

A System of Care for Students with Severe Behavior Need

April 27, 2018



What do you have?

- Create a depiction of your districts behavior support network
 - Image
 - Written description
 - Another option of your choice

- 10 minutes



Discuss

- What are the most frequent behaviors reported on referrals in your district?
- What are the rates of referral by student group?
- What percentage of the students have more than 6 referrals?
- Is the use of exclusionary discipline a problem in your school or district?
- Are there policies and procedures that contribute to the problem?



Historically.....

- Classic classroom



Intended Learning

Learning goals

I will understand:

- The basic components of a school district comprehensive behavioral framework

Success criteria

I can:

- Support my respective district to develop, refine, and/or implement their comprehensive behavior framework.

Comprehensive behavior frameworks

- Integrated leadership teams
- Guidance related to staff attitudes, competencies, and wellness
- Multi-tiered systems of support (MTSS)
 - Strong universal implementation
 - A continuum of supports beyond what is universally implemented
- Youth, family, school, and community collaboration



Leadership teams



Integrated leadership teams

- District and school level teams
 - Based on well defined
 - Goals
 - Vision
 - Commitment to positive school climates and cultures



Actions of leadership teams

- Investigate current behavioral programs and initiatives to identify their effectiveness, best practices, and areas in need of improvement.
- Establish outcome goals for areas of improvement and determine how they will be monitored and supported
- Develop a districtwide/school level action plan to address identified areas for improvement and facilitate achievement of the vision statement.
 - A detailed approach to achieving the established goals; a
 - A clearly defined strategy for collaborating with family and community members and other stakeholders;
 - A collaborative, coordinated plan and time- line for implementing the agreed-upon strategies



Staff



Staff attitudes, competencies, and wellness

- Key assumptions necessary for effectiveness
 1. Students and behaviors are not “bad.” Instead, students engage in behaviors that are inappropriate or problematic for a given context or culture.
 2. Students engage in behaviors that “work” for them (i.e., result in desired outcomes or reinforcement).
 3. Educators must act professionally (i.e., use planned and established school and classroom procedures in manners that are calm, objective, and consistent).
 4. Academic and social behaviors are taught, changed, and strengthened by similar strategies (i.e., model, prompt, monitor, and reinforce)



What staff need

- Professional development opportunities to gain an understanding of the district's policies
- **Training on how to implement sound instructional practices that motivate and engage students in learning**
- Preparation of educators to support students positive behavior and to respond to student misconduct fairly, equitably, and without regard to a student's personal characteristics



What staff need

- Opportunities to learn about strategies for managing student behavior
- Tools and training that facilitate and promote universal behavioral screening of students and progress monitoring
- Access to and knowledge of how to refer students for behavioral services.
- Learning opportunities about how to speak with families about behavior/mental health concerns



What staff need

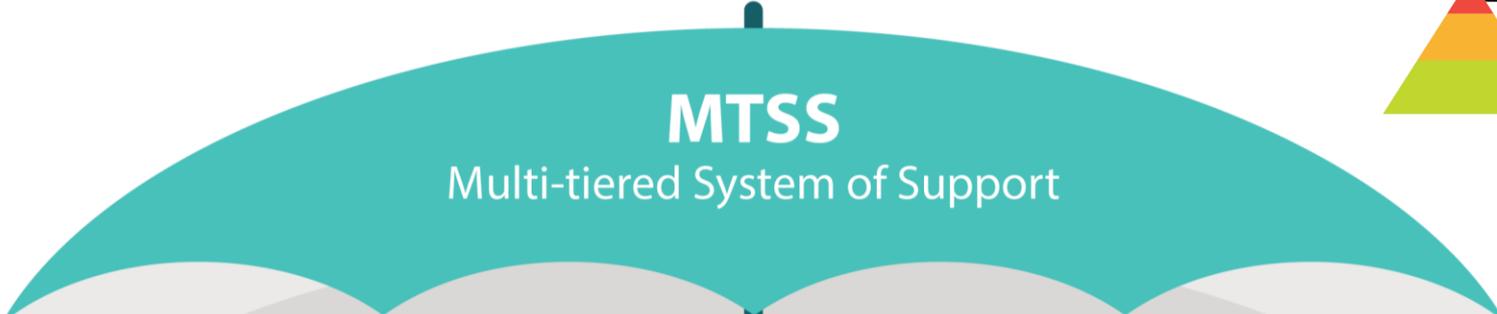
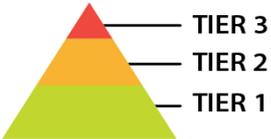
■ Self-care knowledge

- be self-aware of how student behavior impacts their own behavior and performance, as well as the tools and resources to **promote their own behavioral health and well-being**



MTSS





MTSS

Multi-tiered System of Support



Strong universal implementation

- High expectations for both students and staff members.
- Effective academic and behavioral instructional strategies that promote complex learning and student achievement.
- Culturally responsive and sensitive to students' personal experiences
- Trauma-informed practices
- Continuous improvement cycles guided by data



What do you have?

- Return to your depiction.
 - Any adjustments?
 - Any components you need to add?

- 5 minutes



What we want



Continuum of support

- Targeted interventions (i.e., Tier 2)
 - Group interventions,
 - Mentoring,
 - Supplemental explicit social, emotional, or behavioral skill instruction
- Intensive individualized assistance (i.e., Tier 3 and beyond)
 - Offer opportunities for individual and group counseling/therapy during the school day.
 - Have a specific reentry program for students who may be transitioning back from a residential treatment setting.
 - Have a crisis response team in place for students.



Systems of Care



Systems of Care (SOC)

- A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families
- Is organized into a coordinated network
- Builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.



Planning in a system of care

■ Wraparound

- An intensive, individualized care planning and management process.
- A structured, creative, and individualized team planning process used to implement SOC_s





Not only effective but efficient

- 2012 study in Washington County
 - Use of SOC and wraparound planning
 - 33% decrease in cost per client for Mental Health Programs



Best practices

- Must establish a SOC
 - Collaboration in the community
 - Accountability/monitored
 - Governance structure
 - Composed of 51% family and youth who are included in all phases of design
 - Blended funding (child welfare, juvenile justice, mental health, and Education)
 - Funding formula based on case rate
 - Strengths and evidence based support services



Wraparound planning

■ Define and implement wraparound planning

Portland State University School of Social Work Center for Improvement of Child and Family Services

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Systems of Care & Wraparound Initiative (SOCWI)

This project provides training, workforce development and systemic support for the statewide implementation of a Wraparound service delivery model for children living in Oregon. Core principles and values associated with Wraparound, as outlined through the National Wraparound Initiative, serve as practical model to operationalize a Systems of Care approach across youth, adult and family serving systems.



Systemic successes demonstrated by Oregon's Statewide Children's Wraparound Initiative serve as a useful and relevant guide for CCOs. SCWI had 3 demonstration sites serving 240 youth and findings suggest that within a year of implementation, costs for children's mental health services were significantly lower relative to Non-SCWI sites. During the years studied, SCWI sites also had a much smaller increase in overall costs than Non-SCWI sites. The stated goals of CCOs - better health, better care and lower costs - are closely aligned with those of Wraparound and SOC.

To learn more, view the handouts below. For questions not related to the RFA, please contact Brooke Rizzor, Director of the Systems of Care Institute (503-725-5914; brizzor@pdx.edu).

- Handout #1: **A Guide for Coordinated Care Organizations (CCOs)**
- Handout #2: **Lower Cost for CCOs**
- Handout #3: **Washington County Success Story**
- Handout #4: **A Client Success Story**
- Handout #5: **Best Practices Guide**

Click here for our SOCWI Events Calendar

NATIONAL WRAPAROUND INITIATIVE

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WRAPAROUND WEBINARS

"Turnover Among Wraparound Care Coordinators: Rates, Causes, Impacts and Remedies" will air Nov 7, 2017

REGISTER >

WHAT IS WRAPAROUND? WRAPAROUND WEBINARS NATIONAL WRAPAROUND IMPLEMENTATION CENTER



Make sure it works

- Track project outcomes and report annually.
Develop an outcomes and evaluation committee or workgroup consisting of community stakeholders, system partners, family and youth.
- Outcomes should include:
 - Maintenance in less restrictive, community based placements
 - Improvement in behavior, functioning and/or symptoms
 - Decreased involvement or improvement in one or more systems: child welfare, juvenile justice, education and mental health.
- Oregon has adopted the guidelines by training, coaching and supervision outlined by the National Wraparound Initiative.
- Please refer to the NWI document Wrap Training Guidelines 2013
- <http://www.nwi.pdx.edu/pdf/wrap-training-guidelines-2013.pdf>



Where to start for now

- Family partnering is a critical piece to help families navigate the complex behavioral health system.
- Family members should help develop local policies and serve on committees in relationship to this work, and families should partner with teachers and school staff throughout the 3 Tiers.
- Enlist family navigators and advocates to help with this process and work



Three service delivery models

- **Co-Located School-Based Health Center Services Model**
- **School-Based Services Model**
- **Community-Based Services Model**



Co-Located School-Based

- A School-Based Health Center “is a health care facility located within or on school grounds
- Staffed by a multi-disciplinary team of medical and behavioral health specialists...
- School-Based Health Centers serve students whose access to care is limited.
- Services are designed to identify problems early, provide continuity of care, and improve academic participation”
- INCREASES THE LIKELYHOOD A STUDENT WILL SEEK SERVICES



School-Based Services Model

- A community behavioral health therapist or private behavioral health therapist comes to the school to deliver group and/or individual based therapy during the school day.
- The district and school should ensure that, if private therapists are used, they can bill Medicaid.
- Less stigma is associated with seeing a behavioral health professional at school.
- When a local behavioral health professional is integrated into the school climate and culture, the stigma of mental health is greatly reduced.



Community-Based Services Model

- When districts and schools do not have a SBHC and do not have access to school-based therapists, they may create a strong relationship with
- District and school leaders should establish a strong relationship with the CMHC.
- District and school leaders should ensure there is a way to embed the community behavioral health professional into the culture of the school.
- Local behavioral health professionals should help school staff build the capacity to identify and refer students with behavioral health challenges.



Collaboration



Youth, family, school, and community, collaboration

- Behavioral issues reside not only within the student, but also within the web of interactions that take place in the student's life.
- The ability of all adults within that web of influence to collaborate and communicate is critical for providing an effective continuum of support
- Policy development and monitoring
 - Occurs regularly
- Allows for proactive work on difficult areas



Leave with a plan

- What is the current state in your district?
 - If not sure what actions steps will you take to investigate
 - Important to start with the core!

- If there is a behavioral framework, including a system of care, is it effective? How do you know?



Final reflection

- What do you believe are the next steps for you and your district following this presentation?
- Possible districts to touch base with:
 - Forrest Grove
 - Eugene



Thank you!

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