by

Lena Kisner, Ph.D., NCSP

Executive Director

Reno County Education Cooperative



Learning Objectives

- Explore the current state of student behavior and discipline
- Identify ways to examine available data in your system
- Discuss the impact of policies, procedures, and practices
- Examine ways administrators can work with stakeholders to reduce suspensions and expulsions

Common Language

- Exclusionary discipline
 - ✓ In school suspension
 - ✓ Out of school suspension
 - ✓ Expulsion

Current State of Student Behavior & Discipline

National Overview: Preschool

2020–21 School Year

- 1.2 million children in preschool
- Nearly 1,000 public preschool children had 1 or more OSS
- Approximately 220 public preschool children were expelled
- Disproportionate representation of Black and White children
- Boys were suspended at higher rates than girls

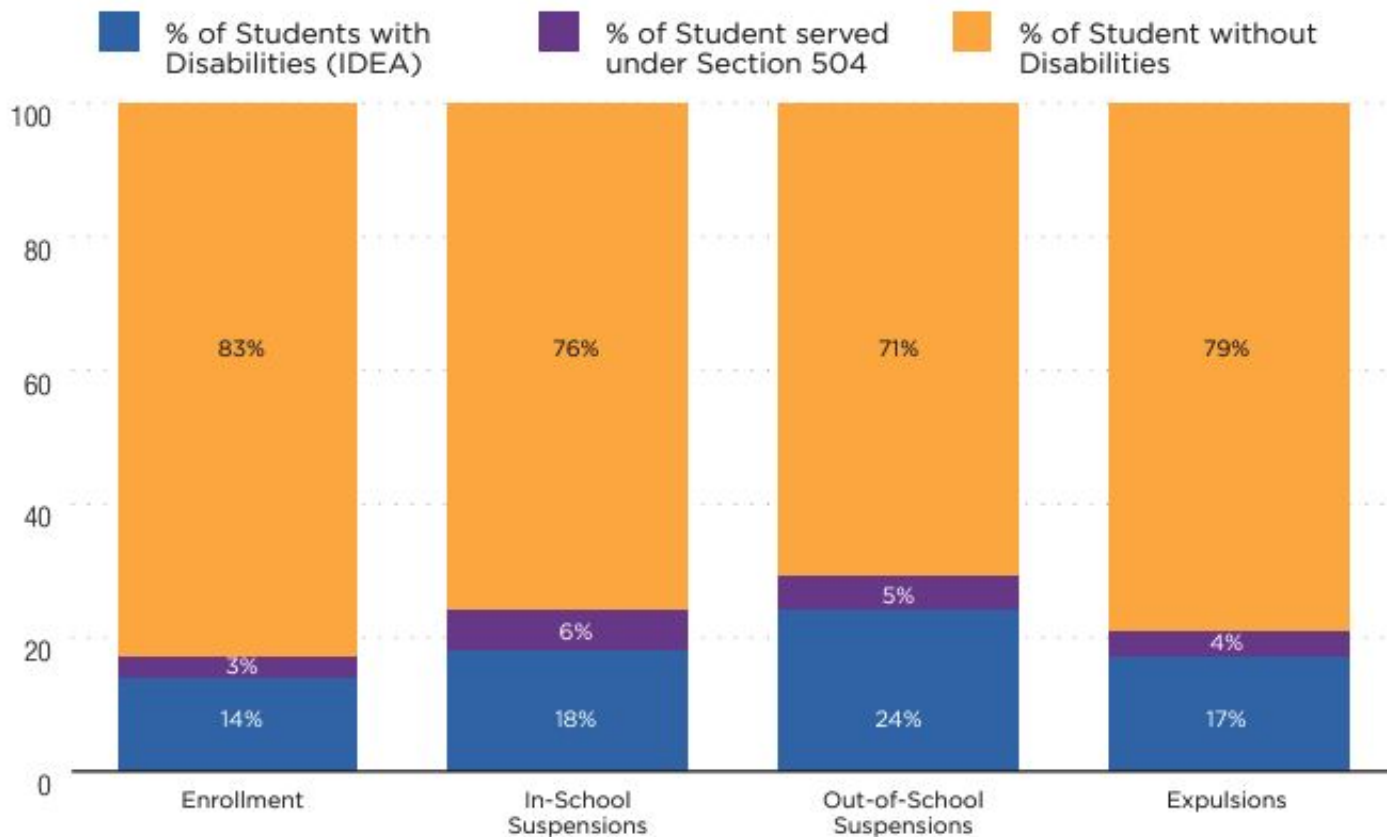
National Overview: K-12

2020-21 School Year

- Approximately 2% (786,600) of K-12 public school students received one or more ISS
- Approximately 1% (638,700) of K-12 public school students received one or more OSS
- Nearly 28,300 students were expelled
- **More than 2 million school days missed**
- Students with disabilities were overrepresented

<https://www2.ed.gov/about/offices/list/ocr/docs/crdc-discipline-school-climate-report.pdf>

Figure 4. Percent of K-12 students who were suspended and expelled in public schools, by disability



SOURCE: U.S. Department of Education, Office for Civil Rights, 2020-21 Civil Rights Data Collection, released November 2023, available at <https://civilrightsdata.ed.gov>.

How many children and students ages 3 through 21 served under IDEA, Part B, were removed to an interim alternative educational setting and suspended or expelled for more than 10 days during the school year?

Exhibit 46. Number of children and students ages 3 through 21 who were served under IDEA, Part B; removed from their educational placements for disciplinary purposes; and removed per 10,000 children and students ages 3 through 21 served under IDEA, Part B, by type of disciplinary removal: School year 2020–21

Type of disciplinary removal	Number served ^a	Number disciplined ^b	Number disciplined per 10,000 served ^c
Removed to an interim alternative educational setting ^d			
Removed unilaterally by school personnel ^e for drugs, weapons, or serious bodily injury ^f	6,914,648	2,630	4
Removed by hearing officer for likely injury ^g	6,914,648	184	#
Suspended or expelled >10 days during school year ^h			
Received out-of-school suspensions or expulsions ⁱ	7,206,019	7,991	11
Received in-school suspensions ^j	7,206,019	5,545	8



State Data

Kansas | 472,996 students

Discipline Type	Students with Disabilities	Students w/out Disabilities
1 or more ISS	2,938	9,218
1 or more OSS	3,078	7,222
Expulsion	81	175

Missouri | 891,721 students

Discipline Type	Students with Disabilities	Students w/out Disabilities
1 or more ISS	8,446	31,621
1 or more OSS	5,882	15,251
Expulsion	188	548



Examining Your Data

Local Data Sources – Where to Look for Discipline Data

- Student information system – attendance records
- Data reported to your state department of education
- School personnel – IEP case managers, principals, etc.
- District and/or building leadership teams
- Other?

Analyzing Your Discipline Data

- Ask some guiding questions (McNulty & Besser, 2011)
 1. Are you making measurable progress as a building or district? How do you know this? What evidence do you have? Do you know why you are making progress?
 2. If you are not making measurable progress, do you know why? What is it that is not working? Which specific actions, strategies, or programs are not working? Do you know why? Do you know what to do to change this?

The Improvement Framework (McNulty & Besser, 2011)

1. Use data well and in an ongoing way.
2. Limit the number of goals and strategies, and focus on them. (No more than 3 goals for improvement and only 1-2 strategies per goal.)
3. Develop shared instructional practices – in this case, shared discipline practices.
4. Implement deeply.
5. Monitor, provide feedback, and give support.
6. Create supportive learning environments for everyone in the system.

Special Education – Indicator 4

- Indicator 4A: Percentage of LEAs that have a significant discrepancy, as defined by the state, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

Special Education – Indicator 4

- Indicator 4B: Percentage of LEAs that have a significant discrepancy, as defined by the state, by race and ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs **AND** policies, procedures, and practices contribute to the discrepancy and do not comply with requirements relating to the development of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Special Education – Indicator 4

- LEAs may have to submit policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Policies, Procedures & Practices (PPPs)

Rosborough & Lincoln (2024, April 16)



Policy – Rules written and adopted by your local school board.



Procedure – Written guidance that is often approved or adopted by administration in some way.



Practice – The actual implementation of the policies and practices through the behavior and actions of staff and administration within the LEA.

Diving into PPPs

- Where will you look for PPPs?
- What PPPs will you look for?
- How readily can staff access the applicable PPPs?

Reducing Suspensions & Expulsions

Evaluating Policies, Procedures, & Practices

- Reviewing your PPPs allows you to see your system in another way.
- When examining PPPs in relation to discipline, consider if
 1. The LEA has **policies/procedures** in effect to sufficiently address discipline, and
 2. Whether the **policy/procedure** is implemented consistently in **practice**.

PPP Review – Overview

Rosborough & Lincoln (2024, April 16)

1. Review guiding questions.
2. Locate applicable PPPs.
3. Identify any gaps.
4. Method used to verify policy/procedure is consistently implemented in practice.
5. Verify practices are implemented and reference evidence.
6. Describe any gaps.
7. Identify next steps.

Guiding Questions

- Example guiding questions related to discipline
 - How is discipline data, including removals, collected and shared within the LEA for all students? For child with disabilities?
 - How does the LEA monitor the number of days of discipline removals for children with disabilities?
 - How does the LEA define disciplinary change of placement?
 - How does the LEA monitor whether a child with a disability has been subject to a disciplinary change of placement due to more than 10 consecutive days of removal?

More Guiding Questions

- How does the LEA monitor whether or not a child with a disability has been subject to a disciplinary change of placement due to a series of removals that constitute a pattern?
- What forms are required to be used in monitoring changes in placement due to disciplinary removals of children with disabilities?
- What other questions might you consider?

Locate PPPs & Identify Gaps

1. Is there a consistent written LEA policy and/or procedure in effect? (Remember we are only focused on discipline.)
2. If yes – describe where (include the document name, page number, link, etc.).
3. If no – describe the gap (what is missing?).

Verification of Practices

1. Method for verifying that the policy/procedure is consistently implemented in practice (ex., file/document review, observation, interview, etc.).
2. Are the LEA practices consistent with regulatory requirements? (Remember we are talking about discipline.)
3. If yes – provide a specific reference to or statement of the data/evidence.
4. If no – describe the gap, why not?

Wrapping Up the PPP Review

1. Date of review
2. Review comments
3. Next steps/follow up needs

Creating Safe, Inclusive, Supportive and Fair School Climates

1. Foster a sense of belonging
2. Support the needs of all students through evidence-based strategies
3. Increase educator capacity
4. Recruit and retain a diverse workforce
5. Ensure the fair administration of student discipline policies

More Proactive Strategies

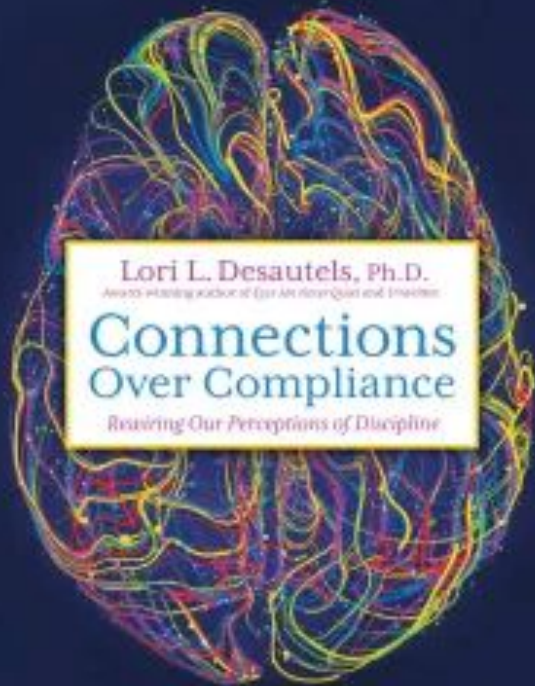
- Increased understanding of how the brain impacts the body – training for both staff and students
 - Neuroscience in education
 - During a presentation by as part of the series Neuroscience in Education for Administrators, Dr. Lori DeSautels said, “Behavior management is about adults. Our nervous system and stress responses are contagious. A dysregulated adult can never regulate a dysregulated child or adolescent. We may get compliance, but we are not getting that sustainable shift. Discipline data tells the story. It speaks to how our children and youth are doing. Co-regulation is at the heart of discipline. It is our ability to share our steadiness with children who need to borrow a little. It is not a reward.”

Resources

- Positive Supports for Behavior and Discipline
 - <https://osepideasthatwork.org/federal-resources-stakeholders/topical-issues/positive-supports-behavior-and-discipline>
- Don't Suspend Me! An Alternative Discipline Toolkit
 - Jessica Djabrayan Hannigan & John E. Hannigan
 - [YouTube video](#)
 - Facebook – Equity in School Discipline: Hannigan Group
- [Revelations in Education](#)
 - Dr. Lori Desautels
 - Neuroscience in education

"Transformational! A paradigm shift in education based in relational neuroscience."

—ROSA DELAROSA, Ph.D., author of *NeuroBehavior*



Lori L. Desautels, Ph.D.

Awards-Winning Author of *Eye Am Not Quiet and I'm Not*

Connections Over Compliance

Resizing Our Perceptions of Discipline

SPECIAL INTRODUCTION

Global Crisis Calls for a Re-Evaluating of Our Educational Systems

15-minute focus

Brief Counseling
Techniques that Work

REGULATION AND CO-REGULATION

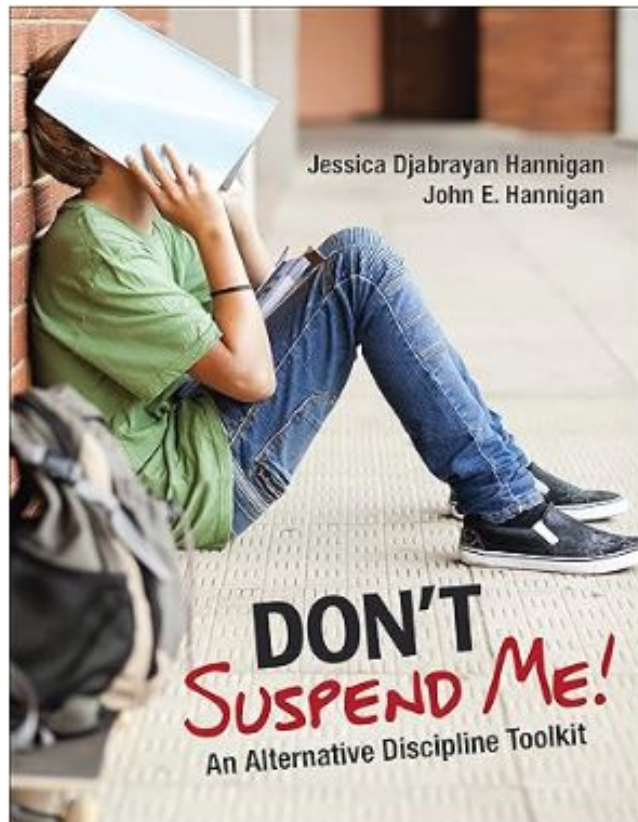
ACCESSIBLE NEUROSCIENCE AND
CONNECTION STRATEGIES THAT BRING
CALM INTO THE CLASSROOM

BONUS!

Includes
Downloadable
Resources!



GINGER HEALY



Jessica Djabrayan Hannigan

John E. Hannigan

**DON'T
SUSPEND ME!**
An Alternative Discipline Toolkit

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<https://www2.ed.gov/policy/gen/guid/school-discipline/guiding-principles.pdf>



“As a father of two and a proud Georgian, I believe investing in our youth isn’t just a choice, it’s our duty .”

Andrew Coddling

Director of School Partnerships, Southeast

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