

**PRESENTER:** Welcome to building an interconnected systems framework with Scranton High School and a host of distinguished panelists. I'll let them introduce themselves to you. Please give a big hand, ladies and gentlemen.

**KELLY PERALES:** I think Bob -- I think Bob could be a DJ. I don't know. In a secret other life, yeah, when you grow up. Welcome, everyone. My name is Kelly Perales. I work for Community Care Behavioral Health and we are here to share with you a project of integrating school mental health and PBIS, and this session features Scranton High School.

How many of you work in high schools? All right, good. Because we are going to be empathetic to one another. I think you have probably learned over the course of the last couple of days, and not that this was new information to you, but trying to implement PBIS in a high school is a super-duper challenge. And the process, according to the literature, can take three to five years in most schools, and in high school probably maybe that sixth year. This is like that fifth year senior in college, right? So you know, feel free to interject today, ask questions, provide any suggestions, and we'll write them down and take them back and use them at Scranton High. And also, you know, there's kind of this extra piece about the blending of school mental health, which we're very, very excited about. I'm going to pass this microphone. We have to speak into the microphone for the purpose of the videotaping, so any time you do ask a question, we're going to repeat it into the microphone so that it can be captured, all right? Thank you.

**DAVID MITCHELL:** Good afternoon. My name is David Mitchell. I am an ESL teacher at Scranton High School and I'm a member of the core team for positive behavior.

**GERILYN VECERKAUSKA:** My name is Gerilyn Vecerkauska, I am a special ed teacher at the high school and also a member of the team.

**ROSARIO WALDEN:** Good afternoon, and my name is Rosario Walden. I am the community liaison for the school district and a part of the core team.

**MIKE BALDI:** My name is Mike Baldi. I am a mental health professional and I am the outsider. I'm not an educator, I'm part of the clinical team.

**LUCILLE EBER:** And I'm Lucille. I'm from Illinois.

**KELLY PERALES:** All right. And Lucille, as you heard in a keynote, we're working on this project in other sites across the country trying to learn and grow together, and she was with our elementary team from Scranton in here before lunch, and so this is kind of just a continuation of the day to give you the full picture of the continuum. And before she talks with you a little bit more about the interconnected assistance framework, I just want to point out this picture here because it's going to be relevant to some slides later on. This is a picture of Scranton High School. It's a beautiful building. And the picture doesn't really do it justice, but I actually took this picture from the parking lot. And that is a steep hill, meaning in the recent past, I've started trying really hard to exercise. And I think I'm in decent shape, but every time I get to the front door, I am out of breath. So I just want you to remember that for later.

**LUCILLE EBER:** Ooh, I'm intrigued. Right? Okay. So how was that lunch? Pretty good, huh? Okay, and we have some banner schools and, you know, I apologize. I came in and dropped my lunch and everything in everybody's way. All right. So congratulations to being a high school willing to step forward and create change. And that goes for every high school in this room. The reason high schools are harder, we can all pontificate and think about that, but one is you're typically bigger organizations, right? My husband teaches in a high school, as I mentioned earlier, of 3,800 kids. Okay, that's, I don't think -- there's nobody here with that big a high school, right? Nope. Who thinks they have the biggest high school here? How about -- 3,000. The only school larger than the one my husband teaches in in Chicago is Lane Tech High School, which has I think 4,500 kids, right? But you know, high schools not only are larger, but they are very much more geared towards content and very much more departmentalized than elementary schools and middle schools.

So think about it. Trying to get all these adults to adapt a consistent curriculum and approach around behavior is almost antithetical to what's going on, and it requires creating a school culture around social emotional support of kids when teachers are trained to be content experts. So your challenges are a little more multiplied. On top of that, kids who have mental health issues, kids who have less-than-stellar behavior, usually it's multiplied by the time they get to high school, right? Kids have experienced multiple system failures by the time they cross your doorstep. Combined with the fact that there has been, over the years, an attitude of they're supposed to show up ready to learn and if they don't, they're supposed to go somewhere else. And the somewhere else is hanging around your neighborhoods, uneducated

and without jobs. So we've all learned over the years that the high school is a community issue, and the young adults belong to everybody in the community.

And again, I want to congratulate you for being willing to go on the journey of systems change in high schools. The high school issues in Illinois, in terms of the number of schools, we're up to 160-something high schools on board with our network now, and that has tripled in the past three years. So it was a trickle and then all of a sudden, boom, boom, boom, then boom, boom, boom in terms of the number of high schools saying, hey, we've got to embrace this totally. So you know, this is a brave group because nobody's going to say they got it nailed at high school. So you know, like I said, congratulations for being willing to do it.

In addition to just doing PBIS, as Kelly said, the interconnected system framework paper that I mentioned earlier that Kelly and the organization she works with, Community Behavioral Health, Community Care -- I'm sorry, I get it wrong every time because I just can't remember, all right. And the initials always goof me up, but it's a -- you know, having a managed care funding source to put mental health providers in schools I am extremely jealous of. I do not know of any other state that has as well-funded of a school mental health cadre of workers coming into schools, supported by agencies, managed care support agencies that have unbelievable clinical expertise. So it creates quite a jealousy for me because we don't have that.

So we are trying to learn with and from the Pennsylvania experience, and Scranton's one of the first places. The other is Montrose, I think. And so we have some sites in Illinois, so we're really excited about this. And the -- you know, we did this this morning, and all of this, in my opinion, is only magnified by high schools, right? Because that's where we have the greatest number of kids with mental health problems experiencing what I call, and other people call, school push-out, either to restrictive settings or to jail or just being pushed out where they end up dropping out, right? High school, it's just off the charts because of the age of the kids. They can vote with their feet, right? They can just turn around and walk out the door, so our challenges that were up on the screen this morning are multiplied.

And the framework that we put together, if you're interested in reading the paper, it's only about a seven-page paper, I think, five- to seven-page paper. We actually took tier one, tier two, tier three and wrote up the system components that it would look like. And these guys right here, this team right here, they're working towards this with the support of the school-based mental health team in the agencies, the local agency, and the state agencies that fund

and support the work at the high school. So you have a huge advantage going into this because a lot of the high schools are already freaking out about the kids for tier three before they've ever built tier one. Is that right, right? You guys, you know -- so when you do have access to a school-based mental health team, you can in a sense work on all three tiers at the same time, and at least tier one and tier three, right?

But you know, over time the challenge is that mental health is not just a tier three issue. I know we're not there yet, but that is where we need to go, where clinical supports and knowledge and information about trauma, knowledge and information about kids experiencing anxiety and depression becomes something we look at in larger cuts of data and not just one kid at a time. And that it informs everything we do every day in the building. I know we are not there yet. I know we're mostly seeing and viewing and using mental health as a tier three individualized support, but the goal is that we build a system that has a school improvement team that includes mental health skill development for all kids, not just getting to class on time and being respectful, but goes further in terms of mental health.

So if you're in a community where a large number of kids have experienced trauma, we have neighborhoods in Chicago where over 40% of the families have experience with the child welfare department. That's trauma. Any time a family is connected with situations of neglect and abuse or kids are not living with their natural family or high rates of incarcerated parents, even high rates of poverty, these become tier one issues, and what we do every day with every kid should and can be affected. I know we're not there yet, but we just want -- I wanted you to know what's laid out in the paper, okay?

So we talk about that as a tier one issue, and then we talk about in a tier two issue, we move in and expand the array of services for some kids. So tier one is, what are we going to do with everybody in the community where our high school is? Second is, what are we going to add on for some kids?

And you know, I was talking with one of the clinicians after the Frances Willard Elementary, that's your Scranton school, about the trauma stuff. It doesn't all have to be delivered on an individualized basis. We can do instruction on anger management and problem solving, which is a big skill deficit for kids who've experienced trauma. Did you know that? That's a big deficit is kids who've experienced trauma, especially at a young age, are not going to reach for productive problem-solving skills, they solve a lot of problems by aggression. And so teaching

kids alternative ways to solve problems and manage anger is common, and you don't have to do it one kid at a time. You can do some of those supports for kids in groups. We may not be there yet, but you know, there's skill building at the group level and family and staff support.

What's most experienced as mental health integration are the systems around tier three and one kid at a time. And by having an array of providers available in the school, do they have the same array as in the elementary school? Not exactly, but they have a team, right? It greatly expands the options. However, what we learned from the elementary school this morning that I know will apply to you, you might not be feeling it yet, but you will, is the mental health services are much more productive and efficiently delivered to a broader number of kids when they're attached to an added-on and integrated in with the other levels of support. They talked about kids with significant psychiatric diagnoses fading off of tier three and being support by Check-In, Check-Out and by tier one. And that means the clinical staff is available to move onto other kids for tier three supports. So building the tier one and the tier two enhances the tier three.

So the model that we propose is you have a team of leadership people who plan together that include community agencies and school people together, you know, and looking at the overall picture in the school district. And I think we're working on that in Scranton right at the district level. And that the community partners, as I said, the goal is to participate in all three tiers. And teams of school, family, community partners review data together and design interventions together instead of mental health people do this and the school people do that. That's where we're heading is an integrated system so we can reach more kids with clinical interventions provided in a variety of ways, okay?

So just to give you another -- the old approach is each school -- this, maybe this has happened to you. A mental health agency gets a grant and shows up and says, we're going to work with this school. And each school has their own plan, they get a counselor who's housed in the building to, quote, see kids. No defined intervention, no data, and we hope it's going to work because they're now seeing a mental health provider. Anybody ever have that experience?

Okay, and the newer model is where the district has a plan, such as is going on in Scranton, for integrating mental health at all buildings eventually based on community data as well as school data, mental health providers don't just set up shop and hang up a shingle. They actually become part of the teams in the building, looking at the data, and celebrating and

supporting all the successes of all the kids, not, quote, just their caseload. It's a systemic venture.

Now the mental health people leading more interventions and more groups and bringing in a level of clinical knowledge from the mental health field for kids with higher-level needs, and as we heard with the elementary school this morning, preventing kids from needing to leave school to get treatment. Being able to integrate the treatment while they stay connected to their natural learning environment and close communication between the clinicians and the teachers because they're working together. Because the home of mental health is the school instead of it being housed in a different place, right?

And so the community partners' roles in the teams is really critical. And it's not just about delivering interventions, it's about planning and problem-solving with the team. And I'm going to end with just leaving these picture up here for just a second. I went over it this morning, but our goal here is that people from community agencies participate all along the way, not just here. But the advantage of having a team that Scranton can experience is that they can provide some clinical support to some kids even while they're building these other tiers, which I believe is probably what's going on at this point in time. So at this point, I'm going to sit down and listen and watch and only help if needed, and turn it back over to Kelly. Thank you.

**KELLY PERALES:** All right. I just want to give you a little bit of the back-story as to how this fine panel was assembled today. Community Care, as I mentioned, we are a non-profit managed care organization for behavioral health for individuals who have medical assistance. And in northeastern Pennsylvania, in Lackawanna County, we work closely with our county partners to think about how mental health services are delivered to children and their families. And we were hearing from our stakeholders throughout the community and also in the school district that mental health services were very disconnected and prescriptive and restrictive. Things like BHRS, behavioral health rehabilitation services, mobile therapist, behavioral support specialist, TSS that most schools are familiar with, you know, were all separate. This is the mobile therapist who sees this kid, but their brother has that mobile therapist and maybe they work for a different agency, and TSS is available ten hours a week from nine to eleven each morning. And I'm sorry if they have a problem at one in the afternoon, these kinds of things. I see heads nodding, so you know what I'm talking about, right?

So again, with input from our stakeholders, including family members and county partners and our school district partners, our leadership sort of developed this new way of delivering services that is comprehensive and flexible and incorporates the entire family, all right? Mike Baldi, who works for Lourdesmont in Scranton, is going to talk more in detail about the services that this mental health team provides, but essentially they work with the identified member, child, and their entire family, all right?

And we also, as Lucille just mentioned, placed them or worked with our school partners to have the schools open up their doors to these providers and have an office in the school. However, that's really the launching pad. The teams support the families across home, school, and community, all right? And so what we did is you kind of heard me say this piece about engaging the schools first. They help select a provider who they would work with, and we have ongoing opportunities for dialogue and discussion. And at the district level, we have the district and community leadership team that meets on a quarterly basis, including the superintendent and the special ed director and a district coach and -- right? All of these folks who make important decisions at the district level. And we're inviting in other community leaders because what folks in the community are realizing is the more we all go down this path together, the better outcomes we see for our kids and families, which betters our community. And I'll talk a little bit later about some of the things that we're finding already. All right? So that's just kind of a little bit of the back-story.

So what really happened in Scranton High School is that, first, the mental health team came into the school. Now the school is already doing some really great things for students, and I'll show you a slide a little bit later that describes some of those things. Many of you are already doing really great things for your students through student assistance, through other programs that you have in your buildings that support those kids who need additional interventions, right?

The thing about it is if it's not in an organized system, if it's not under this sort of framework of the RtII model of PBIS, then things really continue to be disconnected or siloed or whatever word you want to insert there, right? So we went to the district and said, in addition to this clinical home, these school-based behavioral health teams, we really feel like it would be important for you to utilize the framework of PBIS. Because first of all, we didn't want to have, super, the mental health team is there, let's refer -- you know, if you build it, they will come. Everybody to the team, right?

Instead, we want to do prevention and early intervention to help catch kids sooner and to also allow the team to really focus on those kids with the most intensive needs, right? The trauma and all of those kinds of things. And the district said, sure, let's go for it. All right? So then that's where the team of teachers in front of you today comes in. They are part of the tier one team at Scranton High, and they're going to share with you a little bit about their journey and their story so far.

And you know, now we're kind of moving into building in the system pieces for, you know, the rest of the continuum between tier one and tier three. And it's a growing and learning experience every day. There are many challenges. You will hear that the administration in the school is going to change between now and next year. That presents a big challenge and, you know, I'm sure some of you have experienced similar things. We don't want this to be person-dependent, we want it to be system-dependent, and so we're really working hard to build each of these tiers, you know, in a meaningful way so that we can be efficient and effective in our work, and do it so that we can sustain it and then scale it to the other schools in the district. All right?

So I'm going to turn the microphone over to Mike, and he's going to talk with you more about his team from Lourdesmont that works with Scranton High.

**MIKE BALDI:** Thank you, Kelly. Our mental health team consists -- I'm sorry? Oh really? We don't do this in mental health. Our team consists of five professionals. The guidelines require that we have two licensed clinicians on the team. I'm a Licensed Clinical Social Worker and my partner is a Licensed Professional Counselor. The other three members of the team are bachelor's level in human service -- in the human service field. So we are a team of five, and we are a school of 1,900, close to 2,000. There were, as Kelly indicated, more mental health services in the school than just us and we didn't come in and create anything that -- I mean, there were other services in place. We did see SAP as part of a good place for our mental health to be, and myself and one of the other team members did get SAP-trained.

But one of the things I really want to indicate is that it was alluded to that the SBBH, school-based behavioral health, we are in the school. We are there when the bell rings in the morning, we're there when the bell rings at the end of the day. But that's not when our day ends, because the majority, or hopefully the majority of the work that we do begins after school with the families. We don't just work with the kids, so when we leave the school at three



o'clock, we're not going home necessarily. We're going to a home, okay? And the kids that we've had referred to us, I'm going to take you through step-by-step our very first and one of our more successful clients. But the kids that we have referred truly have severe mental health issues, psychiatric disorders. Many of them are medicated. Many of them have suffered extreme traumas, and to just put them into a school with 1,800 or 1,900 kids and expect that they're going to be successful I think is somewhat naïve. So again, it's team-delivered. We are not employees of the district. As Kelly said, we're employees of a private, non-profit agency. And CCBH and the leadership in the Scranton school district saw this as an opportunity to treat kids, and that's why we are where we are.

But I really want to talk to you about one of our kids and so you can get a sense as to who it is that we treat and how we treat them, and how you can see implementing this in your own schools. We began in Scranton High in March of 2010, so it's not like we've been there forever. We're only there a couple years. And our very first client was coming out of a residential treatment facility, and the reason he was coming out of a residential treatment facility was because they were closing, not because he was successful. And we got the call that this child is coming out and we think it'd be great for your school-based behavioral health team, and he's coming to Scranton High. Wow.

When we looked at his history, he had been in alternative education for most of his elementary school. The middle school, the sixth, seventh, and eighth grade, he was in partial hospitalization classrooms. He was in all kinds of alternative education, was really never successful in any of them, had a very violent episode in the school, hurt a teacher, was sent to an RTF where he was there for 18 months. And for those of you who -- RTF placements, 18 months is a long time for a kid to be in an RTF. And he was not ready to come out, but again, the facility was closing and the word was educate him. So he's coming back to Scranton High. And the thoughts of this kid just coming into Scranton High and navigating the hallways with 1,800 other kids was a really frightening thought for all involved. So we kind of wrapped our thinking around, how are we going to treat this kid?

I mean, just give you a little bit of history about who he is. Diagnosed as a bipolar disorder, oppositional defiant disorder, impulse control disorder, full-scale IQ of 109, which came to us. We did not test that out, but that came to us. He was medicated with depakote, 1200 milligrams, big dose, 900 milligrams of lithium, and 100 milligrams of seroquel, mood

stabilizers to help with the manic episodes. So again, picture this kid coming out of RTF, small classes, very individualized, put into 1,800 or 1,900 other kids and expect to navigate. And again, this is not a fault of the district or the RTF or any, this is the reality of it. And I'm sure that you guys have -- will have experienced it as well.

The treatment modalities that we used with this child and with all of our kids: individual therapy, family therapy. We have not been successful, I'm going to be honest with you, with trying to establish groups with this age group at the high school level. We're still trying to figure that out. But the key is that we are in the school when they get there, and we're there when they leave. And during the course of that day, if there's a meltdown or there's a crisis or that child needs to walk out of that classroom and go somewhere, instead of walking out the front door and going to the mall, they come to our office. And it is immediate gratification for me, immediate gratification hopefully for the kids, but you don't have to wait until your appointment, your outpatient appointment, which may be next week or the following week or whenever. We do not have a psychiatrist attached to our team, we used community-based psychiatry, so they follow their medications, okay? So I have nothing to do with the medications other than getting them to where they go.

But the key to the success of this story is that he was committed to treatment, his mother and his sister with whom he resided were committed to treatment, and we were committed to treating. The school was committed to treating. So we've got this team of people who were really wrapping ourselves around this one kid.

I'd love to tell you that he's a Rhodes Scholar and that he's on his way to Harvard right now, but let me tell you where he is. When he came to us, he was in tenth grade in March of 2010. We worked him through that, got him to finish tenth grade. Started 11<sup>th</sup> grade, a lot of school refusal, team members would actually go to the house in the morning and say, get your butt out of bed, you're coming to school. Part of the episode with -- I'm sorry, the symptoms of the bipolar disorder are just this lethargy and not caring. And we would literally just talk him out of the bed and into the school. And we would transport him. Get him there, and now we've got him here, what are we going to do with him? Teachers are all onboard, we get him through the day.

We get him through 11<sup>th</sup> grade. He's now, come September of 2012 -- no, I'm sorry, 2011, he's going to be a senior in high school. And he decides, you know what? I'm done. I've

finished, no more high school for me. Yikes. What are we going to do now? He turned 18 on October 1<sup>st</sup> and he signed himself out of school.

Now my heart's broken, except that we're not done. Because just because he's not in the building doesn't mean that he's not ours. So you treat where they are, so we started doing all of our treatment at the house. And we've come to realize that high school graduation is not in the cards for this kid. He's not somebody that's going to be able to navigate another whole year of high school. So what are we going to do?

Got him hooked up with Job Corps in January of 2012. And that is not an easy thing. for any of you who have ever tried to get a kid into Job Corps, it is a process. We started it in October, he was admitted to Job Corps in the end of January. So it was almost a three-month process. In the meantime, he was not going to school, he wasn't doing anything. What he was getting was mental health treatment because we were going to the home regularly to provide that to him. The beauty of it is that in April of 2012, he received his GED from Job Corps. To me, a major success. He is now enrolled in their electrical -- I don't even know what you call it. He's going to be an electrician, okay? And he is on track to finish their program in April of 2013. We discharged when we knew that he was moving an hour and a half away and that he was going to have the mental health services and the educational services that he needs and deserves. But we didn't stop there. Our team backed out, but then we put a case manager on the case from our agency just to follow to make sure that nothing gets lost sight of. I still have contact with the kid, I still have contact with the family.

Point being that this is one of right now we have 29 actives cases on the Scranton High school-based behavioral health team. I think we have enough referrals to probably last us until 2040. They just keep coming and there's a lot of needy kids. The secret to all of this, the success here starts with the leadership in the district seeing a need for this, the leadership in the school approving it, the family being committed to treatment, the kid being committed to treatment, us being committed to treatment, and the faculty being committed to it. Because there's very few teachers who want kids walking out of their classrooms and just going somewhere to get services. I get that, I understand that. But without all of those people, community care, the district, everyone involved working together with this, we would be, just as Kelly referred to before, we would be a little island in the school, and we wouldn't be integrated at all.

I feel as if we're very integrated in the school. It's a faculty of 153, pretty big school. Do they all know exactly what we do? No. But those who do use us and use us effectively. And then it's our job to integrate our services back out into the school and to make -- to support the teachers when they have these kids with severe mental health issues. There's not a school in the country that doesn't have kids with severe mental health issues and trauma. And if you really look at a school with 2,000 kids in it, every day there's a kid who suffers some kind of trauma the night before, whether his grandmother died or his mother was in a car accident or he didn't eat that morning. Whatever the case is, you cannot have 2,000 kids in a school and not have somebody in trauma. So with that said, school-based behavioral health integrating with positive support and the entire administration is why we're successful. And not only this child, but hopefully with many others.

**DAVE MITCHELL:** Okay. Again, my name's Dave Mitchell. I'm an ESL teacher at Scranton High School and I'm on the core team right now. To begin with, we were introduced to the program in the summer of 2010. My principal approached us, he asked if we wanted to form a team looking to improve the discipline, the quality of school, the confidence of school. So I said, yeah, sure. Thanks, Kelly, by the way. Appreciate it. So I'm not going to lie to you. This is hard for high school. We are struggling with it. Not to say it's a failure, but we're not going to be where the elementary kids are, where we give out a ticket and these kids are thrilled, okay? High school, as you know, whole different ballgame.

We went to multi-day trainings, developed foundation goals, terminology we felt was appropriate for Scranton High School. We went through a list of things we wanted to -- and if I can just grab this, I don't want to click ahead. We developed our matrix, and I will click it up for you in a minute. We wanted to not just deal with discipline, but also having pride in our school. We wanted to bring back the pride of being in high school. Many kids don't even -- they go to high school, they come home three o'clock, whatever. When I went to high school, I had pride being there. I liked being there. I liked being part of a team. I liked being part of sports. I liked being part of the clubs. We were getting away from that at Scranton.

And to go back, talking about Scranton High School, we are a school of about 1,900 students, give or take. Sometimes we're close to the 2,000 mark. Recent survey, I think we had almost 70% of our students qualify for free and reduced lunch, so you look right there, we don't have the strong economic background that some districts might have.

Talking about what we discussed, we have 153 teachers also. When we talk about the level of administration, I have four administrators at Scranton High School, so I get four different answers sometimes. Okay? So this is part of the reason I wanted to be a part of this team. Let's streamline, okay? If you're late and you're late, you got a detention, you got a warning. We can't have that, okay? We wanted to develop a streamline of discipline and bring in part of the school pride. So again, we picked and we talked about -- the focal points were agreed upon when we met with the team members, and we sat down and we said, what do we need to improve Scranton High School?

Well, we decided, and if you look also on our flags that we made there, we want the students -- we want you to be responsible. We want to be respectful. We want to be safe. And we want you to be confident. Each goal was broken down and explained the need and importance and areas of the school-wide behavior that need to be addressed. So then we broke it down. If you look here, I don't want to click just ahead. Well, maybe I can, and we'll go back and forth. There we go.

This is everywhere in the school, the hallways, the classrooms, every teacher has one. The front office, the front door, you're going to see them. We have things, and I'm not going to read everything to you, but we address how you want to be in the hallway. You want to be safe in the hallway, you want to be confident in the hallway. And little things like that. I don't want to see the kid walking with their head down because they're scared, the little freshmen walking in our high school because the big seniors are walking by. Be confident, have confidence in yourself. We want to tell you how to act in the gymnasium, how to act in the cafeteria.

And on a side note, we get to the questions where teachers are like, why do I have to tell this kid how to behave? Why aren't the parents doing that? Well, that's pretty much a self-explanatory answer. Parents aren't doing that at home, okay? We are there, you know we wear many hats. We're going to be an educator, we're going to be a shoulder to cry on, we are going to be that friend, whatever we need to do.

And some of the kids, I teach ESL, I have 196 students in the building, so almost 10% of our population. And some of the kids I have, they come to high school, ninth, tenth grade, they have a fifth grade education. They don't know how to act in class. That's part of our job to show them a little bit, okay? So we want to -- and what we kind of say is to these people when they

say, why do I have to do that? Well, we're doing something. It's better than nothing. That's the way we look at it.

Going onto the next slide, sorry. Programs and its ideas were presented to the entire faculty of SHS. The team presented the matrix and explained the program. Again, opening day, we explained it to the teachers. We let them know this is what we want to do. Do you have any feedback, do you want to change things? And again, we're going to stress we're at tier one. We are still going to be at tier one next year. It's hard. I'm not going to lie to you. And you're not -- we started -- this coming school year, '12-'13 would be what? Three years? Three years, okay. It's hard to get the support of 153 faculty members. We're going to talk about the things we do and hand out. It's hard. Maybe you're going to have better success, but when you look at it -- and again, we talked about it, but we're not going to use this as an excuse, we're going through a flux of administrators. We have the administrator who recruited me is now on leave and we don't know if all four of our administrators, our district is realigning them, so I don't know if they're going to be back. So come next year, I'm going to have to and the team's going to have to convince the new administrator maybe to keep this program alive and hopefully keep it going, because we do see results. And what I want to say is the results we are seeing, my ESL students, the special-ed students? You're seeing results with those. And those are going to be probably your first target students in the beginning.

The team asked for feedback, we talked about that. Tickets. We decided on a ticket method, okay, at first. When we introduced it, there they are. There they are. They're the ticket girls. When we first decided, oh, we're going to have this tier of tickets and this ticket's going to be worth five points, this is going to be ten points, and you're going to cash them at the school store and you're going to get all this. Yeah, just scrap that. That didn't work. That didn't work at all because we ran out of time. Who's going to keep track of all of your tickets? Who's going to keep them in place? How are you going to cash them in? And a big issue is money to deal with what you have to give these students back.

So we decided this year was green. Last year we started red, year before was gold, I believe. Yes, we have to keep them so the counterfeiters don't get them. All right, we got to keep changing up the numbers there. Okay. And it works. The students at first, I was like -- even myself, I'm saying these kids aren't going to go for it. But then you see the sports kids and the art kids. They're like Mr. Mitchell, where's my ticket? What'd you do? And then they start

explaining. Then they start seeing kids getting tickets, and really it works that these kids see other kids getting the rewards, getting the tickets. And then they start to change a little bit.

The really -- first time I saw it take effect was I -- we stand in hall duty in the doorways, watch the kids come down. And this little kid fumbled his books all over the place, all over the place. And what do you usually see when that happens? Thirty kids just walk right by him, kept going. Or kick the books, yes. These two rather large football players stopped, who I thought they could probably pick this kid up and throw him down the hallway. Picked up those books and helped him out. They say, are you all right, buddy? And you know what? That really touched me.

And I had to ask Mrs. Walden, who works with me in the classroom, I said, we need tickets for these kids. And I explained to them. And these kids were like, nah, I don't need a reward. But it was nice for them to get it, so you do see it. And then we explained to them, like you know what? That's about having respect for your school. Respect for your school, respect for your classmates, okay? And this showed that they have confidence in themselves and it may help this little freshman alleviate the fear of being in that high school and realize, you know what? The next four years aren't going to be bad.

And we want to say, you're going to be here four years. Have fun. I had fun in high school. I learned, I had fun. Nowadays I hear students saying that, ah, I can't wait to get out of here. The four years of my life was the worst. And I also do GED at night, I'm the administrator for GED, and I can't tell you how many kids I have coming in saying, I made a mistake. I signed out. I wish I can go back. Okay? Mr. Mitchell, I wish I can go back. I was like, you need to learn that, you know, there's tomorrow. All right? This program helps us show these students that there is a tomorrow, there is confidence, there is safety in our school. So hopefully this will help you. I know I'm getting off a little task here, but I'm much better at talking this way than going off a PowerPoint.

Again, parents, they were informed of the program as the new school year began, so when we have Back-to-School Night right in the beginning, we show a video for them. And I don't know if we'll have time for the video just yet, but maybe we'll show it at the end. We let them know this is what we're planning on doing. We want you involved. If you have ideas, if you want to come in and share something with us, please let us know. And at the end, we gave them our bumper stickers, the little stickers.

And this became our shield, and we're in the process of putting this all over Scranton High. And again, we have safety, confidence, respect, responsibility. And we want the parents to put this out in the community. And you don't know how many parents came up and said, I'm so glad this is starting. I want to help. We had people volunteer to give us pizza, to donate. One person said, if you want to hold a car wash at my -- I believe it was a restaurant, use the parking lot. You can set up a car wash for a fundraiser. People want to give back. So if they see us trying, they're going to try.

Because Scranton, I don't know if many of you are familiar with Scranton, we have West Scranton High School and Scranton High School. West Scranton High School, I can ask for \$1,000 from the alumni and I'm going to get it in 24 hours. Scranton High, they have that community base. Scranton High School, we don't right now because, I think, we are much larger, and we're having a lot of influx into our area. We have a lot of Hispanic population coming in, now we have a Nepali population coming in. We have people that weren't born and bred in Scranton, and they don't have the Scranton pride right now, so we want to bring that back.

Then we talked about the 10, the 12 ticket system. They're given to the faculty. Email is distributed, we try to keep them informed all the time, asking to focus on selected goals. Example, confidence in school. I want to do confidence in school. So what our principal said, five-minute bell ringer in the beginning, talk about confidence in school. And what I would do is, what does it mean to be confident? And we just have a five-minute discussion. And then we would point to, okay, we have confidence, and we talk about certain things on here. It worked and it didn't work because some teachers are like, well, I don't want to talk about confidence right now. So we kind of had to modify again. And this is a little side note. We had to -- I'll get into this in a second. We had to start deciding that, you know, if this is going to work, we're going to have to work with the teachers. We can't always tell you what to do. You're doing this, you're doing that, you're doing this. They're going to turn off on us. They turn off on us, program's going to die.

So what I needed to do, what we needed to talk about was, well, what doesn't work in your classroom? So in your classroom, you're having a hard time with lates, tardies. So that's going to be your goal you're focusing on. You can reward the kid. Say he's late for his class four out of five days. You discuss it, all of a sudden John's coming to class on time. John, great job this week. Here's your ticket.



You don't have a problem with tardies. What you have a problem with is bringing notebooks to class or your book. So then we gave it up to the teachers to decide what you need to focus on in your classroom. We gave the ownership back to them a little bit. And when you give ownership back to them, it becomes a part of them so they can develop it and mould it, critique it, to how they want, but still meeting our four principle goals.

Talking about once we got started with the program, off and running, we talked about what we're going to give out as rewards. First we would have tickets and we talked about the point system. Didn't work. So what we ended up doing was getting a large can, like a big garbage can, we painted it up, put the hole in it. So if you got a ticket from your teacher, you deposited it. And what we found to do is -- here's an example. A teacher would sign it, so then we were kind of keeping track on who was doing the program. And then not to punish that teacher, but when we had teacher drawings. Well, teacher drawing name went to there, okay? Mr. Smith, the gym teacher, who didn't care about anything, threw all his tickets away, you luck out, buddy. All right? So it was a way -- and not to say that we were going to say anything, but that information would go to our administrator. He said, can I have a list of the teachers that are participating? Well, then we made a spreadsheet. We have 25 teachers that participated this month. And then he could look and he can make his decision how he wanted to do it. Fortunately he's not with us right now, so we're going to see what happens there.

Again, we talked about -- we had some money, we decided to incorporate the school pride aspect of it, so we had some things made up. They could choose from clothing. Why'd we take gym shorts? Well, it alleviates the problem of being ready for gym class. You're not going to get written up for gym class anymore because you're not prepared. Now you get a free pair of shorts if you were picked, and you could pick through it. Shirts, we had golf shirts made up. We have a dress code in our school system, so everything has to be plain or golf shirts. So if they were problem with the dress code, we had shirts for them, and it also kind of distinguished because you can't buy that shirt in the store. We were special ordering them. So all of a sudden, the students see that Jimmy's got that shirt. He must have gotten a winning ticket. I want that shirt. It's pretty cool looking. I actually want that shirt. It's nice looking, you know? So we did things like that.

Little things, sometimes we'd just have things at lunches. We would have you bring me a green ticket and we started a rice krispy treats. And what we did, we bought the supplies, we

had our home ec teachers, our special ed life skills classes, they have the kitchen in there. They would make the rice krispy treats. So the kid would turn in a ticket, you got a treat at lunch, okay? And you should see the turnout. You'd be surprised. So we did that, we did Halloween, we did -- what else did we do? Easter, we did the Easter candy canes. Christmas, we had a tree. You pulled the candy cane off, it had a color bottom. You either kept the candy cane or you got a surprise.

We made these little bracelets up. We thought these kids would be into it. Proud to be Scranton nights. Okay, so we put these out. We were selling them to help us fundraise a little bit. Kids didn't want to pay \$2 for them, they wanted them for free, of course. So we have these. We just had a Sonic open up across the street from us, so we went over, purchased some gift cards so they could have a choice of a \$5 gift card. We kept it small because we learned that some of the kids are not -- I'm sorry, not some of the kids. Some stores will buy back your gift card for a reduced price, so if it was like a \$30 gift card, they'll give you \$25 in cash. So we're like, well, we're certainly not doing that, giving you cash. So we kind of get them \$5 that way.

We actually, for the ladies, Vera Bradley purses. Last, was it last season or something like that? I'm not -- extreme clearance, but the kids don't know the patterns, what they were exactly. And the girls, I mean, it's Vera Bradley, all right? They're taking it up like that. For the winter, we try to do things that we know the kids need. How many kids -- you know, I see them when I'm driving to school, walking in a sweatshirt and it's 25 degrees. No hat and no gloves. So we had things printed like those hats, gloves, and put the Scranton pride on there. We did that for them. Anything else we're missing there?

The pins, yes. Oh, the pins. So another thing, getting to the teachers? When we wanted to support the teachers, knowing what they were doing and giving to us, we had these pins made up. So we would go through the list again and we would find the teachers that are participating in the program and we would give these pins. I usually wear it on my name tag, but we put it out today for you to see. And it's the same thing, the shield, only smaller version. Okay? So we try to give the rewards. Now -- go ahead, sure.

**AUDIENCE MEMBER:** Do you have a specific amount of tickets that the teachers are supposed to give in a certain amount of time?

**DAVE MITCHELL:** Yes, I think I passed over that, sorry about that. First we did 10 to 12.

**AUDIENCE MEMBER:** A day?

**DAVE MITCHELL:** No, no, no, no. I think it was, what, a two-week period? A two-week period, 10 to 12. So you can't overload, you know what I mean? So you're handing out every -- what I would do with my class, I think, you know, five a day, but I taught five periods a day. So it's spread out over time, you know. And then I would have teachers say, Mr. Mitchell, I need another five tickets. And you know what? If they were doing the program and they're asking for five more, I give you five more.

When we were trained on it, the idea is to eventually reduce the number of tickets so the behavior is just going on without the reward, but we are still at the rewarding stage. Because again, it's hard, it really is hard. It's rewarding. I don't think I would give it up. You know, I talk about it, I'm like, oh I -- you know, this is one of the hardest things I've ever done. But I see a difference at Scranton High. I see the kids wanting to behave. We are not at the level to go to tier two and tier three, but we'll get there. All good things take time, okay? And we were kind of trained on this in a summer and we started September. We were trained I think August, and we started off on September. And we have our growing pains. We have to change. Yes?

Who provided our training? Ms. Kelly up here, she did. Mr. Schaffer, our principal, he asked for volunteers at the end of the year who would be interested in running a program. We all submitted our names, he put the team together, and he worked with Kelly to set up a time in the summer. And she came to us. I'm not like selling you or anything to go to other schools or anything like that, but she did, she came to our school. It was about a three-day training. We sat there, we brainstormed, we came up -- and there's -- the training is excellent. It lays everything out what you need to do. We came up with pretty much our matrix here, then we went to our IT guys, they helped design it, things like that. But like I said, it's a process. We went through this -- yes? Oh, I'm sorry.

**AUDIENCE MEMBER:** Who funds your prizes?

**DAVE MITCHELL:** Our prizes are funded. What we started to do, we have a special ed store which we sell -- it's run by the special ed teachers. They sell snacks during the lunch times. So we go to Sam's Club, we will buy -- now we buy healthy snacks, so Gatorades, things like that. Now it's like the baked Lay's and stuff. So the kids buy them, and then that money is used

throughout. Now we're starting to run Gerilyn dry, so we had to think of other ways to come up with money, so we're allowed to have bake sales, things like that. So we use that. We have to do those every once in a while. But really we were running out of money, and that's when we decided to do the rice krispy treats because that, buying rice krispies and baking them, is pretty simple, pretty cost-effective, things like that. We do use some school -- Mr. Schaffer did set aside some of the general fund money for us, just a little block. He says, here, use this how you want, but after that it's gone. Okay?

PTA, definitely. They offered at the beginning of the year to buy the bracelets, I believe. They -- yeah, our PTA is very excited about this program, and we had to approach them and I was thinking like, man, maybe they'll give us like \$200. They're like, oh, we have like \$900, we can give it to you right now. They want to be involved, okay? They want to be involved.

**ROSARIO WALDEN:** We also have the community that has helped like one time -- I'm sorry, thank you. One time, we wanted to run an ice cream social and we got donated the ice cream from the community. So we painted -- we asked it to be pink, you know, with the breast cancer, and we have like a dollar and got like pink hair and all kinds of stuff. So we collect a little bit of money and they were thrilled having ice cream just for that day. So little things like that have helped.

**GERILYN VECERKAUSKA:** One more thing. there's a lot of -- we just started doing some -- we don't want to go with the gimmies all of the time. Obviously we want to get away from that. When we started doing movie showings or having a balloon fight. We don't want to always go with things, but unfortunately, we're -- you know, we had a lot of stuff going on this year, so in order to keep the program moving and to keep the kids interested and to serve their daily needs, we got the gloves and whatnot. But we picked names out of a hat, we have movie showings, which cost us a dollar at the Redbox. You know, that's -- and the kids like it, they're getting recognized, they get out of class. We're doing like certain -- they can eat lunch outside. That's a great thing, they get picked for that. Stuff like that along with this.

You could do a lot of -- you know, depending on how your school's set up, a lot of free things, you know, as a reward. Like we were -- one of the speakers was talking about, what's the most important thing you don't buy? If you ask kids, they'll tell you, so.

**ROSARIO WALDEN:** And we have to remember also, we have to remember we are talking about high school students. It's not like this is going to be a -- yeah, they like it because this means something else, so we have to realize the population we're working with.

**DAVID MITCHELL:** Okay. Just to speed it along a little bit, we talked about the tickets. Yeah, so we did -- we can't just give prizes out. We're not unlimited funds. Then like we said, the movies. What we started to do is we picked a G-rated movie, we didn't want parent complaints, and we picked about 45 names. Our auditorium has a very nice HD screen, state of the art auditorium, so what we did is we had the students come down. We either did ninth and tenth period at the end of the day, and then we flip-flopped first and second period so the ninth and tenth teachers aren't always complaining like, oh, this kid's missing my class, missing my class. So we kind of moved it around, so we started rewarding that way. The end of the year, May I think, we want to do a cook-out that we're just going to get through food services. They're going to donate some hot dogs and things like that, let the kids go outside. We talked about the cash values, we went through that.

Faculty reaction was slow in the beginning. It's still a little slow. We're getting better, getting better. We did some staff parking. As Kelly talked about, the major hill that she must climb, teachers also, so we put out two reserved parking spots at the top. One was for staff parking, so your name was pulled. If we see you from the bucket with your name there, we put you in a special bucket and we pulled the drawing, so the whole month you got to park at the top of the hill right next to the principal. And I believe we also did a student one. Student one's a little different because then you got to look and see which senior or junior has a driver's license and which one is driving to school every day, so but there is a spot up there.

Modified program, I think we hit about that. We talked about that we -- it's always changing. It's always changing. We're never going to stick to just the prizes. We're never going to stick to just the food prizes. It's evolving, and we have to go on and work out -- we started also a newsletter just to keep the teachers informed. I know it's kind of hard to see, but we type it up, we send it out email, we print a couple and put them around school, and we just let them know. And down in the corner, this was -- was this December? Yes, December, we were fortunate enough to have President Obama come to our school and speak, so we put that in there. And then we put some of the honor roll students down there, and some of the winners on the right-hand corner there that we publish every month.

**AUDIENCE MEMBER:** [inaudible]

**DAVE MITCHELL:** I don't know if he took anything. You know what? You couldn't get -- I was -- I shouldn't be surprised, but the amount of security that went through there was unbelievable. We talked about what's next. It's been an adventure to have this program, okay? With a population of between 1,800, we go up between 1800 and almost 2,000. It's hard. Like I said, it's an enormous project to start, but the rewards are paying off. We see a difference in the students. We continue to meet and discuss our ways to evolve, and we do look forward to continuing this program. Thank you.

**LUCILLE EBER:** How about for Dave? And his team. I just want to make a couple comments about high schools. A lot of you are getting started in high schools, and then I'm going to turn it over to Kelly. The reinforcement issue? Wow, you guys are -- I'm exhausted listening to how hard you've worked at this. The student engagement and teacher engagement are two of the hardest issues any time with a change like this. And I want you to notice how much effort they put into student engagement and teacher engagement. Just take a moment and think of -- that has been your focus. I wrote on purple tickets that I earned during the last session.

The other thing that they focused on really heavily that I want you to notice is the culture of the school. The whole issue of pride and kids wanting to be engaged in their learning environment and feeling good about going to school in the morning, that's what we call the social culture of the building. So focusing on the social culture and focusing on the engagement of people in having ownership around the social culture in the building, right? All right. So now I'm going to provide some technical assistance, you ready?

Okay. So some things about reinforcers. Because we're working so hard to change the social climate of when our kids feel good about being there, I want you to go back and stay focused on connecting the reinforcers to the teaching of the behavior, okay? And so for example, the only reason you give reinforcement, which I think they have illustrated beautifully, is to reinforce somebody practicing a particular behavior, right? Because your critics, the other 100 and whatever teachers, okay? The critics will say all we're doing is reinforcement. And reinforcement is actually a stage in the teaching of new behavior.

Think of a two-year-old -- a two-year-old, sorry, a one-year-old who's beginning to walk. By two, they're destroying your house, right? But think of a one-year-old who's beginning to

walk, and when the kid starts to stand up, what does everybody do? Yay, yay, yay! And then they fall down, they pick them up again, yeah, yeah! And everybody has a celebration every little step they take. Always remember that reinforcement is a step in producing a new behavior.

So having said that, another piece of more specific technical assistance I'll provide for all of you here, because that's my job, is that you might want to consider, because you switched to letting teachers choose what you need, but you might want to consider picking one thing that everybody agrees is important to work on together in addition to encouraging the teachers to use the reinforcement system for individual things. And a way that you can decide on that, there's a couple of options. They can actually vote on it. So you get all the teachers in a faculty meeting and you rah-rah about all the good things you've done, wear your hats, wear your shirts, wear your banners, wear your everything, okay?

And you say to them, what are the top three behaviors that interfere with instruction the most? And if you want, you can say that you don't send the kids to the office for. Like the things that interfere with instruction the most, but you don't get to kick the kid out for. And you have the teachers in teams and they come up with the behaviors, and then you have everybody report out and write it on a chart. And as a group, you come up with the top three behaviors, and then you pick what is the replacement behavior. Does it fall under respect, does it fall under -- you get where I'm going here? And then you come up with something that's going to be your behavior of the start-up for the new school year. And everybody agrees to give high-frequency tickets for those behaviors. So they still have choice and it's still -- but you might be able to now boost your use of positive interactions by getting something that everybody agrees on together. But always tie it back to your matrix.

So I really like the fact that you guys didn't waver in your problem solving. Like they're not doing it? Well, then you pick what you want to give them for it. But I also heard you say it's not high-frequency enough for what you know you were trained in, right? Because reinforcement comes in multiple tiers, and that's another thing they're doing quite well, is you reinforce high-frequency first. That's the first type of reinforcement, and everybody should give it all the time. And you shouldn't have to do something special to get it, you should just be recognized for being safe in the hallway, or if you're being respectful. And you want tons of them going on.

The second is intermittent, where you don't know when you're going to get it. And that would be like your drawings. And your third is celebratory, where it's like the movie or the event. So you guys had examples of all three types. And what would be next now is when you plan, say, is this going to be a high-frequency reinforcer? Is this going to be an intermediate reinforcer? Or is this going to be a celebratory?

See, now you can get more strategic in your implementation following the science of behavior because you've laid the groundwork. So some of you, if you've laid the groundwork and you want to know kind of where to go next, taking a close look at the strategic use of reinforcement link to behaviors you want to see, but getting teacher voice into what they're going to be willing to teach and reinforce, you can get them to land on certain things altogether. But it would -- you know, those are the strategies that we've seen work for that. I think those are the only things that I wrote down that came to me.

Oh, and I also love your journey to learning simple is better. Your elementary school, they did their top-ten David Letterman, and one of them was KIS, although they didn't call it stupid. Keep it simple. They put some nice word at the end instead of stupid, but we knew what they meant, right? You know? And they had the same experience you had where you have to keep the system manageable.

And I really liked -- I'm sorry, special ed teacher, what is your name? Gerilyn? When she piped up and said we learn to move to natural reinforcers that don't cost money, but can still be enjoyable and appreciated by the kids. So that was fantastic because I was going to say that and you already did it, you know? You can have some prizes. And I also love the fact that there's things that kids need. We have a lot of kids who need hats, who need gym shorts, who need gloves. And then we have a lot of kids who can't buy something that shows school pride, but they sure would like to have it. And then, you know, you can't feed the teenagers enough, okay? So, right? You've got any at home, you know that, right? So I'm going to turn it back over to Kelly.

**KELLY PERALES:** And you know, I have to just one more time make mention of these parking signs. Because you know -- because what I failed to mention is you heard them talk about I come and do training or I come to a meeting, and I've got two bags and an LCD projector and a binder and my lunch and -- you saw me walk in here today, right? I got to cart that up that hill, and these spots are right at the top. It would be very reinforcing to me, obviously, right? That's



the point here. Anyway, I'm going to be happy, they know this, if I walk out of here with that shirt when we're done. That's all.

All right. So you heard about some of the successes and challenges, and you primarily heard about some things that are happening at the top of tier three and at the bottom of tier one. And we know there is this huge continuum in between. And as I mentioned, the school and the district are already doing some really innovative things to help students. And we're starting to blend this in, so this is that we're building the plane while we're flying it, right? Because you heard Dave say, hey, we're not even implementing tier one with high fidelity yet. How are we going to move onto tier two? But guess what? You have guidance counselors, you have a SAP team, you have community partners who are coming in and running groups. The Advocacy Alliance in Scranton has done some things on suicide prevention. The Hospice of the Sacred Heart has -- they come in and do some grief work, either with individual students or in groups. Scranton, the University of Scranton comes in and they do some things. So there's lots of resources in the community for us to invite those folks to the table and get involved. So the piece about implementing with fidelity or having this, you know, continuum where we have all the data that we're looking at and progress monitoring, they're getting there, right?

But we knew early on that we wanted to have the full continuum, have the entire framework so that we could really make sure that the students were getting what they needed when and where they needed it, right? I mean, you heard Mike talk about one example of a student referred to their team. There have been many, and all of these students by the time they're 15, 16 years old, have been involved in all of the systems since they were itty bitty, right? Children and youth, juvenile justice, mental health. Some of their families are done with them, frankly. And the student has to say, you know, my mom or dad isn't going to come to that, or they're in jail, or they're in rehab, or wherever they are, or I live with my friend's family, or I live with my aunt. Whatever the case may be, and they kind of help the team think about who's going to be that family support and connection for them, right?

And, oh, by the way, speaking of things like going off to detention or needing drug and alcohol intervention or treatment, some of the students referred to the mental health team, you know, end up needing those other types of things, right? Or being placed in those kinds of things, right?

So you went -- you came here to this conference and Mike gets back and he finds out that one of his members is, you know, in detention for some reason, right? I mean, those are the kinds of things that the team and the school are facing every day with their students. They do have some innovative programs. They have a program at the high school for kids who are basically on the verge of being expelled, and they come to school from three o'clock in the afternoon until seven at night. They have another program for teenage mothers, so young ladies who are expecting a baby and they go into this program so that they can still come to school and also learn about what -- you know, how they're going to take care of their child or what their plan is going to be for that.

So lots of resources, but they also have a lot of need. And so, you know, we're still new in this process, right? You heard them talk about we're two and three years in. It's three to five years just for implementing with fidelity at tier one, right? I said that at the beginning, and we know that if we're going to have the full continuum of all three tiers, we've got a lot of work ahead of us. I'm so glad that they're still sitting back here.

All right. This is one of those other required visuals for all presentations related to PBIS, but you can certainly see the connections, how we're going to be taking a look at what is the system? What are our practices? What interventions are we using? And what is our data telling us so we can progress monitor so that we know that we good outcomes for students? We're supporting staff. You heard a lot about that from the teachers, which I love because that's peers influencing peers, right?

And then I actually want to take a few minutes to show you some what I think is really exciting data. And I'm going to kind of talk you through this, but these next slides are preliminary results when Community Care started looking at some of our outcomes. So something I didn't really tell you about is that in addition to school-wide data like office discipline referrals and attendance and things like that, Check-In, Check-Out data that you heard about already today, our teams are also tracking outcome data. So they are asking teachers and families for input at the time that the child enters the program, and then on a very continuous basis in terms of how they feel things are going, right?

So this first set of data is from something called the Child Outcome Survey, which was developed by Community Care, and it's asking families for their perception of how their child is functioning and how their family is functioning. And it's completed by the therapist in a

therapeutic encounter, and they do it every month. And they put it into an online data system, and a graph comes up right away. And they can use it to inform their treatment. And they can say, here's our treatment goals, here's what your telling me about your child's functioning and your family functioning. How are we doing? Do we need to make any changes? What do you think? All right?

What this slide is telling us is for those students who are in green here who are enrolled on our school-based teams, so in the mental health service, in schools who are implementing PBIS with high fidelity, they have better outcomes than students on our SPBH teams who are in schools who are either not implementing PBIS at all or partially implementing, which means they're implementing, they're just not yet to high fidelity. Okay, you follow me there? I believe we only looked at six. So we have school-based teams in 18 different school districts right now, Community Care does, and so this is a sampling of six of those. So two were schools implementing with high fidelity, schools not implementing at all, there were two of those, and two who were partially implementing, all right? So this is -- so what we're seeing is kids in SPBH teams in PBIS-implementing schools with high fidelity have better outcomes, right? Green bar is higher. Same for child functioning on that same measure, the Child Outcome Survey, so same information there.

The next two slides are data from the Strengthening Difficulties Questionnaire, which can be used as a universal screener. This is a measure that's filled out by parents, and this slide, the next one is teachers. And it's done on a quarterly basis. And in these slides, improvement means the bar is going down, so that has kind of changed. So in terms of the section of the SDQ that looks at difficulties, you know, the difficulties for these children is decreasing over time and it's a bigger change for kids in schools implementing PBIS with high fidelity. All right? And that was both true for parent report and also teacher report. I would have to go back and look to tell you how many kids were in -- sure, yep. Yeah, right. All right? Anybody having any questions about the slides in particular? I know we need to leave some time for questions for our panel, I'm just double-checking.

All right. So some things that we know in terms of next steps and expansion? So the important factors of the implementer's blueprint for sustainability in scaling, we're going to just continue, right? We're going to keep at this. So you heard them talk about they're not sure what's going to happen with administration. Guess what? The district is committed. The

superintendent is committed. They are going to work with me and with this team behind me to help that new administrative team come on board with all of this. All right? I'm not going to let them give it up, that's the bottom line, right?

And then we're going to move forward with some more formal training at tier two, right? Get some of those important folks in the school on the SAP team, the guidance counselors, et cetera, et cetera involved in that. And we're going to do some further clarification of that slide I showed you with what's really referred to as the resource mapping, right? What do you already have happening, where are the gaps, what do you need, who are we going to get to the table, okay? Oh, I dropped my -- what'd I do with this? Look at there. Must be almost time to be done. All right, what questions do you have for anyone here on the panel? Yes?

**AUDIENCE MEMBER:** Are there criteria for Community Care to work with a student, like MA eligible --

**KELLY PERALES:** Okay. Sure, so the question is, for the school-based behavioral health team that Lourdesmont in this case is the mental health provider, what are the sort of eligibility criteria for a student to participate? They do have to have medical assistance, right? And if they do not have medical assistance, you heard Dave say 70% of their students qualify for free and reduced lunch. It's entirely possible that they may not have medical assistance but they might qualify, they just haven't made application. Once they have medical assistance, Mike or his partner, the other mental health professional, do an assessment or evaluation. And if the student has an access one diagnosis, which the case that Mike shared with you, I mean, that's the majority of the kids getting referred. You know, they might already have had an evaluation and diagnosis. Then there's an inter-agency team meeting and if everyone is in agreement, the student is enrolled. That's the criteria.

**AUDIENCE MEMBER:** Does the funding source require a certain commitment from the family?

**KELLY PERALES:** Is there a requirement from the family, all right? So again, like any mental health service, this is voluntary, all right? So a student, particularly at the high school level, can themselves say, yes, I'm interested in participating, or no thank you. In terms of the family, that is also -- I mean, certainly the team works really, really hard to engage the family or whomever the student identifies as their family, as it is with high school students. And for the most part, I would say, Mike you can speak to it better than me, families come onboard but it's not required.

And so if a student says, you know, I'm 16, I want to participate in this program, I need help, they go with it. So it's not required. Anything --

**MIKE BALDI:** I think that the -- most of our parents do become involved, but we do have those who Kelly referred to earlier who basically say, I'm done with this kid. I am -- if you want to work with him, have a blast. Good luck. When he's fixed, you can send him back. And I'm probably the most talented clinician in Pennsylvania and I just kind of wave this magic wand over their head and I make them all better.

But really we do -- we really, really stress family involvement, but we meet the kids where they are and we meet the families. And I keep using that term because if the family doesn't want us in their home, so be it. That doesn't mean that we can't continue to work with the child. Age of consent is 14. We have many 15 and 16-year-olds who say, yes, I want the service, and the parents say no. It's a fine line to walk. It's kind of a slippery slope, but many times we'll have kids who say I don't want the service, and the family does. That's even trickier. Yeah, that's much harder.

**KELLY PERALES:** Other questions? Oh, yes sir?

**AUDIENCE MEMBER:** [inaudible]

**KELLY PERALES:** The question was, how can I start this? Do you work in a school? So you go back and talk with your administrative team. If you are the administrator, talk with your district leadership. Depending on where you live, get in touch with any of the folks that you saw over the last couple of days who are helping coordinate all the efforts in our PA PBS network, and that's where you get started. Your follow-up question is --

**AUDIENCE MEMBER:** Well, I am an administrator. My district sent me to ask that question.

**KELLY PERALES:** They sent you to ask the question. All right. Yeah, so just to clarify the piece about blending in the mental health is probably a little bit trickier to answer because we are a commonwealth and every county has -- you're all shaking your heads, you know what I'm going to say. It's local control in the school district and in the community, and it's a little bit tricky about how all those things work, but we can probably talk after the session is over and I can point you to the folks that you might need to talk to. In the way back?

**AUDIENCE MEMBER:** Do your mental health workers have the families apply for the medical assistance?

**KELLY PERALES:** Yes. You are right about that. It is a challenge, which is why folks don't do it in the first place, right? Yes?

**AUDIENCE MEMBER:** [inaudible] our school-based mental health in some of the counties that I work in, and they have providers that will actually take private insurance. Not every provider takes all of the same insurance. [inaudible] provider that will take that insurance, so your county [inaudible] mental health service will be able to help you find a provider that will serve you.

**KELLY PERALES:** Yes. Yes, ma'am?

**AUDIENCE MEMBER:** Is the ratio between the licensed social worker and the number of students in your caseload?

**KELLY PERALES:** The number of students on a caseload for our teams, that's the \$75 million dollar question. You know what? The truth of the matter is it really depends on what's happening. I mean, you heard -- you know, this is a clinical home where kids come into the program and maybe have really high intensity and frequency and severity and duration of all of their issues, and the team spends a good amount of time with them. And over time, as they meet their treatment goals, maybe they need less support, and so they're going to bring on more students. But the range is probably somewhere around, for one team, I would say -- I'm going to say a higher number than Mike wants me to. Maybe 35 to 40 students. Sorry? His team is five mighty folks, two licensed clinicians and three bachelor's level folks. Students obviously in the high school don't usually need somebody right there with them in the classroom for support. Okay. I think Bob is in the back giving me the sign that we're about out of time, so with that, if you have questions, the team will be up here. We'll let you know if you need to find out how to contact somebody, and we certainly appreciate your time this afternoon.