Changing Roles of Staff:

***School Level* Discussion Guide**

**Purpose**: This document is intended to support coaches in facilitating critical discussion around role changes within an integrated framework. The goal is to move from discussion to action planning around systems change to better support the social/emotional/behavioral needs of all youth. This document is broken into three topic areas to help with organization which each include guiding questions, prompts to consider other stakeholder voices, and potential activities to complete. It may be beneficial to review the [*Changing Roles of Staff: District Level Discussion Guide*](https://drive.google.com/open?id=10QWAtkJ8vd2xDsOwmesFwKw5zlsK00NZ&authuser=katie.pohlman@midwestpbis.org&usp=drive_fs) that is a partner to this document.

*\* Please note for the purposes of this document the term “clinician” is meant to include: school based social workers, community based social workers, school psychologists, school counselors, etc.*

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| **Building Level Leadership (Administrators, Coaches, etc.)** | | |
| **Topic Focus** | **Guiding Question** | |
| **Readiness** | * Has the building leadership team confirmed that mental health is a priority for the school? * What data or evidence supports this conclusion? * Is the leadership team aware of mental health issues impacting academic achievement? * How would leadership describe the current role of the clinicians in the school? * Does this align to how the clinicians would describe their own role(s)? * As academic leaders, do the leadership team members also consider themselves to be Social Emotional Leaders? * How might this role shift impact the leaders’ functioning * To what extent is social emotional instruction a priority for teachers and other school staff? | **Additional partners to include in discussion:**   * District-level leaders * School-Based leaders * Clinicians * Instructional staff |
| **Activities to Consider**   * Review places that mental health is documented as a priority for the school (i.e. school improvement plan) * Review current MOUs / service agreements and consider the impact on the changing role of staff * Review the ISF Action Planning Companion Guide to the TFI | |
| **Resource Allocation** | * *Workforce capacity* * Are there currently clinicians/mental health professionals working in the school? How many? * What are the current clinician duties as assigned (how is school social worker, psychologist, counselor time prioritized)?   + Is MTSS work part of the current model?   + Is coordination of Universal Screening efforts included? * Are duties tied to job title or is there flexibility with who completes different tasks (for example: a Functional Based Assessment (FBA) and Behavior Intervention Plan (BIP) needs to be completed- the psych *or* the social worker can accomplish this task vs. all psychologists complete all FBA/BIPs)? * This includes specific clinician roles being tied to specific groups of students (i.e. those with IEPs) * Are coaching and delivery of professional development to staff currently part of the clinician job description(s)? * *Time allocation*   + Is time currently allocated in the day/week for instructional staff to deliver a Universal core curriculum of social/emotional skill development to all youth? * Is time currently allocated in the day/week for clinicians to deliver higher levels of social/emotional skill development to a smaller number of youth identified through data as needing to receive it? | **Additional partners to include in discussion:**   * Building level leaders * Clinicians * Tier II Teams |
| **Activities to Consider**   * Conduct a staff utilization review * Conduct a time study of how clinician time is currently spent * Review clinician job descriptions * Consider necessary scheduling changes that will allow for S/E/B supports to effectively be delivered | |
| **Professional Development** | * *Professional Development for Clinicians* * What professional development is currently provided to clinicians on the following topics how much time is allocated:   + Data, systems, and practices necessary to effectively support the school(s)   + Topics such as trauma, anxiety, suicide, internalizing behaviors, best evidence-based classroom practices, how to systematically establish relationships with youth, etc.   + Coaching skills   + Coordination of efforts around a Universal Screener and the professional development necessary to support staff in effective implementation * *Professional Development for Instructional Staff* * What professional development is delivered to staff on topics such as trauma, anxiety, suicide, internalizing behaviors, best evidence-based classroom practices, how to systematically establish relationships with youth, etc.? * How much time is currently allocated for clinicians to deliver professional development to instructional staff in the areas listed above? * Is there time allocated for instructional staff to receive coaching around S/E/B skills being developed? * What does the professional development timeline for the year look like? * Is there enough time allocated to address the identified needs effectively? | **Additional partners to include in discussion:**   * Clinicians * Instructional staff * Tier I Team * Creators of the professional development timelines both building/district level |
| **Activities to Consider**   * Review current building professional development timeline * Ensure the professional development calendar has allocated time for S/E/B trainings and support | |
| **Self- Care** | * What efforts are currently being made to support self- care of clinicians? Instructional staff? * What would it look like for the leadership team to systematize self-care for staff or incentivize self- care to make it more likely staff will engage in it? * (i.e. schedule regular check-ins with staff around sense of competency connected to job function without connection to the evaluation process) | **Additional partners to include in discussion:**   * Clinicians * Instructional staff * Tier I Team |
| **Activities to Consider**   * Conduct a perception survey to staff regarding job satisfaction and aggregate the data * Review data regarding staff absences over the last 3 years | |

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| **School Based Clinicians** | | |
| **Topic Focus** | **Guiding Question** | |
| **Tier I** | * What is the current process for selecting evidence-based social-emotional curriculum at the Universal level for all youth? * Are clinicians part of the team that leads the selection process? * Are clinicians currently delivering universal S/E/B lessons to youth in the classroom *(see Chapter 4 of the ISF Monograph Volume 2 for recommendations regarding moving out of this role and into more effectively supporting higher level needs)* * In considering time allocation for clinicians to provide professional development to teachers on how to integrate and deliver social/emotional lessons into their current academic content and general teaching routines, also consider: * When can clinicians go into classrooms and model delivery? * Is adequate time available to provide coaching to instructional staff to effectively support social/emotional needs at Tier I in the classroom? * Is there adequate time for the coordination of Universal Screener implementation?   *\* Consider building capacity by already established meetings (i.e. grade-level team meetings) when clinicians are asked to problem solve around one youth at a time, to instead deliver professional development to groups of staff on the strategies and supports necessary to effectively support all youth.* | **Additional partners to include in discussion:**   * Building-level leaders * District-level leaders * Instructional staff * Tier I team |
| **Activities to Consider**   * Review school daily schedule and identify time to be utilized for Universal behavioral lessons to be delivered * Review team meetings in the building and assess effectiveness- rethink how time is spent to include professional development opportunities | |
| **Tier II** | * What is the current process for selecting evidence-based interventions at the Tier II level? * Are school-based clinicians active participants on the team that leads this process? * Are ALL interventions delivered to small groups of students designed and progress monitored through the Tier II team? * Once interventions are selected, what is the process for selecting a facilitator of the intervention? * Are clinicians currently identified to coordinate intervention implementation at Tier II and provide coaching to facilitators where necessary? * What is the process for selecting who will oversee the implementation, provide coaching and monitor fidelity and outcomes? | **Additional partners to include in discussion:**   * Tier I Team * Tier II Team * Instructional Staff |
| **Activities to Consider**   * Conduct a review of all staff time allocated across the daily schedule to identify who might be able to help * Review clinician job descriptions and time studies to ensure that Tier II coordination is included | |
| **Tier III** | * What is the current process for selecting evidence-based interventions at the Tier III level? * Are school-based clinicians active participants on the team that leads this process? * Are ALL interventions delivered to small groups of students designed and progress monitored through the Tier III team? * Once interventions are selected, what is the process for selecting a facilitator of the intervention? * Is adequate time allocated for modeling and coaching Tier III interventions to ensure fidelity of implementation? * What is the process for selecting who will oversee the implementation, provide coaching and monitor fidelity and outcomes? | **Additional partners to include in discussion:**   * Tier III Team * Tier II Team\ * Clinicians |
| **Activities to Consider**   * Ensure the use of data-driven processes for identifying youth * Ensure adequate time and resources are allocated for coaching Tier III supports | |

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| **Community Clinicians Based in Schools** | | |
| **Topic Focus** | **Guiding Question** | |
| **Systems** | * Do community clinicians currently sit on systems teams (Tier I, Tier II, or Tier III) as members of that team, helping to make decisions and strengthen the overall system(s) of the school? * Are community clinicians making decisions about intervention selection, data tracking, fidelity of implementation of interventions, etc. through the MTSS systems teams? * What systems for communication currently exist between the school and the partner agency? * What steps might need to be taken to align the current systems of the agency with those of the school? * Is there an MOU between the agency and the district? School? * What professional development will be needed to ensure community clinicians are versed in the functioning of MTSS systems teams? (i.e. a Tier II team focuses on process and fidelity of implementation vs. problem solving student by student) | **Additional partners to include in discussion:**   * Clinicians * Tier I Team * Tier II Team |
| **Activities to Consider**   * Review current MOUs and discuss potential changes that may be needed to accommodate changing roles * Ensure that agency staff are sitting on school systems-based systems teams * Create protocols around communication between school and partner agencies * Review professional development plans to ensure that community clinicians receive adequate support | |
| **Data** | * What data points do community clinicians currently use to determine which youth/families from the school receive your services? * How do community clinicians currently progress monitor success of students that are supported by their services? * Are community-based clinicians engaged in progress monitoring through the MTSS systems teams? * What steps might need to be taken to align the current data structures utilized for progress monitoring and checking fidelity of the agency with those of the school? * What professional development will be needed to ensure community clinicians are versed in the MTSS data structures for progress monitoring and fidelity of the schools? | **Additional partners to include in discussion:**   * Community Partner Administration/ Leaders * Clinicians * Tier II Team * Tier III Team |
| **Activities to Consider**   * Identify data being utilized by both the school and the partner agency (including fidelity and outcomes) * Ensure that agenda items on systems team agendas reflect community partnerships * Review professional development plans to ensure that community clinicians receive adequate support | |
| **Practices** | * Is the school aware of all of the interventions and supports offered by the agency? * Is the agency aware of the MTSS model and interventions being provided at all three tiers in the school? * What is the current process for determining which interventions/strategies to use when providing services to a group or individual? * Are community clinicians selecting interventions through the school MTSS team? * What steps might need to be taken to align the current practices of the agency with those of the school? * What professional development will be needed to ensure community clinicians are versed in the interventions/practices being utilized by the school at all three tiers? | **Additional partners to include in discussion:**   * Community Partner Administration/Leaders * Tier I Team * Tier II Team |
| **Activities to Consider**   * Create a resource map of the interventions and supports offered by the agency * Align the resource map from the community partners with that of the school/district * Review professional development plans to ensure that community clinicians receive adequate support | |