

School Mental Health: Lessons Learned from Three Model Demo Projects

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2023 OSEP LEADERSHIP AND PROJECT DIRECTORS' CONFERENCE





2023 OSEP Leadership and Project Directors' Conference



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(Authority: 20 U.S.C. 1221e-3 and 3474)



2021-2026
3 Awards

TECHNICAL ASSISTANCE AND
DISSEMINATION TO IMPROVE
SERVICES AND RESULTS FOR
CHILDREN WITH DISABILITIES
PROGRAM

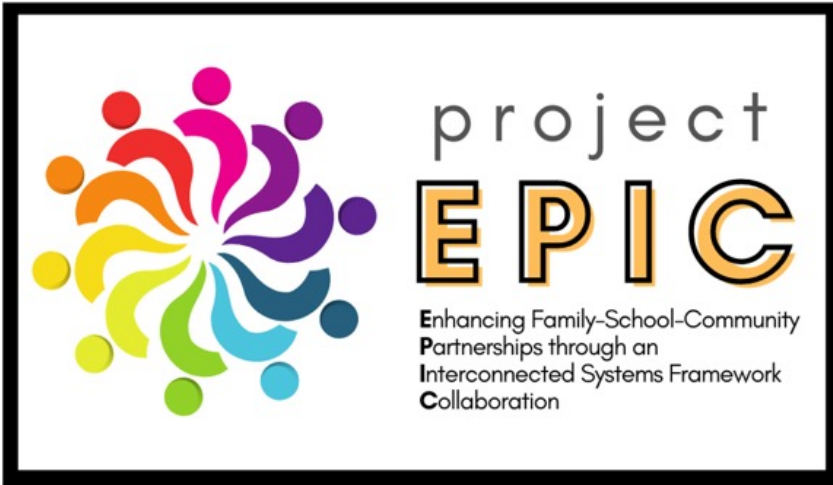
*Model Demonstration Projects to Enhance
Social, Emotional, and Mental Health
Services and Supports for Middle or High
School Youth with and at Risk for
Disabilities*

(CFDA 84.326M, Absolute Priority 2)



Purpose of the OSERS Program

- Establish and implement an evidence-based integrated school mental health model...
- To enhance social, emotional, and mental health services and supports
- Within middle school or high school settings
- For youth with and at risk for disabilities.



SIMPLE

Expanding school and community interagency coordination to be inclusive of family partnerships

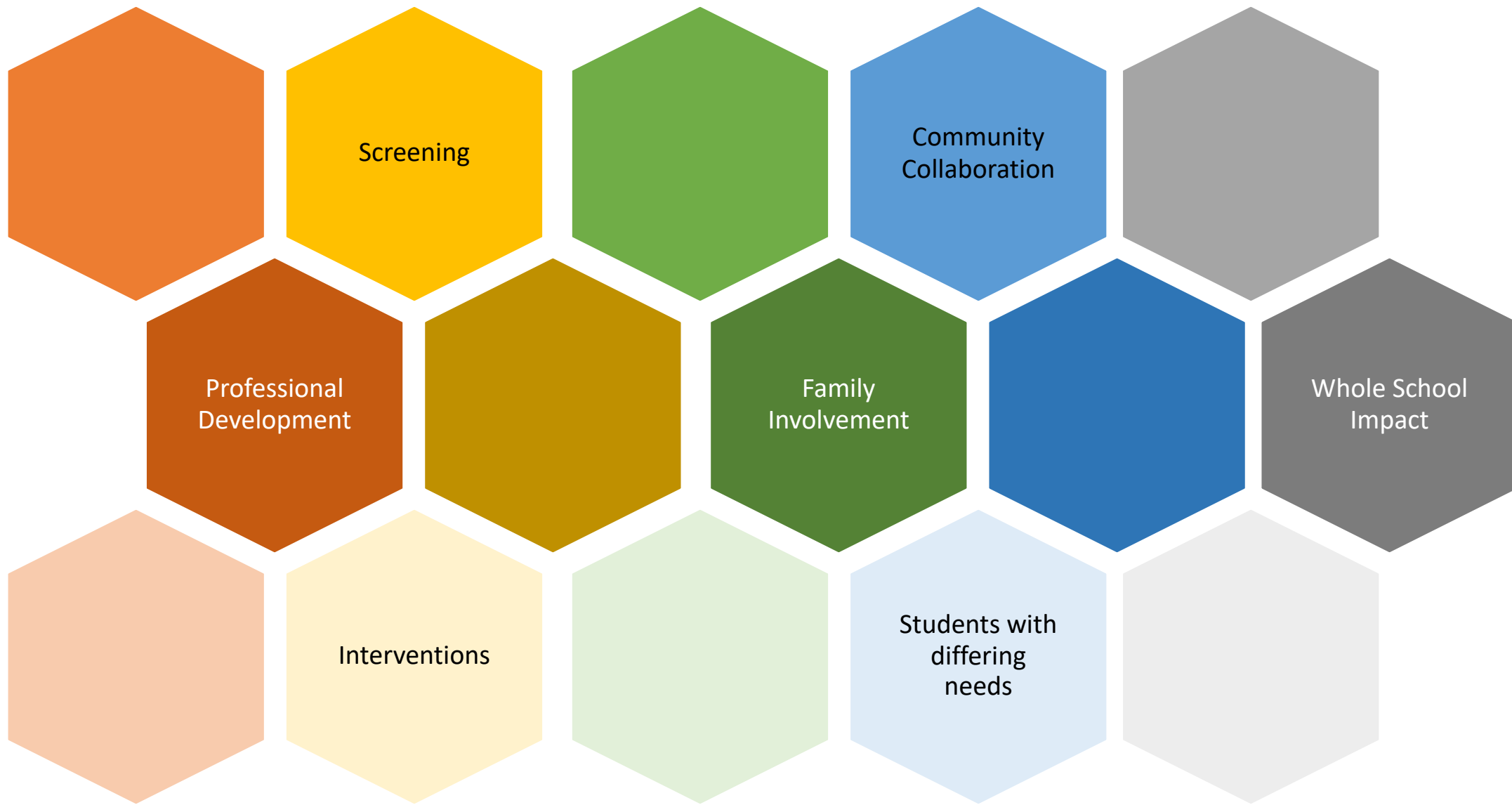
One middle school in a district in 3 states across the Midwest and Northeast

Equitable screening and outcome monitoring

3-4 middle schools in one district in the Southeast

Implementation in high school special education settings

3 high schools in one district in the Pacific Northwest



Screening

Community
Collaboration

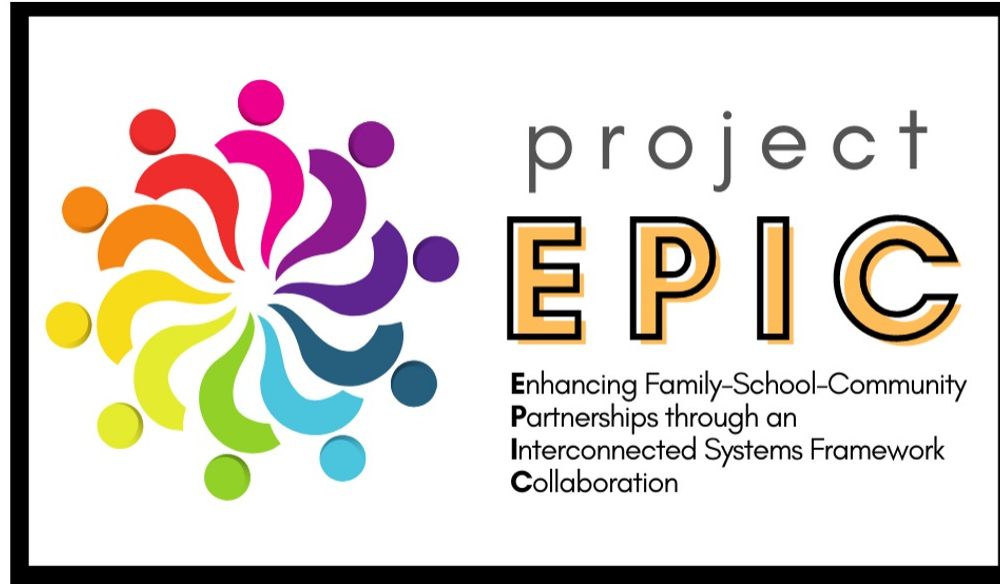
Professional
Development

Family
Involvement

Whole School
Impact

Interventions

Students with
differing
needs



Model Demo
OSEP Meeting
July, 2023

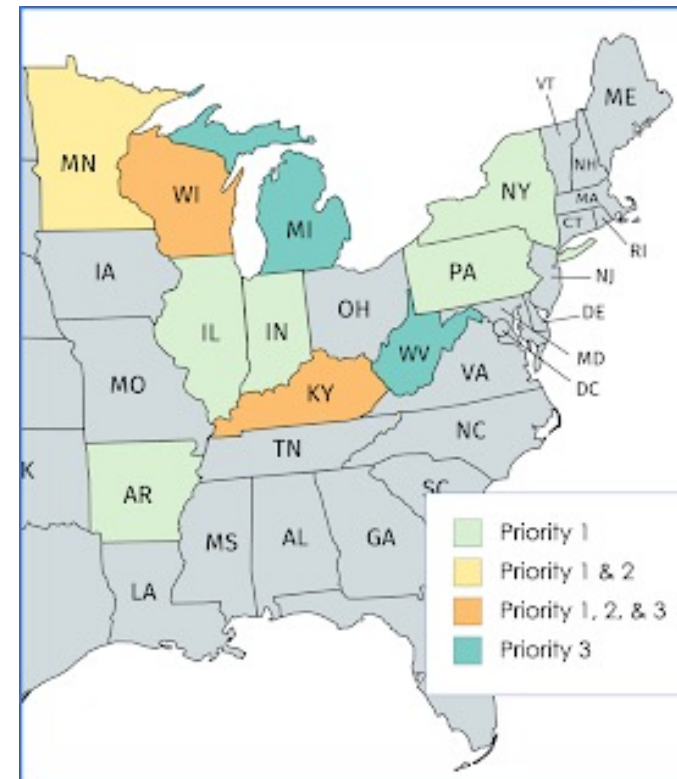


About Midwest PBIS Network

<http://www.midwestpbis.org/about>

The Midwest PBIS Network (MWPBIS) is a national research, grant, and direct-funded organization housed at [West 40 ISC #2](#) in Illinois.

Our primary charge is to function as a TA hub of the [Center on PBIS](#), a national technical assistance partnership funded from the U.S. Department of Education to assist state departments of education in building their capacity for installation, fidelity, outcomes, and sustainability of Positive Behavior Interventions and Supports (PBIS).



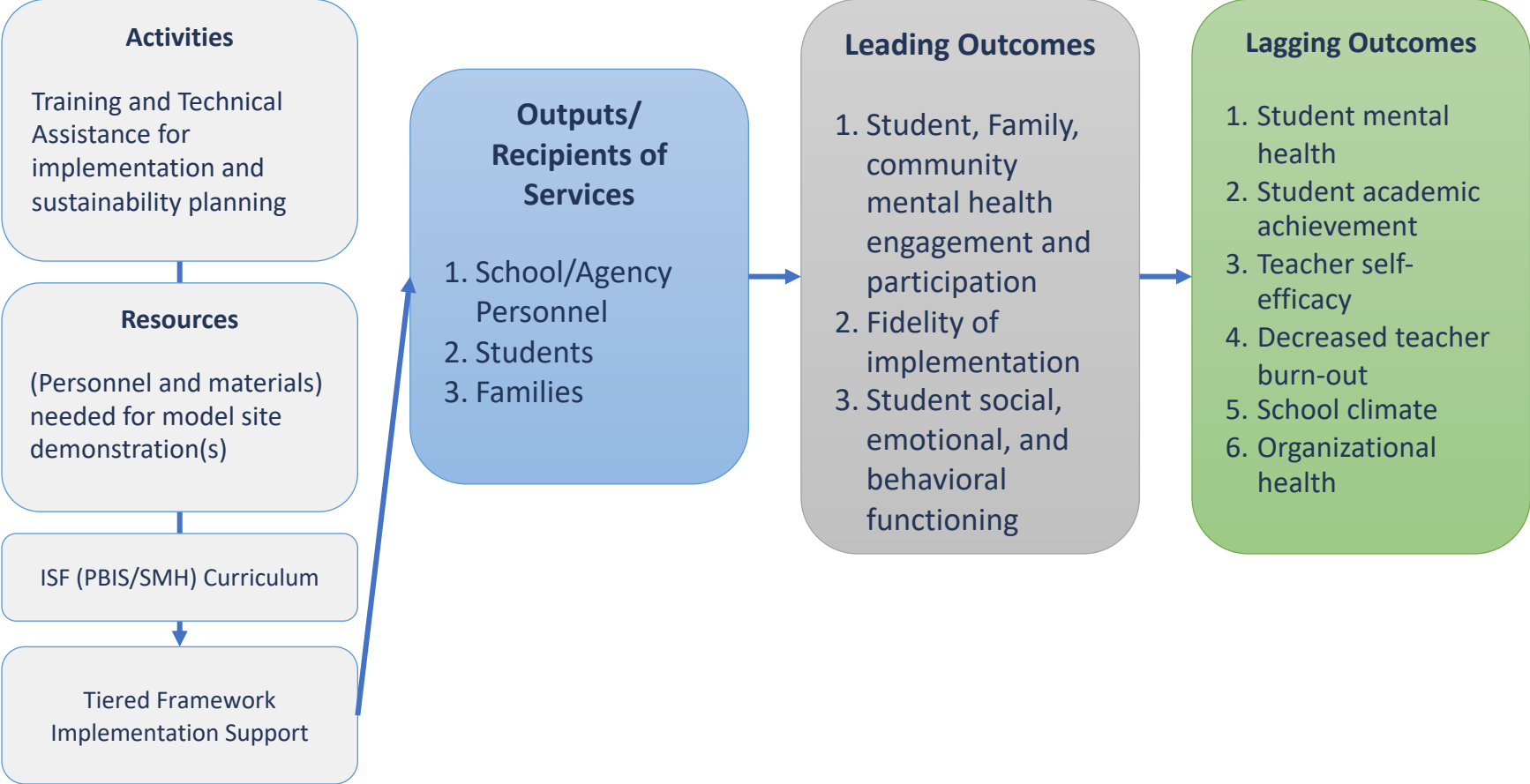
Project EPIC – What is it?

- Title:
Enhancing Family-School-Community Partnerships through an Interconnected Systems Framework Collaboration
- Funding: USDOE OSEP (Office of Special Education Programs)
- Model demonstration of the Interconnected Systems Framework in “real world” settings with a focus on Family-School-Community Collaboration
- Five year project with focus on outcomes within four middle schools across three states (IL, WI, NY)
- Build capacity within districts to sustain the work
 - Illinois – Suburban District
 - Wisconsin – Urban District
 - New York – Rural District

EPIC Logic Model:

ISF for Community Mental Health Partnerships in Schools

EPIC Project Goal:
Install and refine ISF, noting conditions that positively and negatively affect installation and outcomes across settings.



What are we *really* talking about?

- Examining existing initiatives, practices, school/community data and partnerships with community providers and families
- Finding opportunities for alignment, integration, and even potential elimination
- “working smarter, not harder” – this is NOT a new initiative

Interconnected Systems Framework Defined

- Structure and process for education and mental health systems to interact in most effective and efficient way.
- Guided by key stakeholders in education and mental health/community systems
- Who have the authority to reallocate resources, change role and function of staff, and change policy.

An Interconnected System Framework

Applies MTSS Features to all A-SEB

Interventions

- 1) **Effective teams** that include community mental health providers
- 2) **Data-based** decision making that include school data beyond ODRs and community data
- 3) Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- 4) **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- 5) Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- 6) Ongoing **coaching** at both the systems & practices level for both school and community employed professionals

Advantages of Implementing an ISF (What will be different)

- Move from co-located to single system of delivery for all s-e-b support
- Deliberate application of PBIS for all social-emotional-behavioral interventions
- Aligning all related initiatives through one system at the district and school level
- Active participation of Family and Youth
- Moving from a co-located school mental health model to an integrated model
- All social-emotional-behavioral interventions are designed, delivered, and monitored through one set of teams
- Clinicians actively participate in teams, share data and are part of system problem solving
- District/community leadership team and identified coaches (from both education & mental health) support efforts within the schools

ISF DCLT Installation Guide

Purpose: This guide is intended to be used by facilitators and coaches to support District/Community Leadership Teams to install structures/systems needed to support an Interconnected System Framework (ISF). The goal is for teams to examine current system using installation activities and generate actions to move toward a more efficient and effective service delivery model.

Step 1: Establish a District/Community Executive Leadership Team			
Features	Installation Activities	Action Needed:	By Who? By When?
Representative DCLT team identified. <ul style="list-style-type: none"> • Provide authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect education, behavioral and mental health supports. • Present concerning data and needs to those with authority and propose a way of working. 	<ul style="list-style-type: none"> • Assess current teaming structures. Identify need for new team or expansion of existing team 		
	<ul style="list-style-type: none"> • Review current partnerships and service agreements with community partners and/or in area. Executive level leadership from each organization are part of the team. 		
	<ul style="list-style-type: none"> • Establish team operating procedures (e.g.: time for team to meet at least quarterly, roles for team, process for forming agenda, etc.) 		
Guiding Questions:			
<ul style="list-style-type: none"> • Which voices with social-emotional-behavioral health expertise within school system could benefit this team? • Which voices of mental health, juvenile justice, core service agency partners could benefit this team? • In what ways are we ensuring that multiple stakeholders' voices (i.e.: staff, MH agencies, parents/families, students, etc.) will stay at the table through the development of systems and overall implementation? 			

ISF Initiative Inventory

ISF V2 Ch4: State/District Level Installation Guide (in press) - Step 2b: Conduct a Review of Current Initiatives

Purpose of this tool is to (a) provide an overall picture of existing social emotional behavioral related initiatives or programs available to the larger community, (b) determine the effectiveness, relevance, and fidelity for each, (c) determine funding and resource allocation, and (d) determine areas of redundancy. This process is led by the District Community Leadership Team with representation from both education and community stakeholders.

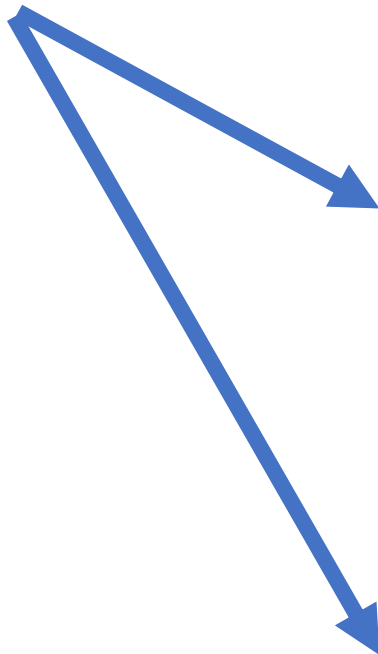
Name of Initiative	What is connection to DCLT mission?	What personnel are involved in the implementation?	What is expected outcome?	What evidence of outcomes are there thus far?	What is financial commitment and source of funding?	What fidelity measures exist?	What professional development exists including coaching and performance feedback?

School Data → Community Data Student and System level

- **Academic** (Benchmark, GPA, Credit accrual etc)
- **Discipline**
- **Attendance**
- **Climate/Perception**
- **Visits to Nurse, Social Worker, Counselor, etc**
- **Screening from one view**
- **Community Demographics**
- **Food Pantry Visits**
- **Poverty Rate**
- **Drug Addiction Rates**
- **Calls to crisis centers, hospital visits**
- **Screening at multiple views**

Systems Change Takes Time

Systems Change and Collaborative Decisions Take Time

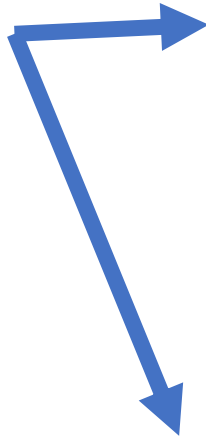


SITES	Step 1: Establish a District/Community Executive Leadership Team	Step 2: Assess the current status of mental health and PBIS Systems in the District				Step 3: Establish common mission	Step 4: Establish DCLT Procedures and Routines					Step 5: Establish action plan to support demonstration sites				
	Step 2a: Assess current structures	Step 2b: Conduct a review of current initiatives	Step 2c: Conduct staff utilization review	Step 2d: Review existing school and community data	Step 4a: Selecting and installing a universal screener		Step 4b: Establish the request for assistance process	Step 4c: Process for selecting interventions	Step 4d: Process to monitor fidelity of interventions	Step 4e: Process to monitor outcomes of interventions	Step 5a: Evaluation Plan	Step 5b: Professional Development and Coaching	Step 5c: Selecting Demonstration Schools	Step 5d: Finalizing MOU		
Initial Installation Assessment (Baseline)																
Site 1	Getting started - A team of district and/or community leaders meets but without all stakeholders represented and no plan to expand	Getting started with conversations	Not started	Not started	Getting started - District and/or community partners have data but data has not been reviewed together or used for decision making	Not started	Partially In Place - DCLT has selected screener and determining procedures	Not Started - traditional referral approach is current practice	Not started	Not Started	Not Started	Not Started	Not Started	Not Started	In Place - Demonstration sites have been selected	Not Started
Site 2	Partially In Pl	Partially in pl	Partially in pl	Getting starte	Partially in pl	In place - DC	Not started	Not Started -	Not started	Not Started	Not Started	Getting starte	Getting starte	In Place - De	Getting starte	
% Fully In Place	0%	0%	0%	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%
Current Installation Assessment (June 2023)																
Site 1	Partially In Place -- Expanded team membership is in progress	Partially in place - DCLT or leaders have informally assessed (i.e. - readiness checklist) structures to support an integrated approach	Partially in place - DCLT has completed inventory of initiatives and identified areas for conversation and decisions	Not started	Partially in place - DCLT has conducted an initial comprehensive review of both school and community data and gathered family and youth perception data	In place - DCLT has adopted a current mission statement that defines vision of integrated approach	Partially In Place - Schools are completing universal screening but data not utilized in DCLT	Not Started - traditional referral approach is current practice	Not started	Getting started - DCLT recognizes the need for fidelity measures for all interventions	Not Started	Partially In Place - Data sources are identified and prioritized without a formal plan or do not include data sources for outcome-fidelity and perception	Partially in Place - Formal needs assessment and/or data analysis has occurred to begin prioritizing needs	In Place - Demonstration sites have been selected	Getting started - an MOU already existed between partners and messages do not fully reflect an integrated system	
Site 2	In Place - Re	Partially in pl	Partially in pl	Getting starte	Partially in pl	In place - DC	Partially In Pl	Getting starte	Partially in pl	Getting starte	Getting starte	Getting starte	Getting starte	In Place - De	Getting starte	
% Fully In Place	50%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%

Systems Change Takes Time

Systems Change and Collaborative Decisions Take Time

Help motivation by keeping progress visible



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Partially or Fully In-Place	50%	50%	50%	0%	50%	50%	50%	0%	0%	0%	0%	0%	0%	0%	100%	0%
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Partially or Fully In-Place	100%	100%	100%	0%	100%	100%	100%	0%	50%	0%	0%	50%	50%	100%	0%	

Successes

- District and Community Leadership Teams are forming and working through steps in the installation process in an effort to support the successful implementation within the schools
- Baseline data has been collected for evaluation and action planning purposes
- Products have been developed to enhance shared understanding among family-school-community groups
- Coaches have been identified in two of the sites who are supporting efforts along side our team

Challenges

- 3 out of 4 schools had a change in building principal from last school year to this school year
- Identifying family members to join teams has been a challenge, outside of people in paid positions (i.e., family liaison)
- Because of competing priorities within schools around recovery from the pandemic, timelines have been substantially slower than anticipated

How we are addressing the challenges:

- Using readiness/exploration activities while simultaneously meeting the schools/districts where they are at to help them see the value added of systems change
- Providing technical assistance to leaders that adds to collective commitment of the work, rather than “one more thing” because of an agreement within a grant
- Using existing resources and tools to “stay at the table” and solve challenges, rather than maintain the status quo. For example, we know family-school-community partnerships are “hard” – it’s why we wanted to focus on it for this project!

Want more information:

- www.pbis.org
- www.midwestpbis.org

Thank you for your time and commitment to this important work!

**Interconnecting School
Mental Health and
Positive Behavioral
Interventions and
Supports to Improve
Middle School Students'
Academic, Social,
Emotional, and
Behavioral Outcomes**



Our



Team



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Andrea Carroz



UF | **Prevention & Intervention Network**
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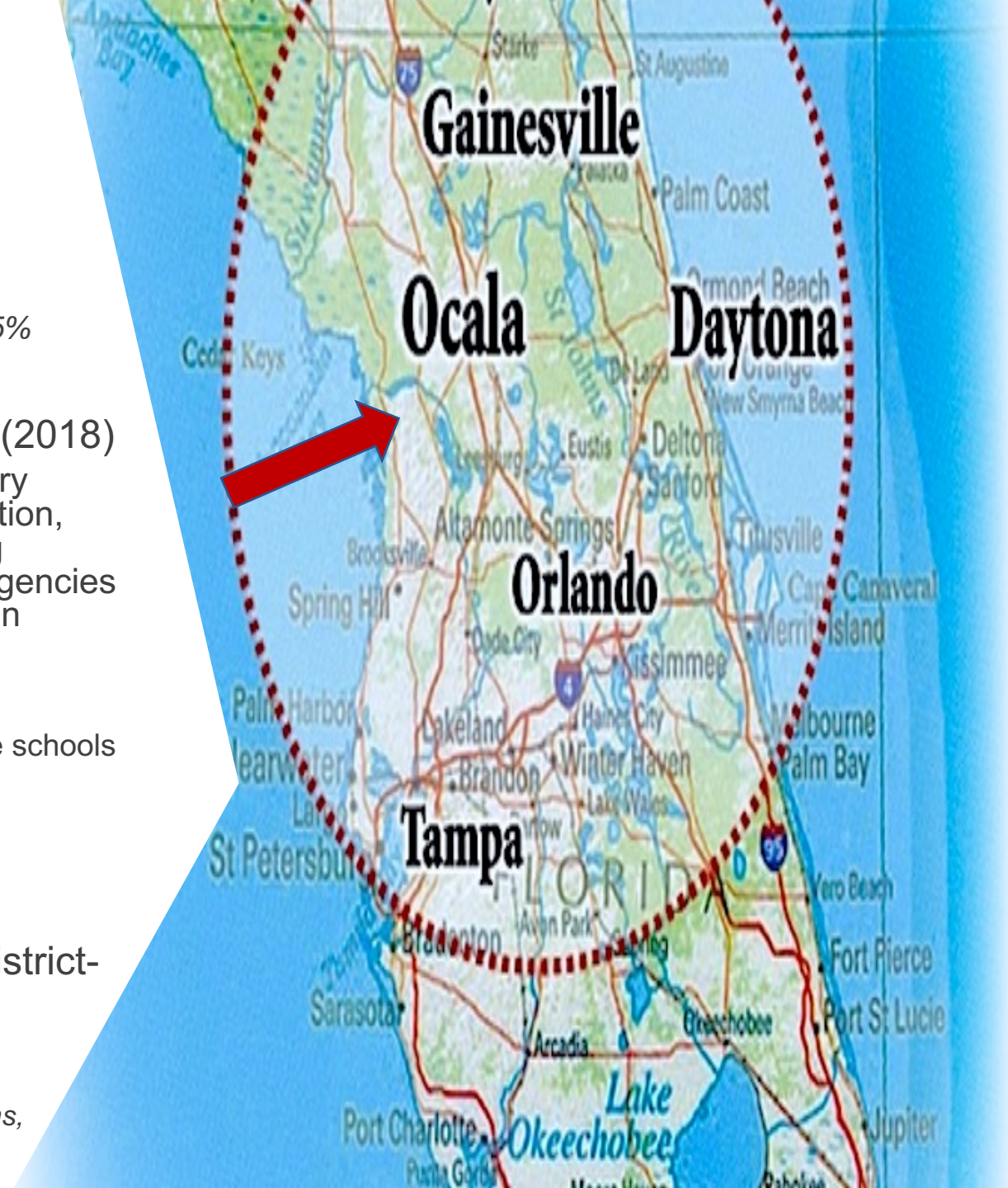


Marion County Public Schools
"Helping Every Student Succeed"

Candice Scott, EdS
Yvette Del Nodal, PsyS, EdS
Amanda Steckman, MA
Jonathan McGowan, MEd

Marion County Schools

- ▶ 5th largest FL county - many families living in rural areas
 - ▶ 74.8% of MCPS students are economically disadvantaged
- ▶ Large district with 41,177 students enrolled
 - ▶ approx. 46.9% white, 19.9% AA, 25.6% Hispanic, 5.3% multi-racial, 15% SWDs
- ▶ Marjory Stoneman Douglas High School Public Safety Act (2018)
 - ▶ [MCPS Mental Health Assistance Allocation Plan](#) for elementary schools includes (a) full continuum of SEB promotion, prevention, and intervention programming, (b) with school-based teaming structure including mental health clinicians from community agencies working under collaborative MOU, and (c) data-based decision making inclusive of universal SEB screening.
 - ▶ All MCPS personnel trained in YMHFA
 - ▶ Only targeted SEB screenings completed upon referral for middle schools
- ▶ All school teams trained by [FLPBIS:MTSS Project](#) in Tier 1
- ▶ Florida site for completed ISF RCT funded by NIJ
- ▶ Existing DCLT with school psychologist as DC to support district-wide PBIS implementation and FL Connect schools
- ▶ Supportive Local Community Organizations
 - ▶ *Marion County Children's Alliance, Lutheran Services Florida Health Systems, Marion County Sheriff's Office, and Public Policy Institute*





Purpose

- ▶ Implement the multi-tiered, ISF in 3-4 middle schools (2 rural) implementing PBIS with fidelity
- ▶ Learn how to best integrate educational and mental health systems - *move away from ad hoc involvement of mental health systems in schools.*
- ▶ Produce positive student outcomes with a cost analysis to help inform dissemination efforts and scale-up.

Goals



1

Develop a collaboratively facilitated Interconnected Systems Framework (ISF) for prevention and intervention of social, emotional, and behavioral (SEB) concerns.

2

Increase the number and fidelity of supports provided to address a range of SEB concerns for youth with or at-risk of disabilities.

3

Increase positive outcomes for youth receiving interventions addressing SEB concerns, including those with disabilities and/or marginalized backgrounds.

4

Develop a completely replicable model of ISF to achieve the positive outcomes for SEB identified in Goals 1-3.

Goal 1:
Develop a collaboratively facilitated Interconnected Systems Framework (ISF) for prevention and intervention of social, emotional, and behavioral (SEB) concerns

1.1 Increase **collaboration and interagency coordination** between school and community mental health professionals.

1.2 Implement an **ISF with fidelity**.

1.3 Increase **staff and community agency knowledge**, understanding, and ability to apply a multi-tiered support for SEB via an ISF.

1.4 Increase **youth and their family members' positive perception** of the supports available to prevent and address SEB.

Goal 2:
Increase the number and improve fidelity of supports provided to address a range of SEB concerns for youth with or at-risk of disabilities

2.1 Increase the number of **school-wide prevention program and practices** addressing SEB that are implemented with fidelity.

2.2 Increase the number of **schools with targeted and individualized interventions** addressing SEB that are implemented with fidelity.

2.3 Increase the number of **individualized interventions delivered by community agencies** addressing SEB that are implemented with fidelity.

Goal 3:
Increase positive outcomes for youth receiving interventions addressing SEB concerns, including those with disabilities and/or from racial/ethnic minoritized backgrounds

3.1 Increase the proportion of students participating in **universal screening** for SEB.

3.2 Increase the number of students receiving advanced tiers of support for SEB from school or school-based MH provider whose **progress and outcomes are monitored** by ISF teams.

3.3 Increase the number of students receiving a referral for individualized support in the community for SEB whose **parents report back** regarding services received whose progress and outcomes are monitored.

3.4 Increase the percent of students with positive SEB screening scores receiving **advanced tiers of support**.

3.5 Increase the number of students receiving advanced tiers of support for SEB who are **experiencing positive outcomes**.

3.6 Increase the number of students **reaching minimal reading proficiency**

Goal 4:
A completely replicable model of ISF for dissemination to achieve the positive outcomes for SEB identified in Goals 1-3

4.1 Develop a **cost analysis** of the fully developed model and its implementation, including the resources used by the model and their actual or estimated costs.

4.2 Develop **tools, guides, and other necessary resources** to assist other LEAs and schools in replication of ISF model successfully implemented in model demonstration.

4.3 **Disseminate** tools, guides and other resources to TA Centers, Annual Conferences, state agencies, organizations, and other outlets identified by Advisory Board, and **publish** findings in journals.





Overall Timeline of Activities

(1) Conduct assessments on collaboration, district data systems, PBIS, school practices, *Changing Roles of Staff District Level Discussion Guide*, *Intervention Mapping Tool*, continuum and methods used, *Working Smarter Not Harder Tool*, stakeholder data for intervention needs, and status of Florida SB 7206; (2) Build DCLT and establish MOUs with universal screening practices; (3) Recruit up to two schools to serve as pilot sites; and (4) Biannual Advisory Board meeting.

Phase 1: Readiness
(Oct 21-May 22)

Phase 2: Pilot
(June 22-May 23)

(1) Train and coach on *ISF*, *Rtl:B Database*, and aligning teams with ISF tiers; (2) Administer *ISF-II* in fall/spring, universal screening, EBPs; (3) Support required 5-hour SEB instruction; (4) DCLT meetings quarterly; (5) Compile formative evaluation results on pilot phase of ISF installation; and (6) Biannual Advisory Board meeting.

After structured problem solving of pilot for continual improvement: (1) Train and coach on *ISF*, *Rtl:B Database*, and aligning teams with ISF tiers; (2) Administer *ISF-II* in fall/spring, universal screening, EBPs; (3) Support required 5-hour SEB instruction; (4) DCLT meetings quarterly; (5) Compile formative evaluation results on pilot phase of ISF installation; and (6) Biannual Advisory Board meeting.

Phase 3: Model Demonstration
(June 23-May 25)

Phase 4: Analysis, Dissemination & Scalability
(June 25-Sept 25)

(1) Conduct final analyses for Phase 3 implementation, including summative evaluation, social validation, and cost analysis; (2) Develop guides and tools with stakeholders to finalize dissemination materials for replicability and scale-up; and (3) Continue with schools and DCLT to support ISF sustainability and scale-up in MCPS.

(1) Disseminate practical guides and tools from Phase 4 through established networks of stakeholders; and (2) Collaborate with Advisory Board and SEA to disseminate practical guides and tools to all Florida LEAs aligned with *Mental Health Assistance Allocation Plans* funded thru Florida SB 7206.

Phase 5: Scale Up
(Oct 25-Sept 26)

Annual Timeline of Activities



July

- Project Intro to school administration
- PBIS Tier 1 Refresher with ISF Intro

August

- ISF Advanced Tiers Training

September

- Intervention, Progress Monitoring, and Fidelity for Advanced Tiers Training
- ISF-II

May

- Student and Parent Survey of Mental Health Service Evaluation
- ISF-II
- BoQ
- TFI (Tiers 2-3)

- School Team Meetings – 2x/monthly
- DLT meetings – 1-2x/monthly
- Progress and Fidelity Monitoring of students in advanced intervention tiers with school or community resources



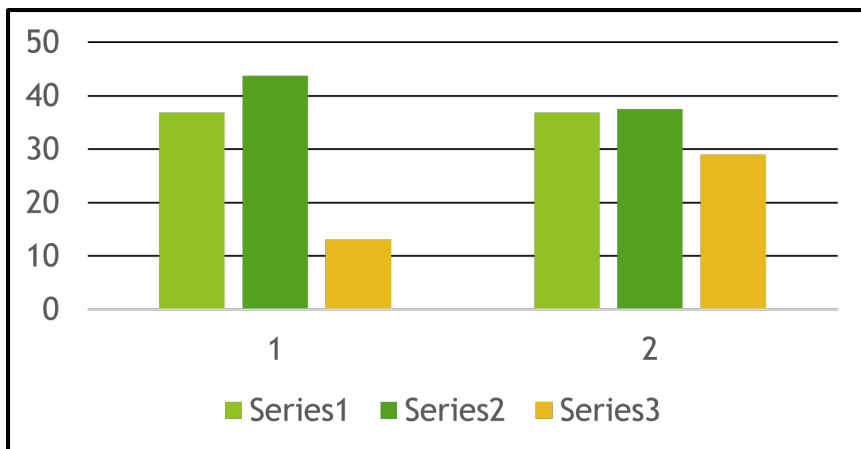
Assessing Effectiveness in Improving Capacity

- ▶ Continually monitor feedback from LEA and participating schools
- ▶ Summarize schools engaging in:
 - ▶ (a) interagency teams
 - ▶ (b) effective teaming
 - ▶ (c) universal screening
 - ▶ (d) established protocols consistent with ISF
 - ▶ (e) evidence-based practices
 - ▶ (f) progress monitoring
 - ▶ (g) fidelity monitoring
- ▶ Examine/summarize student outcomes reported by participating schools

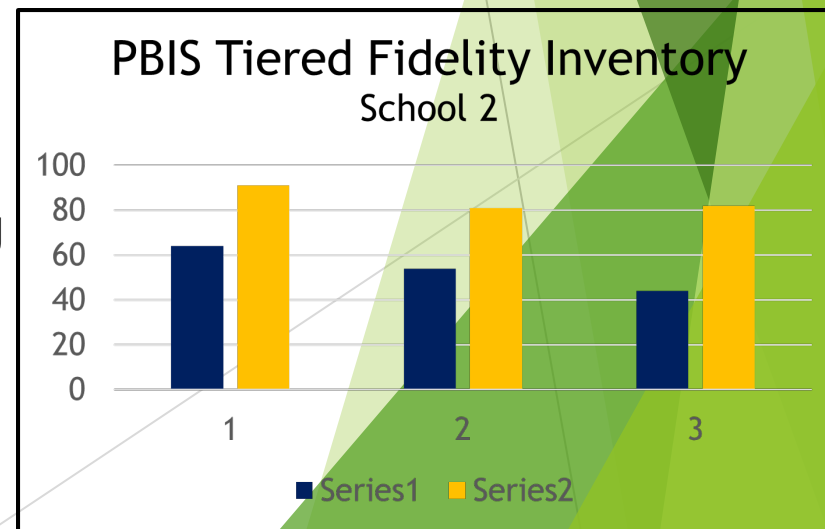
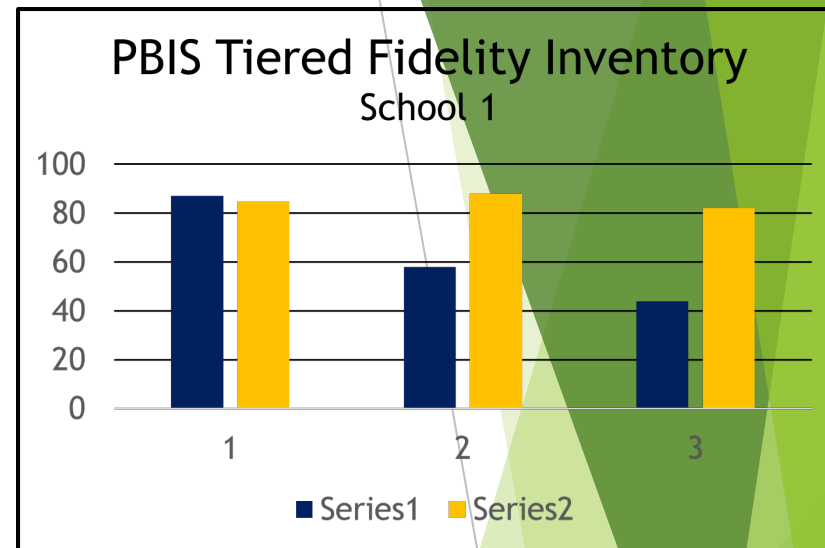


Data from Pilot Year

- ▶ PBIS Fidelity: May '22 Tier 1 Benchmarks of Quality (BoQ)
 - ▶ 87% School 1, 54% School 2
- ▶ ISF-Implementation Inventory Baseline Scores: Fall 2022



- ▶ Proportion of students participating in universal SEB screening
 - ▶ January '23: 82% School 1, 98% School 2 (up from 2% each)
- ▶ 1.6 team meetings per school per month





Successes to Date

- ▶ Team functioning valued and prioritized
- ▶ District coordinators more aware of what's happening in schools
 - ▶ re: mental health teams using screening data (or not), intervention needs, TA/coaching needs
- ▶ Persisted with screening despite challenges!
 - ▶ adapted from teacher-report only to student report in pilot schools
- ▶ Completed baseline ISF-II for measuring implementation
- ▶ Community mental health providers are attending team meetings
- ▶ Persisted with work despite political climate and outspoken groups
- ▶ Responded to implementation concerns in one school



Learning Areas to Date

- ▶ Schools are learning at different paces!
- ▶ District coordinators learning that schools need:
 - 1) training follow-up,
 - 2) some need more support, and
 - 3) support in different areas than others
- ▶ More time for training needed and system building, training sequence needs to be fleshed out for entire year, not just at beginning.
- ▶ No progress monitoring of implementation is happening at all and very little follow-up to ensure intervention is happening after team plans.

Contact Us!

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Lessons learned

OSEP Meeting

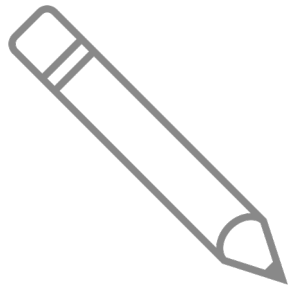
July 2023

Washington, DC



Office of Special Education Programs
U.S. Department of Education

SIMPLE



School-Wide Inclusive Mental Health Promotion for Learning and Coordinated Community Engagement

- JAMES SINCLAIR,
- GEOVANNA RODRIGUEZ,
- KATHERINE BROMLEY,
- CHRISTEN KNOWLES,
- CHRISTOPHER MURRAY,
- JOHN SEELEY, &
- SUSAN STADELMAN



Project

SIMPLE

Focus

3 Suburban High Schools

Focus on Special education
teams

Working with teams with no
previous systematic
implementation of mental
health programming for
students with disabilities



Project
SIMPLE
Goals -
Schools,
community,
and families

Schools	Community and Family
Build universal screening procedures	Resource map the community to identify untapped and culturally reflective resources
Integrate mental health into existing or new teams	Identify family priorities
Identify professional development needs	Bring the community and families to school teams

SIMPLE

Learning Areas

Time and resources are limited, and each school has differing admin support for implementation

Each school has differing mental health priorities

Academically – schools are still playing catch up due to COVID-19

Building a new sustainable system is daunting to team members

Building a universal language across team members, researchers, and students

SIMPLE

Areas of success

Schools are redesigning teams to think about students with disabilities

Screening is happening for the FIRST time

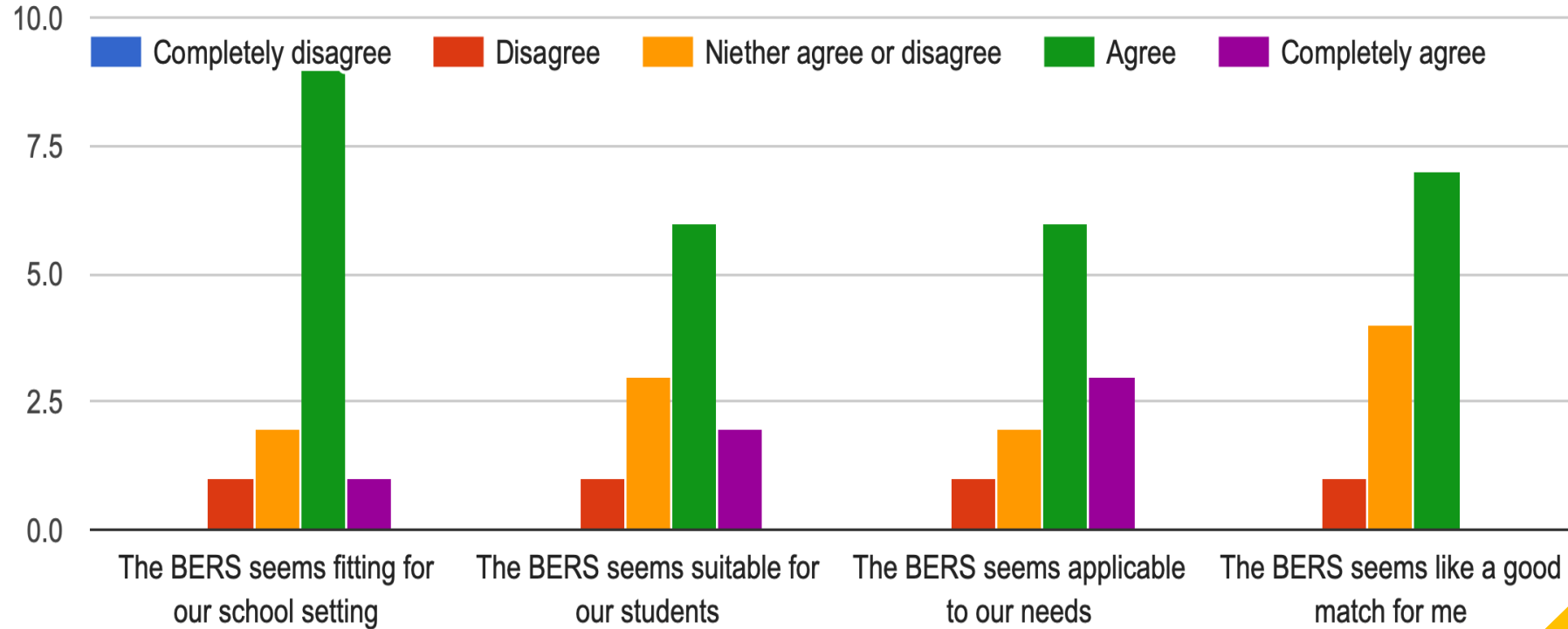
Rethinking personnel roles to address needs

Teachers are engaging in data

More collaboration within the school building to support students

SCREENING REACTIONS – Winter

Assessment Appropriateness 13 Teachers – 2 schools

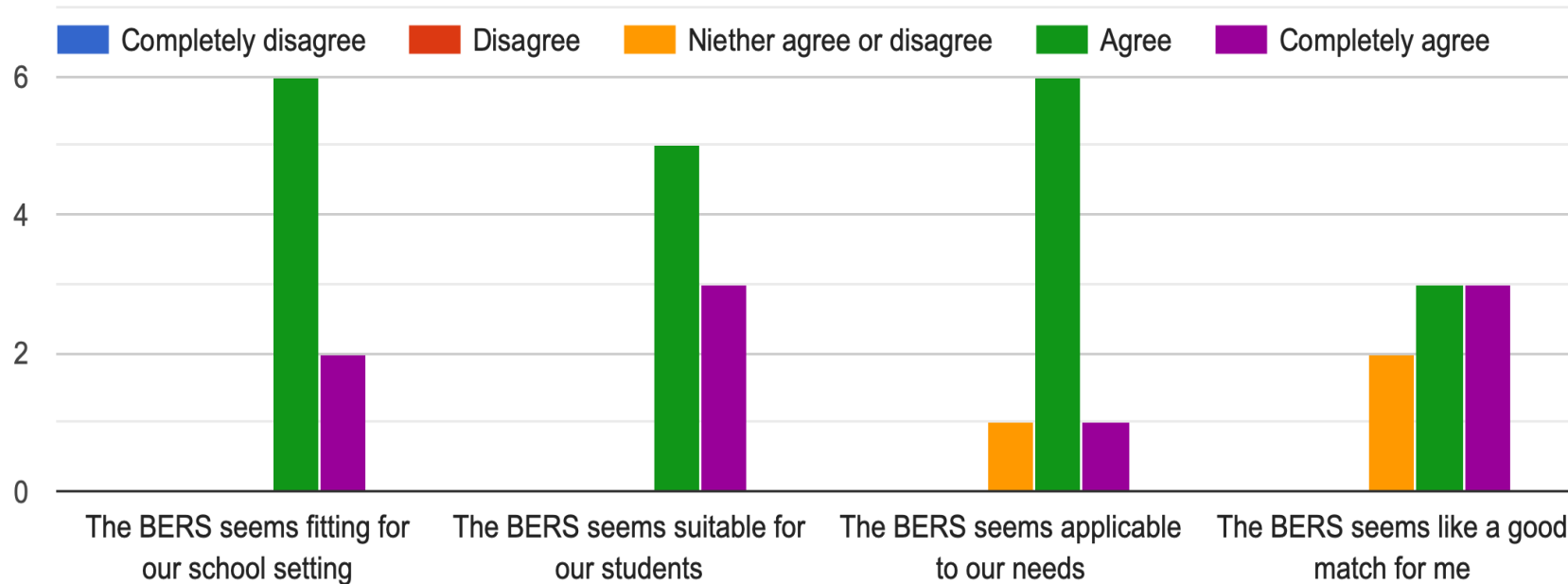


SIMPLE

SCREENING REACTIONS – Spring

Assessment Appropriateness

8 Teachers – 2 schools

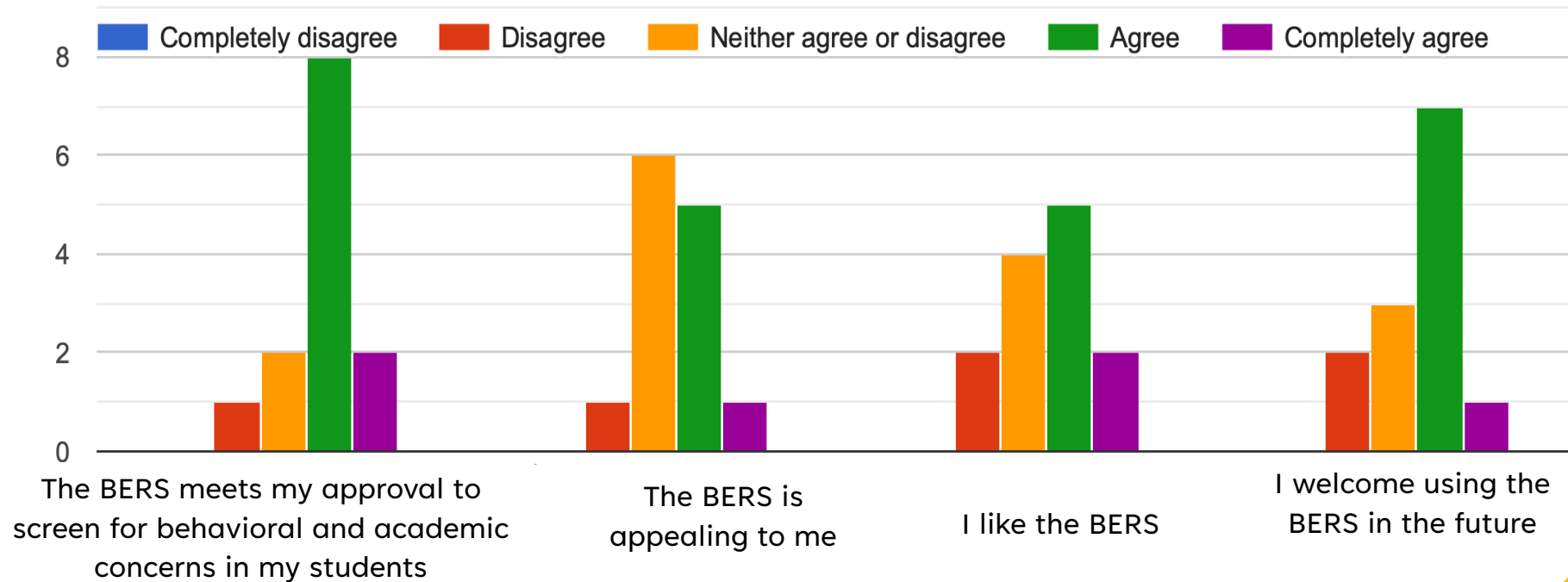


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SCREENING REACTIONS - Winter

Acceptability

13 Teachers – 2 schools

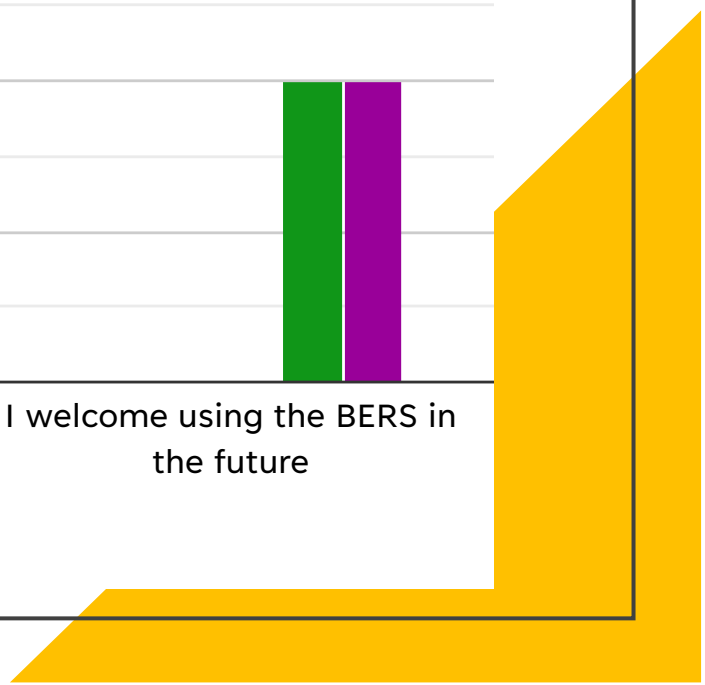
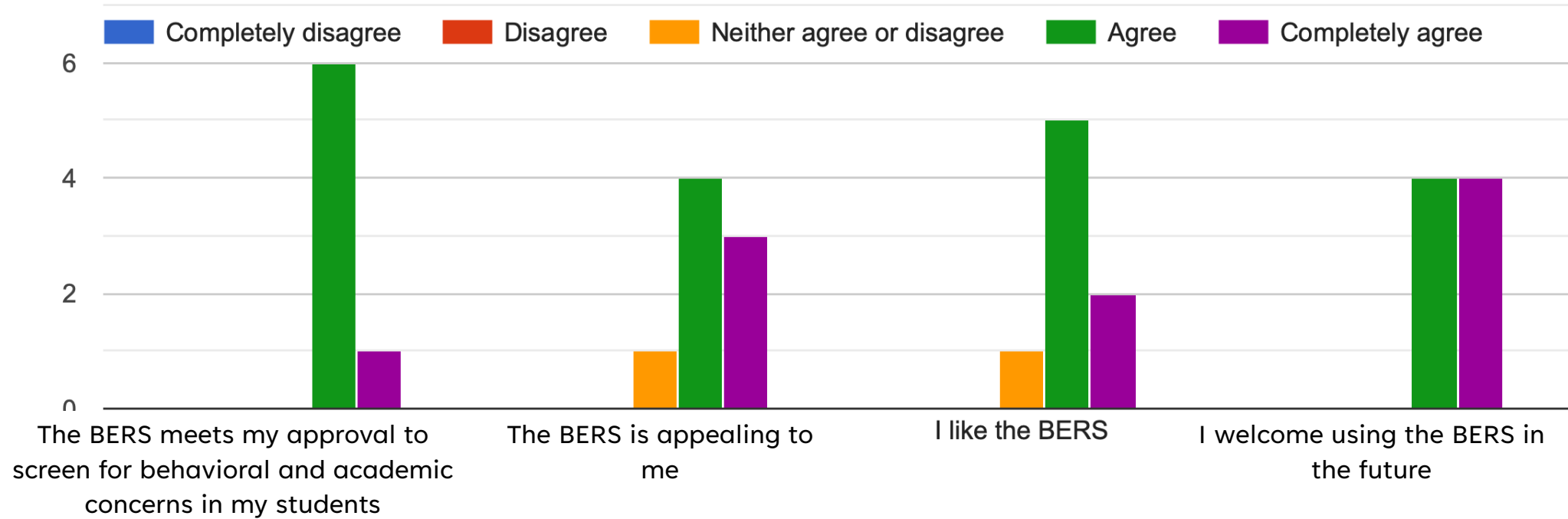


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SCREENING REACTIONS - Sprina

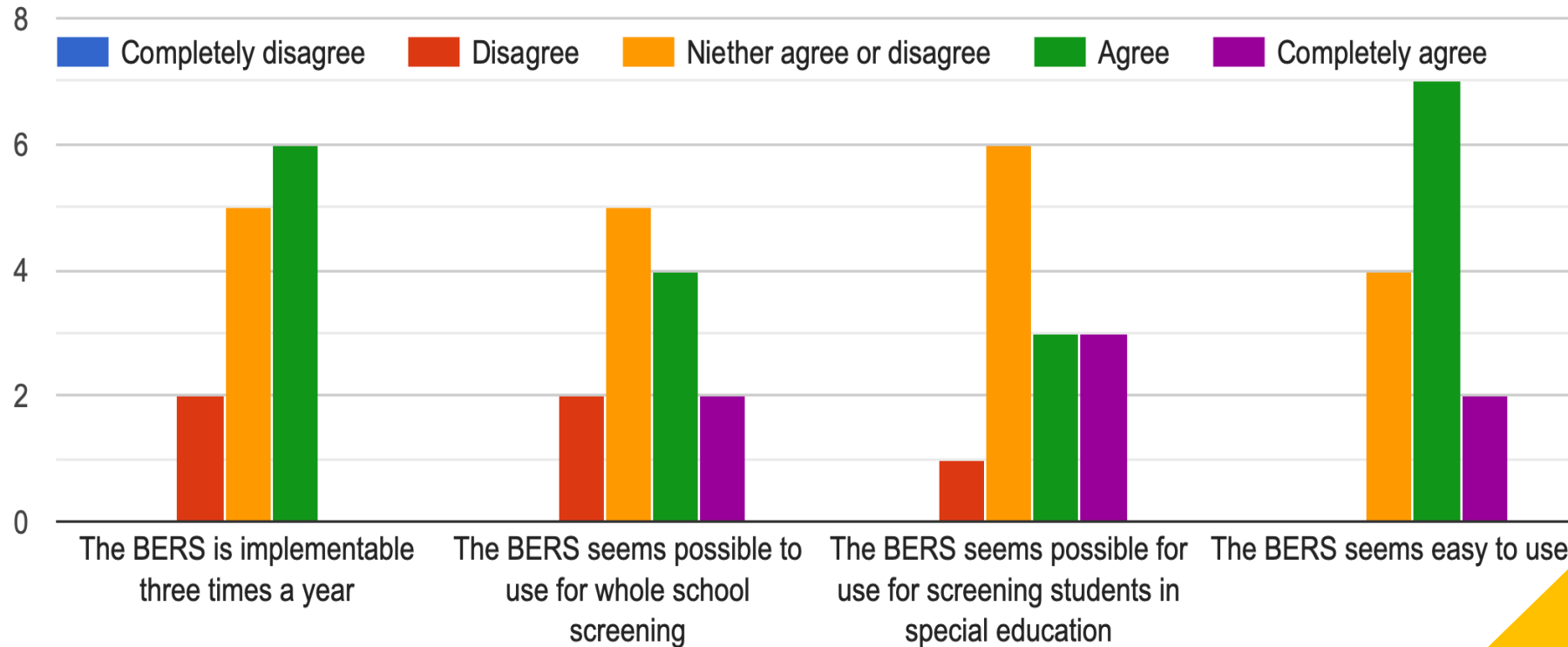
Acceptability

8 Teachers – 2 schools



SCREENING REACTIONS

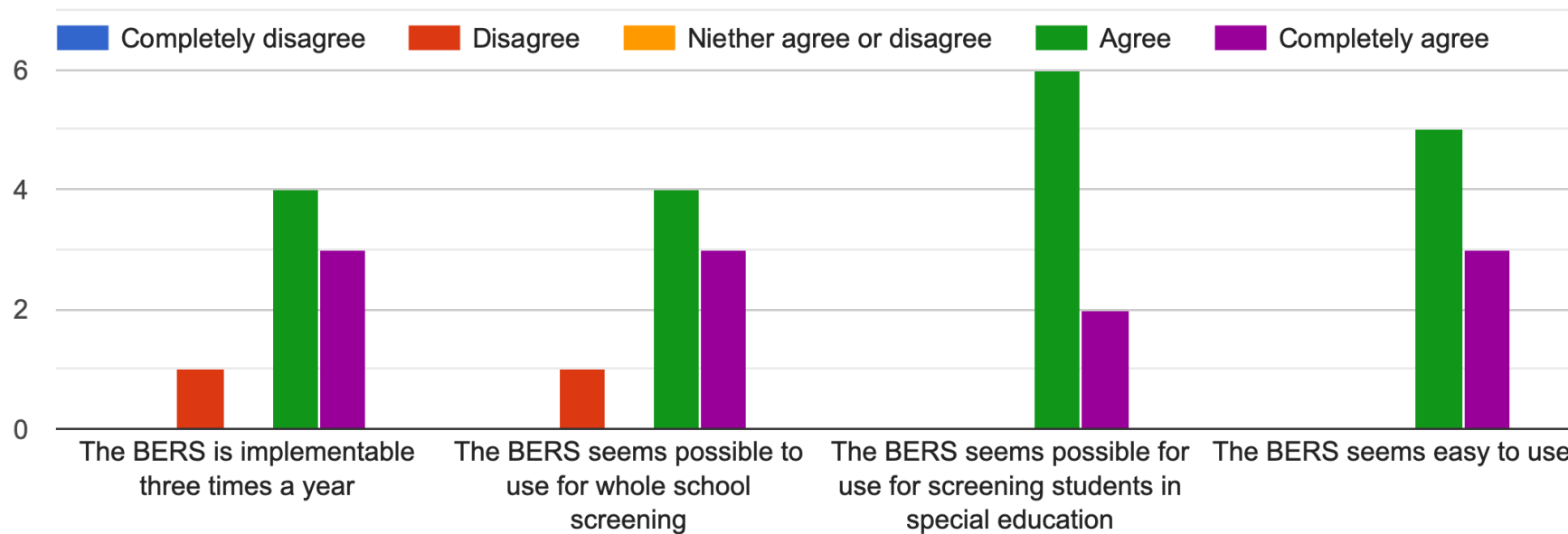
Feasibility of Assessment 13 Teachers – 2 schools



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SCREENING REACTIONS - Spring

Feasibility of Assessment 8 Teachers – 2 schools



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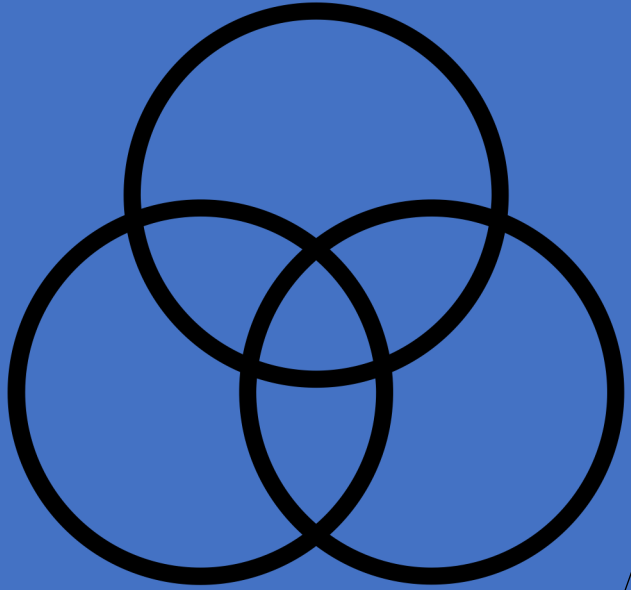
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Project Overlaps



ASK US!

Screening

Data-based decision making

Selection of interventions

Leadership teaming

QUESTIONS?



What are strategies that have worked to talk about screening in your schools?

How much support have you needed to provide to interpret data to make decisions?

We don't have personnel in our building, how have you navigated doing small groups and interventions?

Are teams working together or is there a lot of support needed to facilitate teams?