>> We are so glad to have you here. It's been an amazing conference. We have seen so many great presentations while we were here, and so we're hoping that you will get a lot of our presentation. It is one of the advanced levels because we are talking about Tier II and Tier III. So just looking in our audience, how many administrators do we have? Okay. How many high school? Elementary? Okay. Middle school? Great. Terrific. Well, welcome. I need my clicker. Our presentation is called the Interconnected Systems Framework. We'll be talking about community supports and both Tier II and Tier III supports. I'm Donna Halpin. I am one of the educational consultants. I work training different schools on PBIS in our county, Lehigh County, as well as Carbon County. We have trained over 35 schools, and I can proudly say we have many of our schools met with fidelity, and we're in all the levels and all the tiers that were presented yesterday, so kudos to our schools that have worked really hard. Presenting with me as well is Molly Flood. She is the program supervisor at one of the alternative-placement schools for special ed, and Todd Breinich, who is our program manager, also working from our IU. We're going to give you a little bit of an introduction about how we got where we are. We will talk about our universal supports, our secondary supports as well as the tertiary, or Tier III, supports that we've worked with. One of the things that we have learned is that we really need to get our mental-health supports into our schools. If you look at the statistics around students having mental health, there's one in five young adults or children that have mental health problems. They usually ... The guidance counselor is about the only mental-health supports that they get. They're the go-to person when someone is in crisis. We also have juvenile system catching a lot of our kids with mental-health problems, and their outcomes are not very good for graduation, nor for being successful once they get into that judicial system. We also know that, amongst these students, we have about 1 to 2 percent that actually get an emotional disturbance identification, so they really are not identifying as many students or at least suggesting that they need an alternative or individualized educational program. We also know that suicide has been one of the major causes of death with our students. We have to be really concerned that we are reaching kids, so with all that in mind, we have taken on a lot of different initiatives to really boost our Tier I, Tier II and Tier III systems. We've been the recipients of the Safe Schools/Healthy Student grant. There were seven states that were awarded this grant, Pennsylvania being one of them. We are one of the three locations in Pennsylvania that have been working with the grant. Two were school districts, and ours is an intermediate unit. We have a center-based program that is for emotionally disturbed students, and that was pretty much our target, but also being in an intermediate unit, it was, how can we expand to the other neighboring schools and systems that were there as well? So we had a different look to our grant than some of the other locations. A little bit about Carbon Lehigh Intermediate Unit: We're about an hour north of Philadelphia. We're located in Lehigh and Carbon County. We're in the same county as Allentown School Districts. We have quite a variety of schools in our catchment area. We have very rural schools. We're some of the largest school districts because of the landmass that they have, but yet they're kind of small, and then we have center-city schools that are, you know, cover maybe, I don't know, maybe 10, 15 elementary schools, several middle schools and high schools in the Allentown School District. We, as I said, service 14 public schools. We also have two career and technical schools, some of the best, I think, out there that are in both Carbon and Lehigh County. We have really elaborate systems there. We've done Schoolwide Positive Behavior in those, at least in the Allentown location for the career and technical, so we've done elementary through high school and the career and technical schools as far as our reach. Lehigh Learning Achievement School and Allentown Learning Achievement School are the two alternative settings. Well, they're not alternative. They're center-based programs for schools for students that have an emotional-support need as their primary diagnosis. They may have other needs but that being the most significant. And I'm going to pass this to Todd.

>> Okay. So like Donna had said, we are located in Lehigh County in the Allentown area. Lehigh County happens to be a system of System of Care county. How many of you guys also reside in a county that is a System of Care county? Okay. So not a lot of you. For those of you not familiar with what a System of Care is, you have various entities within your county. You can see mental health services are provided. We have social-service agencies. There's different health-care services, various educational facilities, different types of recreation, vocational, that type of stuff. Typically, what's happened in the past is that each of those entities is operated within their own realm. They do their own thing, and there hasn't been much work with the other providers or the other entities within that county, so there wasn't much communication. What the System of Care initiatives have tried to do is to take each one of those different entities and to coordinate their efforts into more meaningful types of partnerships in order to better serve the community. So how do we make the mental-health offices work better with the school systems? How do we integrate what the children and youth and juvenile probation departments are doing with those mental-health agencies? How do we bring some of those mental-health services into the schools so that we can better serve the students that we have there within our counties? So Lehigh County is one of the counties that took on this initiative and tried to look at, how do we make ... Are you changing slides for me? How do we make those services all work better so that we can better serve the community that we live in? It's the idea of working smarter, not harder. So as we put our program together for our Safe Schools/Healthy Students initiative, we started taking a look at some of the entities that we wanted to bring to the table and be a part of our process. In Lehigh County, the Department of Human Services consists of HealthChoices, which is the managed care provider. They're the money people. They control the purse strings. Integrated Services in Lehigh County falls within that realm as well, and they're sort of the crisis-management piece. They're the CASSP coordination people who bring people to the table and talk about, what kind of services can we put in place for the kids? Drug and alcohol falls under them as well as juvenile probation. Okay? Additionally, there is different partners that we felt were going to be integral to what we were trying to accomplish. We wanted to make sure that Allentown Police Department, which is our largest department outside of the Pennsylvania State Police, that services the schools within our county. The Disability Rights Network was a partner we had worked with previously on our other initiatives, and we felt that their voice at the table would be beneficial in making sure that we took into account the services that they provided. The big partner, I think, that we brought in was the United Way because they had access to things that we don't typically have access to, and they've been a tremendous asset, having them part of our team. Head Start and early intervention services as well as children and youth and the different child-and-youth-serving agencies within the county, we wanted them to be a part of our process as well. So what we did is then we take a look at this and said, "How do we put together this comprehensive plan and bring this all together?" Well, we did it through these three things. We looked at assessment, which basically looked at, where are we now? What are we currently doing? We tried then to put together this framework of, where do we want to go? We know where we are. Where do we want to go? And then develop a comprehensive plan, so how do we get there? All right. Those were our three areas that we tried to focus on as we put this all together. To do that, we had to do this needs assessment. All right. The needs assessment was looking at gathering and analyzing the current data and information. We looked at school characteristics. What did the school already provide? We looked at, what were the needs of our students? And then we also started to look at the school and the family itself. Does the building need anything? How do we also serve the families? Because we know that sometimes the family tends to be an impediment to the child's educational process, so we had to know what their needs were so that we could address those as well. Once we had all that information, we started looking at an environmental scan. Those are the internal and external review of the systems and the programs that we had at the locate and at the state level. Okay. And then, from that, we identified various systems and programs and services that we could tap into, that we could make use of to help us to get

to where we wanted to go as part of that comprehensive plan. We did that then by taking all that information and putting it into a SWAC, and I don't know if you've ever done a SWAC, but the acronym stands for Strengths, Weaknesses, Opportunities and Challenges. So you'll identify in each of those four quadrants the different things that you have identified through your needs assessment and environmental scan. For us, it looked like this. We knew that we already had been involved with School-wide Positive Behavior Interventions and Supports, and we had a fairly strong program already running. We knew that it was going well, but we also knew that it wasn't perfect and that we may need to tweak it. So we already knew that we had a good base to start from. We already knew that we had certain Tier II and Tier III interventions already in place that we could build off of or expand upon, and we also had good connections already with different community agencies and providers just through the normal course of business. Probation officers coming in and out of the school, children and youth workers there to see kids, different service providers wanting to come in to see the kids and just contact through the different work we do with all school districts in our county. We knew though as well that we had certain weaknesses. We knew that we didn't have any type of a SAP program, and I'll talk about SAP in a little bit, but we didn't have any type of a SAP program for our students. We also knew that we really didn't have any kind of a program or process to select good evidence-based programs, that, up to that point, it was kind of an, "Hey, that one looks pretty good. Let's give it a try." But we didn't really know whether it was going to work, who it was going to be effective for, whether it was even going to be effective, and we also knew that one of the weaknesses we had is that we had a high number of students who would leave our programs to go to more restrictive placements, so they were leaving our schools and going to detention or to jail. They were leaving us to to go residential-treatment facilities or drug and alcohol in-patient facilities or things of that nature. But it presented opportunities. We knew that, through that comprehensive framework, we could create an environment where kids now started to feel safer, that they would want to come to school because they knew that it was a place that they could come and not have to worry about the grind that they face in their homes and in their communities. And we could also take that program that we already had and expand upon it to make it better, to make it more effective, to do more things for the students that we're working with. And then also as a part of that, we know we have challenges. We knew that we needed to get better information. When we had students who were coming into our schools, sometimes they were coming from residential-treatment facilities. Sometimes that students had bounced from placement to placement, and information didn't always follow them, so records that came to us were sometimes incomplete or inaccurate, and we'd have students that we thought were in 11th grade when we'd find out a month and a half later that, hey, guess what, they don't have enough credits to be an 11th grader. They're really in ninth grade. You know, so we knew we needed to do a better job of trying to obtain information on those kids before we got them. We knew we needed to work better towards helping kids transition back into their home schools. That has to be the goal for a lot of these kids is to try to get them back to the schools that they came from. That doesn't always work, and it's not always the best thing for each student, but as a general idea, that was what we were working towards. We also knew that one of the challenges we had is staff burnout. We are a smaller school, so the more programming that we add and the more we ask of our staff, the more risk we run of burning them out. But we also knew that we needed to do a better job as new students or staff were coming in of getting them trained, bringing them up to speed, getting them onboard with what we were already doing and what we were getting or trying to accomplish and to do. So we had a good idea of what was going on, and then the federal government, through SAMHSA, had come up with a logic model for us through the Safe Schools Initiative and said, "Here's the things that we want you to work on. We have these fives areas we want you to focus on and try and accomplish some different objectives and activities towards them." The first one really looked at early intervention. It was looking at what we could do to help these children in early-child-care centers to ease that transition from the child-care center into the public schools they were going into, so it was aligning program, looking at

making sure that the feeder child-care center was using similar language and programming that the kindergarten was that they were going to be going to so that they understood all that stuff coming in. It was screening those students as early as we could using evidence-based methods to identify if there were delays, both developmentally and socially and emotionally, and then trying to tie them into different services to help them to be able to do better so that as we transition them into schools, we were seeing less problem behaviors in the elementary schools. You know, we service kids from the K-to-12 level in our schools, and when we look at office-discipline reports, the last 3 to 5 years, the majority of our incident reports come from the elementary population of kids. We knew before we did any of this that was our problem area. We had to do something to address the behaviors of the kids that were coming into our programs at the early levels and try and reach them before they got to us so that we could mitigate some of the problems that we were seeing. The second element, look at, how are we going to promote emotional, behavioral and mental health? How are we going to bring services into the school? How are we going to track whether those kids that are supposed to be getting services at home? Are they actually getting them? Or are they getting them in school like they're supposed to be? That was kind of where we tied our SAP program into that. We also needed to be more mindful of trauma and what kind of effects trauma was having on these kids and how that was affecting their education. Third element looked at, how do we connect these children and their families to the schools and to the communities to make them more involved in what goes on? And so that was a big challenge for us because our one school that we operated the grant out of, it's very rural. It's way out there. Public transportation doesn't run there. Yet we service students from many districts, so those students who are inner-city kids whose parents relied on public transportation as their sole means to getting places, we had a hard time getting them to come to school. We have a hard time getting them to come to school for educational meetings. How in the world were we going to get them to come to school for other types of things when they can't show up for an IEP meeting? How are we going to get them to come there for some kind of a school fair or a, you know, talent show or whatever we chose to have? Element four, we looked at preventing behavioral-health problems, and it focused a lot on substance use, so we looked at alcohol use, and we looked at marijuana use. We all know that most of the schools in our state have problems with other drugs as well, heroin, whatever, but the grant specifically looked at those two particular areas, and we used PAYS data. Do you guys participate in PAYS? Okay. So a lot of you guys get your data from there. We tried looking at the PAYS data to identify, how many kids were saying that, yes, they're participating in drug or alcohol use in the last 30 days, and what kind of programming and services can we put into place to keep them from using alcohol or drugs? And then the fifth element was trying to create a safe environment for them to come to school. We had to look at our building structures, and what did we need to do to beef that up? Did we need security cameras? Did we need police forces? Did we need other kinds of things that we could put into place to help these kids come to school and to feel safe? So, again, this is what the federal government, through the grant, had asked us to focus on. Each of those elements had different objectives and activities to work towards, but overall, that's been the focus for us for the last 4 years. So Molly is going to talk a little bit about how we did that. Oops, sorry.

>> Hi. Good morning. With the grant, we had guiding principles that aligned with all the different SS/HS sites that were in both Pennsylvania and across the nation, and some of the key things that we had to look at because the grant was 4 years originally ... We're going into a no-cost extension year possibly, but we really needed to look at building capacity. So as we were going through this block and we were part of the logic model and we were using different avenues to determine, what were our best evidence-based practices, we also had to really consider, how were we going to sustain any of this stuff beyond the 4 years of the grant? So one of the key things that we focused on right off the bat was, anything that we got ourself involved in, we were going to get to the level that we were trainer of

trainers in that so that we didn't have to continually put out that expense to send people across the nation to get trained in different areas. We would put that initial expense out, really follow up with a coaching model and then become our own trainers in all the different initiatives and we're going ... and strategies that we'll share with you later during the presentation. The second piece of it was collaboration and partnership. We were kind of, like, on our own to decide how we were going to address the logic model and those five elements, so internally, we developed what we called a district management team, and we had a key-point person from our IU that we took the lead on each of the five elements, early intervention with element one. We had our SAP coordinator with element two. I focused on element three where we had Donna was part of five, and Todd worked with the D&A with element four. So we really tried to connect ourselves with key people. We had monthly meetings. Those of you who are familiar with TIP notes from being in PBIS, we use that same format. We maintain TIP notes for every single one of those meetings, and we would push that information back out so we knew who was at the meetings, what the agenda items were, who was responsible for what tasks, so we kind of kept that flow going through those monthly meetings and, again, tapped into those decision makers in the community that were part of, you know, Lehigh County Infant Mental Health or the Integrated Services director because if you had people that weren't really in that position to make changes, then we weren't going to make as much progress. The third area with policy change and development was twofold. Internally, we looked at just some kind of system changes Todd talked about with the SWAD and having kind of just said, "Oh, well, we created this, you know, program. We're just going to run with it." But we really didn't have any kind of decision rules, so we developed a really formalized decision rules about what we needed to see, either looking at ODRs or if a student had adjudication, specific things that were in place so we knew which direction we were going and which intervention we were going to tie them into next. The second piece that we were kind of kept on the forefront is what state policy changes were coming along. We were involved with PBIS for a decade now. I think we originally started at Lehigh Learning Achievement School back in 2009 so some of our things we put into place. But in 2014, Act 26 came along, which ... or Acts ... I'm sorry. Acts 71 in 2014, which basically said that, you know, "You need to look at some kind of suicide-prevention policy." So that kind of became a focus of element two because we had to identify a state-approved, evidence-based program that we'll get into later, and then in 2015, Act 26 came along and said, you know, "Cyber bullying is now a crime." So we needed to kind of revamp on how we were going to put that on the forefront. What education did our staff need, and what education did we have to get in front of our students so they knew that this was going to be the focus of element five with making sure we had safe, supportive schools. So that kind of all was a very fluid process as we go through the years, making sure we were meeting all of our internal obligations and state obligations. System integration, Systems of Care has their way they do things. We had our way we did things. Infant Mental Health had their way, their system, so we really just as we were talking and we had district management teams, we would get together monthly or bimonthly and bring the heads of our elements and the key people from the communities in, and we'd have a bigger kind of core management team meetings, and we'd talk about, "Well, how do we know, you know, what you're doing?" So we tried to align, like, our communication. We started going to the Lehigh County Children's Round Table because a lot of players were a part of that, and we could share systems. And one of the really nice things that happened is all the districts' LEAs from Lehigh and Carbon County were members of that, so they developed a form when students were getting discharged from RTFs, KidsPeace, Devereux and all those different organizations. There was a common form that was developed that could be sent to the LEAs of the school district so they were aware that the students were actually, you know, in those programs and being discharged so that we could align those services and follow through a little bit better. And then with technology, just we wanted to make the curriculum more engaging, which was part of the focus of having them in the school, so we really looked at some online programs. We increased our amount of laptop usage. We have Chromebooks in the classrooms

for some of the kids. We increased our technology as far as our safety. We developed online databases. We had been using SWIS, but some of our daily anecdotal behavior sheets that we keep, we were trying to find a way that we could incorporate that electronically, tracking it. So actually, I was at a system yesterday, ClassDojo, that some of the teachers use, but that would be a way to kind of make that more engaging, too. So we put that on our to-do list when we get back to talk about that. So those were the overall guiding principles that really were at our monthly meetings, our quarterly meetings, and annually, we would evaluate how we did to either kind of make a change or look at new strategies and interventions. Now, I know everybody knows this triangle, but we kind of focused on it a little bit differently because we are center-based facility. All of our students that come to our program have an IEP, again, primarily for behavior. But we have students that are identified with intellectual disabilities, autism, all the way through the funnest of the bunch, [INAUDIBLE]. And so we have the triangle, and we always kind of refer to it as, we deal with Tiers IV, V and VI. So some of the things that you would see in our Tier I you would be using in Tier III, so some of the key things that I can kind of point out is curricular match, and what that is is because two of our three schools that we operate cover a great band of grade six through 12. And we have students that are nonreaders, kindergarten level, and we have kids that are, you know, gifted, doing online courses through different platforms. So we have them homeroom-based by their grade bands like sixth, seventh and eighth grade or ninth and 10th and 11th and 12th, but curricular match, they can get direct instruction in SRA Signature or, you know, whatever programs that your school is using. We break them down. It really didn't matter what their grade level was. We have groups of six to eight students that are on that same instructional level that get direct instruction, so that's what curricular match is that we refer to. But just moving up, because we're center-based, many of our students come and are not even close to graduation as far as if they're earning the credits versus IEP objective. So we do a lot of credit recovery through different electronic platforms, dynamic learning, Plato or having just teachers help them along the way, and the districts are really good with working with that. And then the tertiary supports, obviously, we have a lot of students that need one-on-one support so they can get pulled out. We have the staffing ratio is three to 10 in a classroom, one teacher and a paraprofessional and a staff member that we call an emotional-support interventionist. So depending on the dynamics of what's going on, they are a team. It really doesn't matter what their role is. The ESI can be helping to do a math instruction versus the instructional assistance may have that rapport that you need with a particular student and might be the one taking a break and a walk with the child to get them back in the classroom. So the flip side of that is the behavioral strategies, and those you're more familiar with, and we're going to get into them. But also this one-dimensional triangle with the SS/HS, we really turned it into a rectangular prism because what you're seeing there is what we're doing in the school setting, but then you take the flip side of that. When we were in Element Three and we were working with our families and the community agencies, we help the parents to come up with, what are their Tier I strategies for behavior that they're using in the home? What are their Tier II options? And work with them and then likewise the community. What is out there in the community that are Tier I supports for the students and families, then Tier II and Tier III. So we kind of took the same model that we've been using for the past decade in the classroom to help inform our parents and our communities because Systems of Care and all those organizations Todd went over had no idea what PBIS is, so it was kind of, like, really a learning curve for them to get onboard with us and for us to learn about them, but that was a nice adventure. So just real quick, Lehigh Learning Achievement School is a 3-to-12 building. That's the one that's located more rurally in the Northwestern Lehigh School District, and Allentown Learning Achievement developed probably about 5 years after that because we had such a waiting list that we eventually created another program. This one is actually located in the Allentown School District. The students that come to that program are 6th through 12th grade. But, again, both the programs we integrate SAP and mental health supports that we will get into. Before we get into Tier 1 supports, does anybody have any questions about the grant, the guiding principles and how we got to

the point where we're at now? Okay. Just your typical, again, we have Tier 1, 2 and 3 fidelity for the past 2 years now, but, keeping in mind that we started the process 10 years ago. So it is possible to have that sustainability and fidelity. You have to work at it, and it does take some time, but we started with the same things that all the schools that are, you know, here learning about it today, you know, what are our expectations? What are we going to post, and how many are we going to have? We had student input. We had parent input. We had bus driver input. Like, that core team when you're developing all of these was very important, and we developed, you know, the lessons, and we did PowerPoints, and we have very creative staff that came up with a meme PowerPoint to make it more engaging for the students that align with the handbook. We didn't have a formal handbook. We had little rules that were posted here and here, here and there, but we put it into an official handbook that had all our policies and procedures and contacts. We talked about how we could revamp the daily progress monitoring that we had. Those of you who have been around for 10, 20 years are very familiar probably with the word TALID, and that was a very popular behavior management program that was originated out of, you know, I know they used it at Lehigh University in Centennial back when I was working there. But we wanted to make it so that they weren't losing points. They were earning points. So strategies like that that we could still keep our tracking systems, but we were making it positive. We utilize SWIS, which I'm sure some of you have heard of, and we'll get into later as well. This is just a sample of, we break the periods down into 15-minute increments or 45-minute increments. The students earn points in the particular periods that are aligned with ... At Lehigh Learning Achievement School, they call it Lead, We Lead at Lass and then, at Allentown Learning Achievement School, we use the acronym STAR, reach for the stars. It was funny because, as we were coming up with STAR, the kids were saying and the staff were saying, "Well, let's do shoot for the stars," and then we were like, "Yeah, we're in Center City. We have a lot of gang activity. Let's not use the word shoot for the stars," so we chose the word reach for the stars. Little words like that you have to consider when you come along, but that was pretty funny, I thought. So they just earn points along the day, and the staff can keep anecdotal notes about, you know, why the students are earning their points, what they did well, if they earned a nova, which we, you know, a nova is a big great star, so, if they did something great, they can earn nova cards versus star cards and just a different way to recognize them. We don't have any suspensions or expulsions out of our program because we're kind of, like, the last stop before they would go to residentials, or we have what we call major and minor infractions. A minor is something, if they were in a public school, they would get a detention for or after-school. I don't even know if they do that anymore in a lot of schools. But major would be something that you typically would end up getting out-of-school-suspended for: a fight, bringing controlled substances to school, things like that. So we have a very strict entry process that we go through where we tend to find anything, and then the kids are just held accountable by starting this system over. Am I talking way too fast? I hear you guys back there. So, at this point, I'm going to pull it back over to Donna, and she's going to go into the Tier 1 strategies in a little bit more depth.

>> We were given the task of finding a universal screener. Now, when we said all of these students were already identified with emotional disturbance or some kind of need, they were all special ed students, we were like, "Well, do we really need a universal screener?" So we got all our school psychs around the table, our administrators around the table, and we went through many of these different universal screeners. If you're familiar with the systematic screening for behavior disorders ... That's like the gold star in screeners ... we looked at ones that were free, the SRSS, and we have been working with Kathleen Lane at some of our schools in Pennsylvania with that universal screener. We looked at the Strengths and Difficulties Questionnaire, you know, and we looked at everything, and we were like, "Okay, we know this stuff about our kids. We already have these things because they've been identified as needing support," and we knew they were at risk. So we found a universal screener that was called

the BIMAS, and it's the Behavior Intervention Monitoring Assessment System. That was what we finally put our hat on, and for a couple reasons, but let me first walk through one of the things that we did as that group was, through the work with Kathleen Lane, Pennsylvania had come up with a screener protocol, highly recommend it. It is available. You can get it from your behavior tech. You can get it from any of the network facilitators. This screener protocol made us look at, "Do we have the authority to do it? Are we going to ask our parents or just have informed consent? When do we administer the screener?" and lots of different questions that we hadn't even thought of. So this was a real big guiding document for us that we used in order, you know, once we found the screener that we wanted to use, and then we worked through that. So, as I said, we picked the BIMAS. It's offered. It wasn't really expensive because we didn't have hundreds of kids, you know, in our schools or whatever, so it's about $4.50 per year to keep the data on the students, but the neat part about this screener is that, it does some progress monitoring. So you do give it three times a year. You do screen them, and you can then compare what you're working on with those students with some of the supports that you have. It also met our criteria for the age group. We had students in grade 3 to 21, so we felt that the age of 5 to 18 would give us a good range for us to be able to use it across settings as well as it was a pretty simple system to put together. What we did with that data is that we looked at our demographics. We looked at the age group of the students. This is a form that one of our school psychologists had put together for us. We had a raise in ethnicity information, male, female, and then we looked at where were they at risk? And, for us, not only was it telling us what risk they had, but were we giving them the supports that they needed? So, if they came up high-risk in conduct, were we doing something that was going to be meeting those needs of those students? Or negative affect, were they in counseling with our counselors? So it was sort of like a check for us to say, "Yeah, we knew these kids had needs, but are we addressing their specific needs, at least from this screener and what we had?" And it also gave us some, you know, was our program complete enough to meet the needs of cognition, social, academic, you know, as well as the mental health piece on that? Another thing we did for our universal team is, we attended the Safe and Civil Schools conference, and we got trainer of Trainers For CHAMPS. We did both the elementary and the secondary model for that. That is a pretty simple classroom management program. It's got tons of evidence behind it. We sent several teachers just to hear and to learn. We sent trainers, myself and some of our supervisors, to be actually trainer of trainers, and then we turned it around to every one of our classrooms in the intermediate unit, not just the emotional support classes, but the MDS functional, and just, across the board, we gave them that classroom management training. The CHAMPS is geared me towards elementary, and then there is a version that is discipline in the secondary classroom for that would be for older students. One of the things we did with the suicide prevention was, we actually trained quite a few of our staff to do the Youth Mental Health First Aid. How many of you have attended a Youth Mental Health First Aid? It is a phenomenal, good reminder, I guess, for us as parents, as aunts, uncles, teachers, and we used the Youth Mental Health First Aid to reach our community as well. So all of the trainers not only needed to train in-house to a group of about 20 to 25 people, but they also had to train in the community, and were able to, through our partnership, actually train our school districts with trainer of trainers. So our reach went pretty far. We ran Youth Mental Health First Aid for days in our in-service and also in-serviced all of our staff. But I'm going to just show you a real quick video.

>> While she's setting that up, going back to policy change, one of the things we did was, as part of new employee orientation now, the team of Youth Mental Health First Aid trainers were given a day before the staff even get into the classrooms that this is now part of our policy at the IU, that they're going to receive this Youth Mental Health First Aid training for every new employee that comes in. So that was a really nice policy change that got added as a response to the grant.

[VIDEO START]

>> Someone cuts their finger or bumps their head. You get out your first aid kit. But what do you do if a loved one has a panic attack or symptoms of depression? Do you have a mental health first aid kit? You should, and you can get the tools to fill yours at a mental health first aid course.

>> So, when we take medical first aid and we have CPR, this is the CPR for mental health. This is the CPR for the mind, CPR for the soul.

>> People with mental health issues should never be labeled as crazy or odd. These are real health issues that require treatment and understanding, and they're common, too. One in five Americans will struggle with a mental health issue at some time in their lives. Labels don't help. Learning does, and that's what a mental health first aid course is all about. At the course, you'll learn the signs of many common mental health issues.

>> We see the ADHD. We see bipolar, eating disorder, the depression, some psychosis and then also, too, maybe there's a substance use disorder.

>> You'll also learn the five steps to take if a crisis does occur, using the acronym ALGEE.

>> A to assess for risk of suicide of harm. L, listen, nonjudgmentally. G, giving reassurance and information. E, encouraging appropriate professional help, and E, encouraging self-help strategies and other support strategies.

>> Learn about mental illness, and you can help prevent a crisis or deal with one.

>> I have been confronted with a situation in the past with a family member who attempted suicide, and, you know, at the time, I really didn't know how to handle that. The training would have made me more prepared to help.

>> Stock your mental health first aid kit by taking one of these courses. Training is available for dealing with adult or youth mental health issues. Go to Michigan.gov/mentalhealthfirstaid to sign up for one near you.

[VIDEO END]

>> So, in looking at ... Besides the Youth Mental Health First Aid ... Sorry about that. The resources that we had, one of the things that we were charged with was, everything that we did needed to be evidence-based, so we started to look at all the scans and all the data that we had, and what did we still need? The Youth Mental Health First Aid was the one thing that the county has actually taken on, that piece they continue to run ongoing trainings in the county for different places. But then we were starting to look at our screeners and the services that we had, and we needed to come up with some evidence-based practices. We had been doing a lot of really good things, but we weren't necessarily working with things that had evidence and that we knew were going to work. And then everything that we added, we needed to measure. Part of the requirement of the grant, but also for us, like, was it going to be working? We did a lot of research. This is a really good site to look at evidence-based practices. In fact, if you use the SAMHSA one, you can find a evidence, like, we needed social skills training. That was something we knew we needed. So I could put in 3rd grade to 12th grade. I could put in our

demographics of our building and where they were, and we were given tons of resources and practices that were all evidence-based. They also included some exemplars out of the SAMHSA website, and then of course there's Intervention Central, which would give you some also information on that. We use the Hexagon Tool. This was, you know, as I said, when we brought everybody the table to make decisions, we weren't doing any top-down decisions. We were putting our team together, dividing out, having them look at different programs, different things that were out there that we had selected out of those sites, and we went through this Hexagon Tool, and we looked at, "Okay, did it fit our demographics? Did we have the resources behind it? Would it have evidence to work in our programs? Was it good with elementary? Was it good with secondary? What kind of size studies did they use to actually show that they were evidence based? Were we ready?" We always looked at trying to keep the sustainability of those programs. So, you know, not only were they cost effective, did we have the capacity in staffing to be able to roll out the things that we did? So just about every or all of the things that we added to our programs, we went through this process. Highly recommend, it was a really good reflective way to say, "Okay, yeah, let's put our hats in this basket and not just be guessing on what we should be using." One of the things I said we needed, a social skills program. The grant also required that we did bully prevention. Also, we needed to meet our students for some of that depression. So we found through our research ... We looked at lots of different ones. We wanted to have one program instead of a bully prevention, a social skills, a something else, so we did a lot of research and chose Positive Action. Really good research behind it for K to 12, so it met our age group. It was done, and you could do it in, like, maybe 15 to 20 minutes, like, three times a week or four times a week that it could be delivered. It didn't matter necessarily if kids were in and out of that program, so we have had kids move in. They could still pick up where they were on that. It could have been offered in an after school program. It had some components that you could purchase that might be just drug and alcohol, just kind of guidance, different things like that. So this program, we actually put in all of our emotional support classrooms. The kids came in a classroom set of about 140 ...

>> I'm sorry. I just have a quick question. Were the teachers able to give the drugs and alcohol lessons to the students, or did you have to have someone else do that?

>> The question is, were the teachers able to give the drug and alcohol? They could if they were following the model on that because it was a choices kind of, making good choices, you know, prevention kind of thing. So it wasn't actually drug and alcohol rehab, but, yes, they could give that. And that was another thing is, this was scripted. We had some kind of fidelity measures that we knew, if we followed it and presented it the way it was offered, we could get some consistency on that. They also had pretest, posttest for both the students and the staff. We've had online communication with the publisher that's kind of helped us not only with training. It was a pretty quick training, about 3 hours, in a webinar, so we did not have to go anywhere in particular for that. Really felt that it really met that need. We are still looking at it. As with everything with the grant, we are reflective of our data. In that alternative setting, they did find that they needed to maybe not do a role-play. They could show a video or do something to still be on topic and still follow those lesson plans, but meet the group that they were sharing. Another thing we did is, we had a lot of kids getting arrested. We had a lot of kids that had a very, very negative outlook on the police department. They were definitely the enemies. So one of the things we did was, we actually hired a school police officer, brought them in. They were retired police officers, came into our building, worked for us, were contracted with us. We used that police officer in so many different ways. One of the ways is, we had them trained on the crime prevention through environmental design, so we looked at the safety of our buildings. Did we have access? Did we need cameras in different places? Could we get in and out of the buildings? Did we have good crisis plans? But we used their expertise to help us identify what we needed to improve. We added a way to sign into our

buildings and sign out. We had an outpatient clinic at one of them. We had a lot of different people in and out of our building, so that was important. We also had them build relationships with our students. So no longer was the police officer the person that was going arrest them. They were somebody that they could talk to. We also had them on our PBIS team as well as involved in the element five, which was scaling up of the PBIS and the truancy piece on that. So we got some expertise from the county for that. Then, when we added the Aggression Replacement Training that you're going to hear about, we trained our police officer to be one of those trainers. So he was using the language. He was using the interventions. He was talking to the students the way he had taught them and really understood a little bit better that de-escalation piece.

>> Any questions?

>> Just going back a little bit to what Donna talked about with the police officer, we found that, just like you all know, that the best way to get your kids to work with you is to build that rapport, and that was the piece that we realized that didn't exist, that our police officers needed to work towards, is to build that rapport because what they've typically experienced with a police officer is just that simple punitive measure of somebody did something wrong. They have that 15 minutes in front of the police officer where Mom or Dad, brother or sister, or maybe even themselves is arrested and gets hauled off to jail. And that's really all that their image of police was, is just somebody who comes in and takes us away, somebody who cuffs us, and we end up going then through the legal system. We wanted the police to be seen in a different way. Policing model of community policing is all about that. It's getting the police officer out in the community, building relationships with the people by foot patrols, by talking to people, by getting to know the community and mitigating crime by basically getting to know the people that they serve. We wanted our police officers in our schools to be the same way. Get to know the kids. Say hello to them when they walk through the front door. Let them see you're there for them, not just to arrest them, but let them see that you're there to help them out. Get them involved in doing some of the programming in the groups. And what we started to see was, kids who were starting to struggle in class asking teachers, "Can I go down and talk to Officer Dan?" "Wow, you want to go talk to the police officer?" "Yeah." And they would go down and spend 15 minutes with the police officer, not to talk about legal matters, but to talk about some of the struggles that were going on at home that brothers and sisters were having or that they were having with Mom or Dad, or maybe boyfriend-girlfriend kind of stuff. It was a really positive change, and it really has helped. And what you'll see in a couple slides in terms of number of students that we've been having to arrest for some of this stuff. One of the things that I had talked about earlier was the Student Assistance Program. Some schools like to use Student Assistance Programs. Some don't. We just knew that we needed some kind of a way to help these kids that we didn't have. We came across Student Assistance Program, and we look into it, and we decided this is something that we needed at our school. How many of you guys run a Student Assistance Program? Okay, a lot of schools do. So what was it for? What did it serve? Well, it was designed to assist the schools to identify issues that those kids had or barriers those students or the families had towards their success, and then, once we know what the barriers are, what can we do about them? How do we break those barriers down? It's important to realize that the Student Assistance Program isn't there to diagnose. It's not there to treat. It just identifies the barriers, and then it helps to make referrals and point those kids in the right direction. So sometimes that means referrals to psychologists or psychiatrists. It means referrals to community agencies. It means we activate social workers to get involved with the kids. Whatever it means, that's what the Student Assistance Program does. We didn't have that. We knew our kids had issues and problems. We didn't know what to do with it. This was instrumental in helping us to move forward. So staff get trained in how to identify those problems, and then they meet regularly to talk about the kids that get referred and what those barriers are and are we

going to address them, and are we continuing to move forward in breaking those barriers down? Or are there new barriers that have now come up? Out of that, a lot of times we would make referrals to a local service provider, and we have a couple of different ones in our county that we work with. And they would perform various mental health assessments on students or drug and alcohol assessments. And, from there, other recommendations might get made, but, again, it's moving those kids down the road of recovery or treatment to get them what they need to be successful. One of the things we implemented in the school, and we talked a little bit about it, is Aggression Replacement Training. Now, I'm not here as a representative of ART. I'm not promoting or trying to get you to use the product. I'm just saying, this was something that we chose to implement at our school. We knew from our BIMAS screenings and from our ODRs, we had a lot of kids who were struggling with anger management problems who couldn't handle little problems, and they would fly off the handle and become bigger problems, fights, all sorts of stuff. Aggression Replacement Training focused on three areas that we found to be very key and instrumental. It looked at social skills. Again, Donna talked about that just a minute ago. We knew we had kids that struggled with their social skills, so it taught them how to replace those antisocial behaviors with more positive ones so that they could make better choices. It helped them to look at their anger and choose different ways to respond to situations rather than being aggressive, and the key component really in Aggression Replacement Training is the last one, the moral reasoning. It's getting them to look beyond themselves at somebody else and realize that the other person has needs as well, being aware of others and not just ourselves, and how do we take care of other people rather than just taking care of ourselves? So the model for Aggression Replacement Training sort of looks like this. We talk about triggers. We talk about, what are those things that really sort of set you off, all right? Both internal and external things and identifying some of the things that we start to experience, physical symptoms. You guys have seen it in your classrooms. The kids whose legs start to bounce. All right. Clenched fists, fidgeting in their sleep and stuff like that. They start to get amped up. You start to see physical clues and characteristics that are typical of a lot of kids. It's getting them to recognize, "Hey, I'm starting to get a little amped up here." And then how do we mitigate some of that? How do we intervene and reduce some of the anger? What kind of things can we put into place to change the thinking so that we're not going to act aggressive? We're going to make better choices. Reminding them through positive self-talk and instruction of what they can do and the choices they can make, and then helping them to think ahead. Too many of the kids that we see tend to act first, think second. So it was getting them to flip that around and think first before they act. Some kids do better with it than others, but that's what the class is about, is trying to get them to do that. And then evaluating it, "Is it working for me? Is it not working for me? What can I change? What do I need to do differently so that it can be more effective?" But aggression replacement training, again, for us has been very, very instrumental in helping our students who struggle with anger, who don't have very good social skills to learn some techniques that they can use in class to keep them from having to be sent down to the office or to keep them from getting arrested and being able to stay in the school and to learn. We do have Tier 3 stuff we're going to talk about. I just didn't know if there was any questions you guys had. Again, I'm not a representative of ART, but I can certainly try to answer questions if you have them. Sure.

>> I'm curious a little bit about [INAUDIBLE]. How many kids are in each of your schools?

>> How many students are in each of our schools? Our Lehigh Learning Achievement School, I think current enrollment is just under 80. I think we're at about 78 students.

>> Okay.

>> And the Allentown school is ... Is where? Fifty. Yep. Yes.

>> Did you have much turnover in your staff?

>> Have we had much turnover in our staff is the question. We always get turnover, but, overall, not a tremendous amount of turnover, no. We do tend to have consistency from year to year in our staff. Okay.

>> And with ART, we put it into our programs, and then, this year, we actually have three different sessions coming up that we're actually rolling it out to the districts. So we've invited the districts in our catchment areas to send their SAP team, their guidance counselor, if they have an SPO or SRO, as a team of three or four to come and get certified. We're doing it in, again, like a band. The first one we're focusing on elementary and then middle school and then high school. And then through the grant, the SSHS Grant, we are able to provide those teams that come with basically a starter kit. We're going to be providing them with the cards and the trainings and the manuals they need so that they can go back and implement this particular program. Again, they went to become trainers, and then it took 2 years for them to learn the program, to be able to be videotaped and then to have the trainer of trainers for the national organization come out and validate that they were training with fidelity and giving them a trainer of trainer. So that took about 2 years.

>> The ART gears, like, K-12?

>> ART is geared for 6th grade and above, I believe.

>> No, there is an elementary ...

>> There is an elementary module, but ...

>> Yes, there is.

>> I don't know if they ...

>> It teaches the same principals. It's just done to their learning level.

>> And I don't know. I guess I think the guidance counselors that are coming are in a three, four, five building in that particular district. So Tier 3. We call our partial hospitalization program the SITES Program, Student Intensive Treatment and Emotional Support. We have school-based partial hospitalization programs that are operated through the IU, and they are located in two or three of our public schools in the area. And then we have the center-based programs, which is ALAS and LLAS. With those programs, we have a mental health treatment specialist that's in charge of the treatment plans and the counseling and a mental health worker. There also is a school psychologist that is assigned to that program that checks in with the programs weekly. A school psychologist that we refer to as our Director of Treatment. And they come in and they are basically overseeing the paperwork and health choices, the Magellan authorizations. And then we have a psychiatrist, which recently we used to contract with multiple psychiatrists in the different programs, and we recently hired a full-time psychiatrist that is now serving all of our programs. And that has been a great benefit this year because then, as we're identifying students that are doing well in center-based, still need the supports but could benefit from the inclusive model of a school-based program, we can move them more fluidly back and forth because the psychiatrist is already familiar with the program. And so that's been working nice. But

the family-based, they have group counseling three times a week for 45 minutes. And this is our particular model. They have individual counseling, 45 minutes a week at a minimum. But they can request additional time as needed. And we have the mental health worker that can flank into those classrooms, as needed, to be able to have direct observation in the classroom with the students. If the students are going out in one of our locations where we have school-based, is Southern Lehigh High School. And we have those staff then can flank out into the regular education classrooms, providing the mental health supports if needed and then touch base with the classroom staff. I saw a hand for a question.

>> Yes, for this kind of programming, partial hospitalization and school, is that something that the school district has to fund, or is that something that there's a grant for, or how does that work?

>> It is an elaborate process that you would have to work very closely with your mental health providers in your area. You would put in an RFI, a request for information, and you're basically identifying what your needs are. And then it goes through a process for us through Magellan to identify, you know, where are ... They don't want a duplication of services in a regional area. We have had districts that thought it was a great service and that have applied for it, but they felt that the district wasn't as needy as others because their transiency rate wasn't as high, their students that qualify for free and reduced ... That all kind of goes into the decision-making process at that level. But it's not an impossibility and if you ... We've had different schools come from around the states who meet with us, and we'll provide them as much information as we can and connect you with our behavioral health department. But that has been a wonderful asset because we don't have to go anywhere. We can identify them through SAP, or, if their coming out of an RTF, a lot of the districts will send them to us first to kind of make sure that all the family-based supports are in place for the family and things are going well before we then move them back to the school district. Hand in the back.

>> How long are people getting authorized for the partial hospitalization program?

>> Good question. Back 10 years ago, we would get a student in the beginning of the year, and they would be covered the entire year. They have definitely tightened up the reins on that. It depends on, basically, the longitudinal history of mental health that the student had, if they're kind of moving up the line from school-based to center-based, or if they're coming down out of RTF. But we have had students that have been authorized for as short as a 30-day period, and we have students that are authorized up to 60. But the days of being covered for the year is over. So it is a continual reflective process in making sure all the parties are at the table. Any other questions with ...

>> Would you say that you consider this more restrictive or less restrictive than your center-based [INAUDIBLE]?

>> School-based is less restrictive, and then it goes to center-based, and, for those of you who are familiar, then you can move to an acute. An acute is more of, like, a day program where they go there for the day. The difference between, say ALAS and LLAS, is that we do 4 hours of academic instruction versus a 2-hour, basically, of mental health. And if you go to an acute, it kind of flip-flops. They tend to be in individuals or groups 4 hours out of the day, and the instructional, educational piece actually becomes like a home-bound or resource room. And that the districts then become responsible to send the educational piece into those programs, which is nice about school and center-based because it's, you know, a school program and then that support's there, right on site. Any other questions about sites?

>> This has nothing to do with your program or how you run it. My problem is, I have one of the elementary schools, and I'm your last stop.

>> Hold on a second. I know I'm supposed to give you the mic.

>> I can yell. My school, any elementary school in my district that can't handle an ES student, they come to me. I'm their last stop before they are put in acute or if they're put into partial hospitalization. I've only placed one child, in the last 3 years, in my area because, when they go for the 4, 6 weeks, whatever, the environment is so unstructured. And their ability to avoid any type of a routine is so strong that, when they come back, they're worse for me than when they came. So I'm asking you, as a professional, what can you do across the state to tighten up the structure of the entire program so that my students don't come back to me wanting to go back because they get a cookie at 10, they get a cookie at 11. If they run, they're allowed to go out the door, and no one's allowed to chase them. They can only watch them. And that's why I have held back from sending them for so long. Do you do something differently than what I've experienced?

>> I can answer that the mismatch is that when they go to an acute or an RTF, that is run through the Department of Welfare. When they're in your programs, we are under the guidelines of Pennsylvania Department of Ed. So that's why they can be a little bit more liberal because it is not an educational placement. It is clearly a medical placement, at that time. But my professional recommendation would be is to look at why they're being successful there, and not that you can let them have a cookie every 10 minutes or let them run out of the building. But you can also look at, well, maybe you can figure out how to embed that need in a separate location. We call it the calm zone or the reregulation room or ...

>> What happens is they're not successful, they just get their medication ...

>> And it sounds like looking into ...

>> ... and then they bring them back.

>> Yes, it sounds like looking into some of those strategies at a Tier 1 and Tier 2 level because they're coming out of a Tier 3 support and back into a Tier 1. So it's kind of you're going to have to just investigate some resources, some sensory areas that might help them. You would have to get your team together. But looking into an aggression replacement training or just using data to define where you need to go with that. There's not an easy answer. Okay, the second area that we focused on through the grant is we have the three tiers. We had evidence-based practices in Tier 1. We found evidence-based practices in Tier 2. And you will find, through your own research, when you're looking for evidence-based practices in Tier 3, they are very few and far between. However, about 6 years ago, we got into a cohort with JoAnne Malloy. She has actually presented at this conference for multiple years because through PDE, working with Jim Palmero, we were looking for an evidence-based program in Tier 3 that we could use. So we started investigating RENEW, which is Rehabilitation for Empowerment Natural Supports Education and Work. And it is a person-centered planning process. What is difficult with it is that, at our particular setting, because of the transience of the students, a lot of time, we don't have that 1-year or 2-year band to really be able to go through the mapping, go through the action plans and really come to closure on a lot of the goals. But at least it gets them started. So it's student-driven. It's all about coaching them to advocate for theirselves, getting the right people to the table. For those of you who work for DPW, wrap-around services, very similar. But we do it in the school setting. So we get

probation and parents and all of the different services they're connected to to the table. We help the students look at where their needs are, their strengths, their challenges and kind of use that same SWAT model but run through RENEW. So if you are not familiar with RENEW, I know there is definitely tons of stuff on the PaTTAN website because she has, Dr. Malloy, has been here with that. The third thing that we have used, now that we've been doing this for about 10 years, is we can actually have ... nice to, as we went along, you could actually fill some of these strategies and interventions in. But at the beginning of every year, Donna Halpin, myself and some of my key staff members in my building will sit down and kind of go over an action plan for the year. And we identify which strategies we have in place, who's responsible, what do we need to upgrade and just use that as our document. It gets a little lengthy because there's a lot of areas on it. But we can really use that in addition to ... It never goes away. You're going to be doing your SSS surveys and your EBS surveys, and those are all great resources, and we do them at this time every year. And when I see red, I cringe. But, you know, you have new staff that come in, and maybe you forgot to tie this group in. And so those three things become our planning, really, basis for every year, using the data from SWIS, the EBS survey and then putting it into this to decide where we're going. So if you are not familiar with the Tiered Fidelity Inventory, you can get it off of that website as well. So different community resources. Being the lead for Tier 3, it was very ... This was actually probably one of the most challenging elements because, like Todd talked about, LLAS is located several miles away from where most of our students are from and really tying them into resources that can be helpful for them. So we developed partnerships with the Center for Humanistic Change, which basically was our SAP ally. So we do SAP meetings every 2 weeks, from that information, if we're identifying students. I mean, seriously, all of our students could be SAP, and we have a lot of services in place. But what can't we handle that we need to refer out for? So we use the Mid-Atlantic Rehabilitation Pyramid as our DNA and behavioral assessment locations based on, you know, where the parents are from. And then they will come in, and we've had students that have been referred to outpatient. We've had students that have been referred to inpatient. We have students that, you know, just because of the stigma, they don't want to be in our SITES program, even though we have it right there, but then will participate out of school. So they are very integral in helping us put those services in place. And even though we had SITES 8 years ago, we did not have that DNA piece. So this has been huge over the past 3 years. The next area was Valley Youth House, is a community service and justice works in our area that either works with homeless youth, adjudicated youth and just tying into what programs they have available. We work with them to develop the Chew Street Landing, which was a after-school drop-in center for our homeless or mental health-involved youth that they could go to. We had it staffed with professionals through the collaborative, through the Lehigh Valley Health Network. And they have just helped us become aware of the very large homeless population of teens in our area that are 18 to 22, 23 years old. And other supports we put in place, we offered this stuff to students, but we also offered it to parents on-site. So we had organizations came in to do babysitting and CPR. And that came out of a survey. We asked students, "Well, what do you want to do? How can we help you be more employable in your ..." You know, whether they're in Dorney Park in our area. So that actually came out of a student survey. So we gave them first aid classes. We provided CPR classes. That same organization came in and did a babysitting certificate that then the students got infant first aid, CPR, Heimlich maneuver and a certificate that they could ... We helped them to do a resume to get them employed. We have staff that we had come into the school, and we offer driver's education, the online portion, and then if they completed that course, we would pay for the on-the-road course for them at the completion of it. And another thing we did with a large portion of our money, the Atlanta Metro ... We just bought bus passes. So we tried to resolve the issue of them not having money to come back and forth. We knew a meeting was coming up. We would sent the bus passes home, that they'd have a free ride that day or a 10-week ride if we wanted them to come to different sessions, and we utilized our money for that. Some of the things we would give them tickets for is to go to the Chew Street Landing. If we had job fairs or

vocational fairs in the area, we would give them what bus route you need to take based on where they lived so they could get there, and then the Center for Independent Living. So those were all allies that we have as part of the community that we've been working closely with.

>> So I just want to be aware of time. I know we're kind of getting towards the end of our time here. And I want to make sure we get to the next few slides, so I don't want to just completely skip over this. But we did, and we do, regularly take a look at where we're at and whether we're meeting our goals and whether we're doing what we're supposed to do. And we do focus on these areas of cultural and linguistic competency, and is the stuff we're doing developmentally appropriate, and is it evidence-based and things of that nature. Again, always, too, reminding ourselves that this should be youth and family-driven, giving them the voice that they haven't had for a long time and making them more invested in what's going on. Now, as I move to the next part, we just want to look at some of the data. We certainly have not cornered the market on this and by all means, don't have, you know, everything figured out. But what we've been doing and by expanding our services, we have started to see the needle move in the right direction. We looked at our office discipline referrals from when we started, and we were averaging 5.81 referrals a day of kids who would have been sent to the office for major or minor infractions. By implementing additional supports in our schools, we've started to see the number come down. Yeah, we had a glitch there in 2015 and 16 in the blue, but, again, moving in the right direction this year to 2.85.

So cutting in half the number of students that are getting referred to the office for disciplinary reasons. We also took a look at placement data for those students I talked about before getting sent to more restrictive placements. The way we identify more restrictive placements, again, those students go into juvenile detention centers, those students go into residential treatment who were psychiatrically hospitalized or go into drug and alcohol rehab. And, as you see, the first year we got started with this whole thing, 10 students ended up leaving our programs to go to more restrictive placements. The next year, four students went. The following year, we only sent one. I didn't finish up the data for this year yet, so I don't have those numbers. But again, moving the needle in the right direction. Then we took a look at the arrests that we had. First year we started doing this, 81 students out of our program were arrested. All right. Second year, we started to see it come down. Third year, we started to see it come down. I put that slide together at the beginning of March. As of March, 11 students had been arrested this school year. So again, giving them what they need to keep them in school and keep them out of trouble.

>> And it wasn't 81 students, it could have been 81 ...

>> Eighty-one arrests. Sorry.

>> So one student could have encompassed five of those.

>> Correct, they could have had multiple arrests throughout the course ... Yeah.

>> Does that count things that they may have done in the community too?

>> No, those are school-related only.

>> Oh, wow.

>> And then always wanting to be aware of our disparity data. So are students who are Hispanic or African American being arrested at different rates for the same things that the Caucasian students are? Again, on the left, the African American students. The needle going in the right direction, moving towards almost equality with respect to disparity, which is the direction we want to continue to head. So, again, what we're here to talk about and to advocate for is really just the idea of, the more you can do, the more you can put into place, the more services you have to help address those needs, the better you're going to do with keeping kids from having to be arrested and go to detention, maybe needing those psychiatric hospitalizations by giving them mental health services in the school and being able to address whatever the barriers and needs are that they have so that they can stay in your classrooms and they can learn and get the education that they need. I don't think we're going to have time for the slide. So Donna's going to close us out then quick with where we go from here.

>> We do have a video. We do have a video online, a YouTube video about our program that you can take a look at, and our PowerPoint will be up on the resources. So you can look at that. But what the next step that we've taken with this is we really have looked at that trauma-informed school. And so we're really adding that trauma piece. We did a 101 training for all of our teachers. We're adding some mindfulness training for our staff so that they can be more mindful of their feelings and be able to work with our students with some of that. We have talked about trauma in the brain and what that does to the developing brain and why our students may be reacting differently. And we're also taking part in a pilot from the AIR, which is the American Institute for Research on Trauma 101. They will have online, shortly, trauma-informed videos and webinars that will be available to the public for free. So we are piloting that, you know, so that we can do that. So we're hoping that that will be another step for us. It seemed to be a piece that we were missing with school-wide. So does anyone have any questions? Yes.

>> I have a question about you had mentioned that you guys don't do any suspensions. What do you do then for behaviors that your districts would normally suspend for, like board policy violations and those kinds of things?

>> Okay. She asked about suspensions. We do not suspend anyone. So what do we do with board policies and violations and things that would happen in there? We do use a level system in our setting, so they are given more privileges for not ... And that's pretty much the level has been ... You know, they drop levels. They can petition to get back to where they were. We really have tried to work with that, but that has been kind of the consequence. But we are not sending them out of our setting.

>> Some of those arrests that were identified were students bringing controlled substances. So the police officer's right there. They can, you know, take control of the substance. They cite them. They don't get suspended. They're right there. They go to court. They get probation. They get house arrest, whatever sanctions are. But they don't miss a beat. We don't have to do manifestations really because we don't suspend them. We do FBAs and ...

>> What about the kids that are already at the lowest level?

[INAUDIBLE]

>> What about the kids that are our lowest level? I think our counseling component. You know, everyone gets counseling in this setting, whether it be individual or it be part of the SITES program or something like that.

>> That's where the ESI in the classroom is responsible if they have one of those students that continually can't get off of level two to develop individual contracts, group contracts, contingencies, really focus on them.

>> Okay, thank you.

>> Any other questions? Yeah.

>> I'm not sure if this is something that has been tried or if it can be tried, but having religious institutions come in. Or is that too much of a church and state issue, having them available as, like, an alternative source for them?

>> She was asking about religious institutions coming into our centers. We are a public entity.

>> Right. Right.

>> So we can certainly offer that as community supports in there. And we do have some of the community churches as part of the support, food in the home, different things like that that's available, you know, through the county. Okay. I'm going to hand over the mic for that [INAUDIBLE].