LEGISLATIVE & POLICY COMMITTEE
of the
Wisconsin Council on Mental Health

Minutes of the September 11, 2014 Meeting

Members in attendance:

Paula Buege, Children & Youth Committee of the Wisconsin Council on Mental Health	Joanne Juhnke, Wisconsin Family Ties
William Parke-Sutherland, Grassroots Empowerment Project	Matt Strittmater, La Crosse County DHS, Wisconsin County Human Services Assn.
Mike Bachhuber, ILCW - Independent Living Council of Wisconsin	Mary Neubauer, Wisconsin Council on Mental Health
Stacy Paul, Advocate	Barbara Beckert, Disability Rights Wisconsin
Annabelle Potvin, NAMI – Wisconsin	Justin Odulana, Health International Network System, LLC

Alternates in attendance:

Mike Lappen, Ozaukee County DHS, Wisconsin County Human Services Assn.	

DHS Staff: Dan Zimmerman (Bureau of Prevention Treatment and Recovery/BPTR), Kay Cram (BPTR), Ryan Stachoviak (BPTR), Joyce Allen (BPTR), Rebecca Wigg-Ninham (BPTR),

Guests: Dr. Rick Immler (Wisconsin Council on Mental Health), Joleen Plautz (Wisconsin Association for Marriage and Family Therapy), Tatiana Smith (Wisconsin Family Ties) Mishelle O'Shasky (Wisconsin Council on Mental Health)

Introductions; review and approval of the August 14, 2014 minutes.

Ms. Neubauer moved to approve the minutes with three corrections:

- Stacy Paul should be noted as being an advocate in the "members in attendance."
- Carol Keen should be noted as being a member of the Wisconsin Council on Mental Health in the "members in attendance."
- In the third bullet under Announcements, Ms. O'Shasky's name is misspelled (there is no "n" in her last name).

Mr. Strittmater seconded the motion. The motion passed unanimously.

Announcements/follow-up from last meeting (please remember that announcements should be limited to items that can't be communicated via e-mail, meeting minutes, the agenda, etc.)

- Ms. Neubauer reported that the Milwaukee Mental Health Summit went well.
- Ms. Juhnke distributed hard copies of the 25th Annual Children Come First Conference (go to http://fs11.formsite.com/wifamilyties/form23/index.html for the conference agenda and to register online).
- Ms. Potvin mentioned the Healing Art Show will be held in October (go to http://www.namiwisconsin.org/healing-art-show/ for more information).

Wisconsin Early Childhood Collaborating Partners' Pyramid Model (Lana Nenide)

Ms. Nenide presented information on the Pyramid model (see the documents in Attachment 1, as well as http://www.collaboratingpartners.com/social-emotional-competence-sefel-pyramid.php and http://supportingfamiliestogether.org/wp-content/uploads/PIWI_ZerotoThreeArticle.pdf).

The Wisconsin Early Childhood Collaborating Partners are requesting $1 million per year to implement the Pyramid Model throughout the state. This initiative will reap long-term benefits for the children and their families and reduce long-term costs to provide care and treatment for the children. It is anticipated that it would take three to five years for full implementation given that it takes 1½ years for a teacher to learn the skills to the point of fidelity to the model. The program would become self-sustaining via a train-the-trainer (internal coaching) model. There is an application process to determine if a site is ready for training and implementation. Each selected sites would have an assigned coach who would cover seven sites; there would be two coaches per each of the five regions plus four coaches assigned to Milwaukee County.

Further development of the MH 2.0 paper (Paula Buege)

The committee made further suggested edits. Ms. Buege will prepare the next iteration of the document.

Meaningful consumer and family involvement (Paula Buege)

The prior discussions/decisions were reviewed regarding use of "acro-knock," use of name tags, meeting in a larger room in 1 W. Wilson that would permit everyone to sit at the table, and consumer reimbursement similar to that which is permitted in state statutes for the Board on Persons with Developmental Disabilities.

Ms. Allen distributed an IRS publication, "Independent Contractor (Self-Employed) or Employee?", which may be found at http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Independent-Contractor-Self-Employed-or-Employee. This question/issue is relevant to reimbursement of consumers because if the consumers are considered to be employees of the department, then withholding (of taxes, etc.) would need to be done. If a person should be considered to be an employee, but the employer/agency failed to make the correct determination, then the employer/agency is subject to penalties and interest and the involved person may need to file amended tax returns.

Other suggestions for meaningful consumer and family involvement made during the meeting included:

- Mentorship (pre and post-meeting)
- The consumer/family member could work with another agency (e.g., NAMI Wisconsin)
- Organize meetings with constituencies
- Representatives of organizations should specify why they are interested in being on the committee
- Orientation (e.g., get acquainted with others on the committee)
- Alter the structure of the meetings with either more open discussion, brain-storming, or workgroup meetings
- Acknowledge and value consumers as experts

Committee membership (Justin Odulana)

Dr. Odulana posed several questions and suggestions:

- What is the function of the co-chair? The committee members indicated that the co-chair assists in developing the agenda for each meeting and leads the meeting when the chair is absent.
- If the co-chair is not a member of the Wisconsin Council on Mental Health, what happens if the chair steps down? The committee members indicated that the Council Chair would appoint a Council member to be the chair of the committee.
- It would be helpful to incorporate pertinent portions of the Council By-Laws into the committee membership document.
- The listing of membership categories should include minority representation (racially, culturally, ethnically, and geographically diverse).
- The names of the organizations mentioned in the membership document need to be updated.

Other business/agenda items for the next meeting (Paula Buege)

- Prioritize items in the MH 2.0 document.

Public comments

None.

The meeting was adjourned at 3:12 p.m.

Possible agenda ideas for the October 9, 2014 meeting or subsequent meetings:

1. Progress towards the committee's strategic plan.
2. Current legislative action(s) (e.g., state budget, etc.).
3. Discussion of updating s. 51.61 (1) (i), Stats., related to use of restraint and isolation/seclusion.
4. Update on federal and State mental health parity regulation.
5. Mental health services in Family Care and SSI Managed Care.
6. Have a joint meeting with the Children and Youth Committee, as well as the Criminal Justice Committee and the Adult Quality Committee periodically.
7. Have a department representative provide a description of Community Options Program (COP) funds for persons who have a mental illness and the impact of Family Care on these funds.
8. Update from DHS staff regarding Community Recovery Services (CRS).
9. Update on the Department's pilot projects related to the MH/AODA Infrastructure Study.
10. Presentation from DHS staff on increasing mental health benefits for childless adults enrolled in BadgerCare Plus Core.
11. Presentation from DOA's Division of Housing on funding and options for supported housing for persons who have a mental illness.
12. Issues related to Medicaid prior authorization requirements.
13. Health Care Exchanges.
14. Health Information Network.
15. Olmstead and active treatment issues; brainstorming regarding these issues.
16. Models of self-determination.
17. Mental health advance directives.
18. The Drug Advisory Committee should address medication therapy and alternative functional medicine, as well (medical homes).
19. An update from staff at the Office of the Commissioner of Insurance of complaints and issues related to the implementation of the mental health/substance abuse parity requirements and implementation of the Patient Protection and Affordable Care Act.
20. Quality improvement for mental health programs.

21. Update on best practices for the use of antipsychotics for children.
22. Discussion with Division of Quality Assurance staff regarding Immediate Jeopardy citations in hospitals and nursing homes (particularly Milwaukee Co. Behavioral Health).
23. Discussion with Division of Health Care Access and Accountability staff regarding the Request for Bid to select a new transportation management agency (i.e., replace LogistiCare).
24. Update from Vince Maro regarding the crisis intervention/stabilization project for Family Care enrollees.
25. Discussion of the Affordable Care Act and enrollment;
26. Discussion of the impact of the expansion of Comprehensive Community Services and other Medicaid changes may have on community support programs
27. Discussion of HMO responsibilities related to child protective services
28. Discussion regarding administrative rules related to marriage and family therapists, professional counselors, and social workers (MPSW 1 – 20), as well as substance abuse counselors (SPS 160 – 168)
29. Have department staff and staff from North Central Health Care (Langlade, Lincoln, and Marathon counties) discuss North Central's efforts to provide integrated care (medical/health home).
30. Setting up a task group to make recommendations on streamlining the diverse mental health activities/programs, and responsible agencies (both government and non-government) that could lead to the establishment of few major bodies as overseers and/or coordinators, similar to the coordinating activities of the Office of Children's Mental Health.

Attachment 1

What is Pyramid Model for social and emotional competence:
The early years of life present a unique opportunity to lay the foundation for healthy development. It is a time of great potential and of great vulnerability. The first years are shaped by the relationships children have with their caregivers.

Research demonstrates that children who experience quality early relationships do better in early learning and K-12 settings and have a lower risk of learning difficulties, behavioral problems, juvenile delinquency and teen pregnancy.

Pyramid Model is an evidence based prevention/intervention framework that promotes healthy social and emotional development and prevents challenging behaviors by supporting positive relationships, creating engaging environments, providing concrete teaching strategies, and if/when needed creating individualized interventions for children.

The Pyramid Model framework was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) - a national center focused on promoting the social and emotional development and school readiness of children birth to age 5.

Pyramid Model is a relationship-based framework that focuses on evidence-based practices implemented in a systems change mode. Pyramid Model is professional development and it improves the quality of care for infants and young children. Pyramid Model implementation requires training, coaching, administrative commitment, partnership with families, and data based decision making.

State implementation of the Pyramid Model:
In March of 2009, the State of Wisconsin was awarded a three year training and technical assistance grant from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL). The state implementation of the Pyramid Model is guided by the Wisconsin Pyramid Model state leadership team.

Wisconsin Pyramid Model state leadership team is a collaborative cross-disciplinary team of professionals that includes representatives from child care, special education (Part C and B), Head Start, family support, parent education, higher education, infant mental health, home visiting, and child abuse prevention.

Research demonstrates that the most effective way to change practice and support social and emotional development of children is through the program –wide adoption of the Pyramid Model. Program-wide adoption of the Pyramid Model refers to a systemic effort within a program for Pyramid Model implementation fidelity.

Sites for program wide implementation of the Pyramid Model are selected through a rigorous application process. Currently, there are 27 programs in different geographical locations in Wisconsin working on

the program-wide implementation of the Pyramid Model. Three to five new sites are expected to join the community of program-wide implementers every year.

Successes and benefits of the implementation:
Data collection is one of the essential components of the Pyramid Model implementation. Program wide implementation sites are collecting data on program/teacher/child levels.

Data demonstrate concrete, measureable improvements in the overall program functioning, significant reduction in "red flags" in teachers' behavior, improvements in promoting children's engagement, communication with families and family involvement, supporting children with persistent problem behavior, and strategies to build collaborative teaming relationships with colleagues. Programs also report that implementation of the Pyramid Model relates to higher rating on the YoungStar- WI quality rating and improvement system.

Benefits of the Pyramid Model program wide implementation:

Program-level outcomes:

- Decreased administrative and teacher time spent addressing challenging behavior.
- Increased satisfaction of program staff and families
- Clearly articulated and implemented policies and procedures
- Stronger collaboration with mental health providers

Teacher-level outcomes:

- Increased teacher competence and confidence in supporting development
- More intentional teaching and purposeful support of children's emotional development
- Decreased staff turnover

Child-level outcomes:

- Elimination of time out resulting in more learning opportunity
- Increases in social skills
- Decreases in challenging behavior

The Pyramid Model is a way to support positive and sensitive relationships and to promote optimal well-being for all children. It provides parents and professionals with evidence-based relationship-based practices that ensure a healthy foundation for future success.

Pyramid Model
Teach. Coach. Change.

9/8/2014

Supporting Healthy Brain Developing through evidence-based relational practices
Lana Nenide MS,IMH-E®(IV)

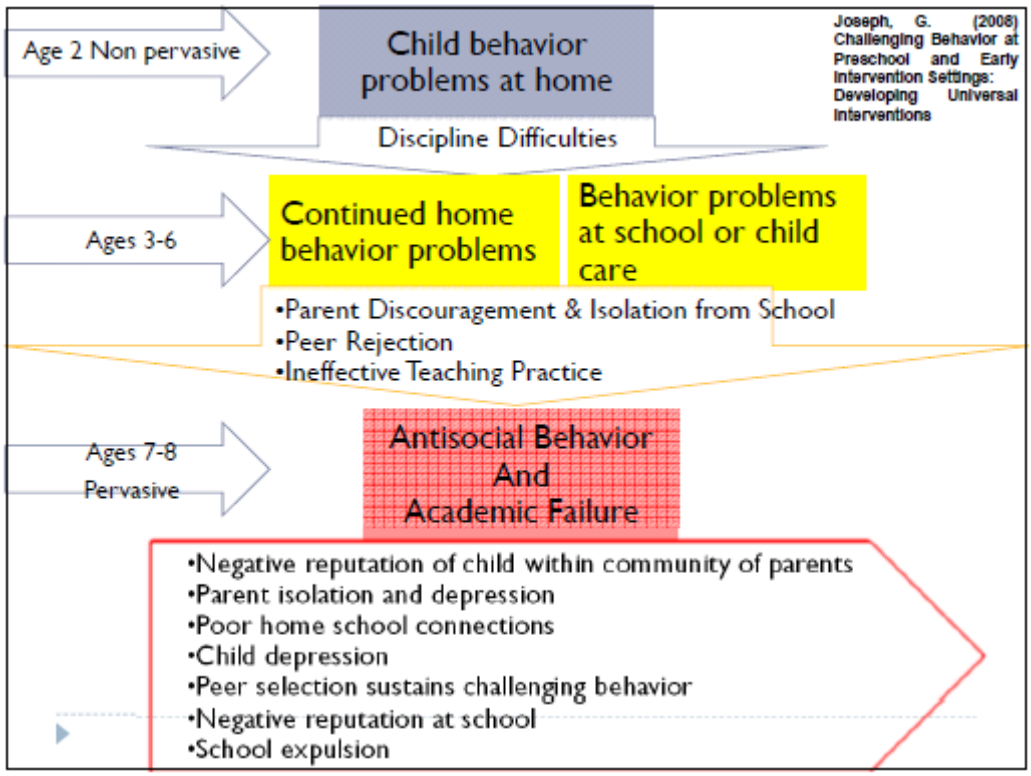
Preschool Expulsion

- Preschool expulsion rates are 3 times higher than K-12 expulsion rates.
- Boys are 4.5 times more likely than girls to be expelled.
- African American children are twice as likely to be expelled than white or Latino children and 5 times more likely to be expelled than Asian American children.

Expulsion: Wisconsin Data

- In WI, over two-thirds of child care providers reported that they had expelled a child from their care at some point in their career
- 52% asked a family to leave within the past two years _ Child and family behavior were among the leading causes of expulsion in both group and family child care settings
- 1 in 5 providers reported that they had little or no confidence in their ability to deal with challenging behaviors

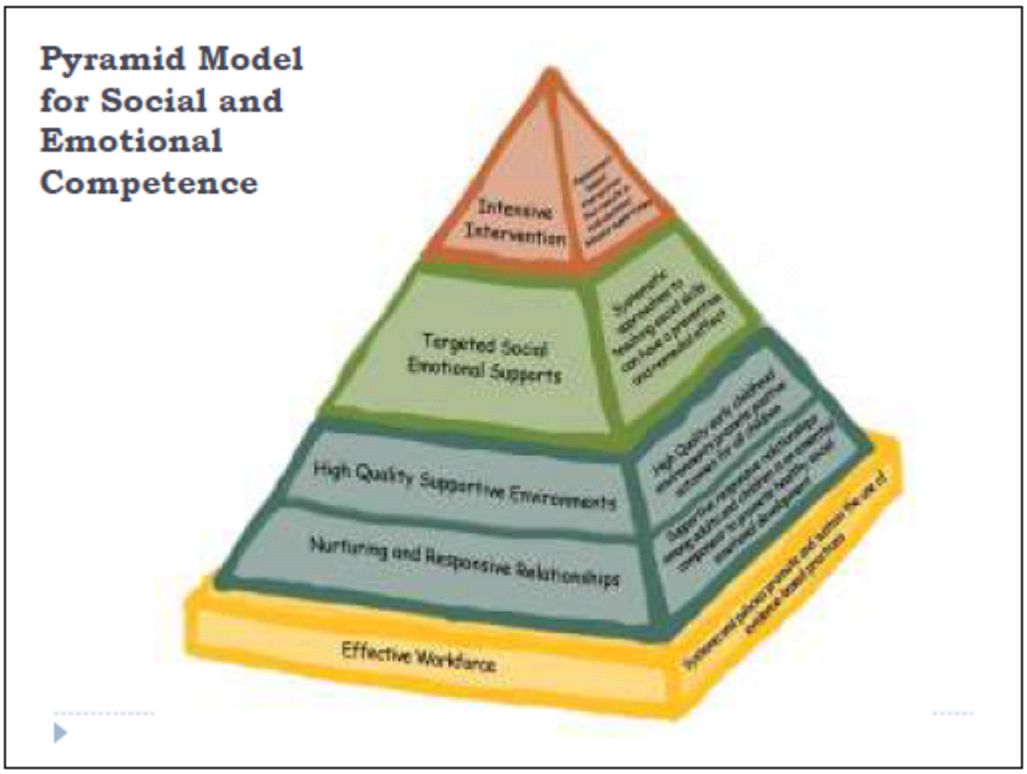
Supporting Families Together Association (SFTA), 2010



What is Pyramid Model?

- Evidence based prevention /intervention framework for ALL children
- Promotes positive and sensitive relationships – fundamental for healthy brain development
- Supports healthy social and emotional development
- Reduces challenging behaviors

- We can support caregivers/professionals (parents, teachers, home visitors, early interventionists) to be more aware of their own behaviors and dispositions
- We can provide caregivers/professionals with tools and practical strategies so that they can
  - ✓ teach children to manage their strong negative emotions
  - ✓ teach children be more empathetic, friendly, cooperative and ready for school



Training Outcomes Related to Training Components			
Training Components	Training Outcomes		
	Knowledge of Content	Skill Implementation	**Classroom Application**
Presentation/ Lecture	10%	5%	0%
Plus Demonstration	30%	20%	0%
Plus Practice	60%	60%	5%
Plus Coaching/ Admin Support Data Feedback	**95%**	**95%**	**95%**

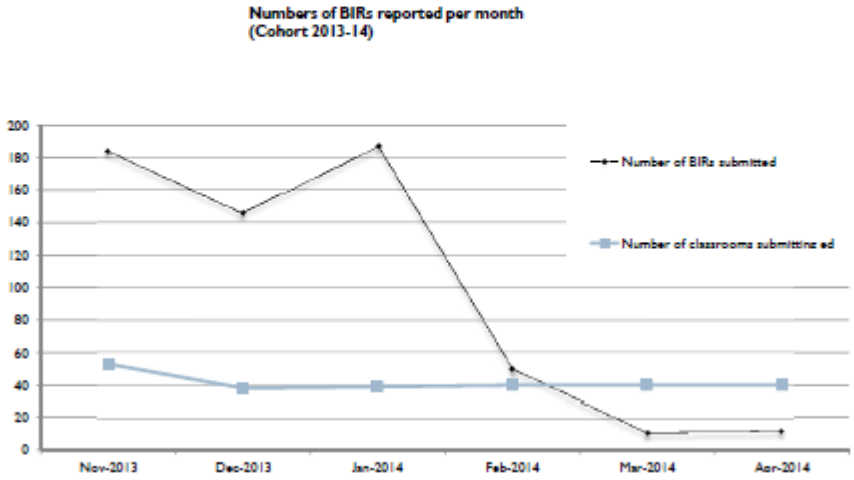
Joyce & Showers, 2002

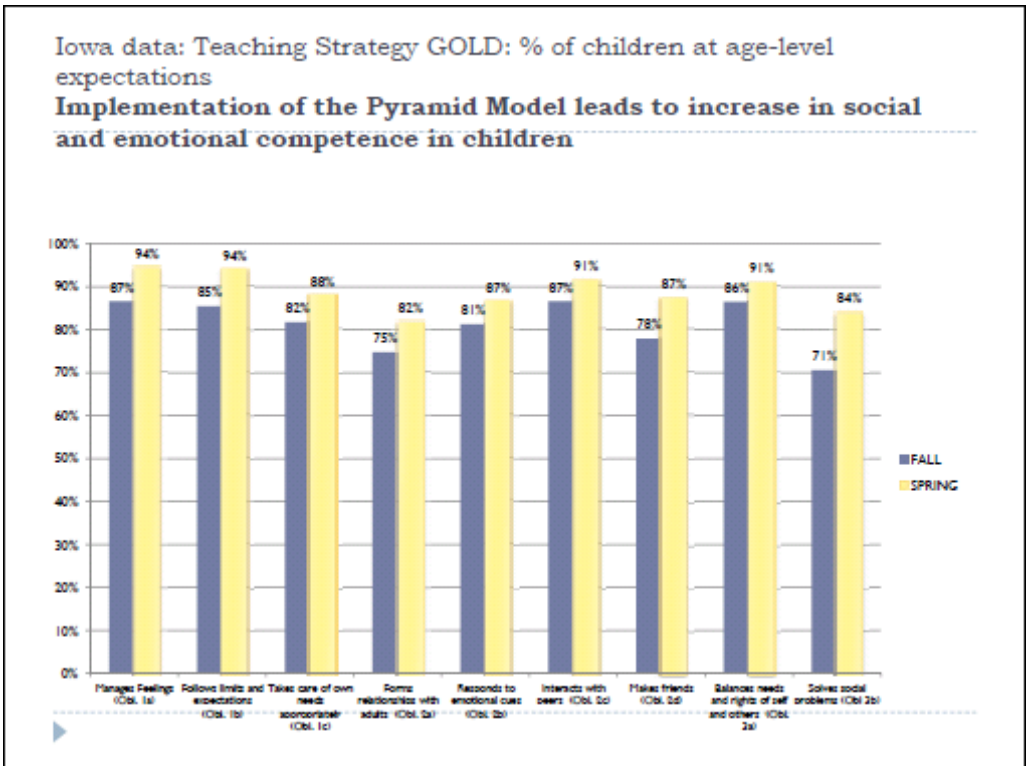
Implementation with fidelity

- Coordination and evaluation
- Training and Coaching
- Administrative support
- Program readiness
- Family involvement
- Early childhood mental health consultation

WI data: the program started implementing Pyramid Model in 2010

Iowa data: Pyramid Model implementation leads to Reduction in Behavior Incident Reports

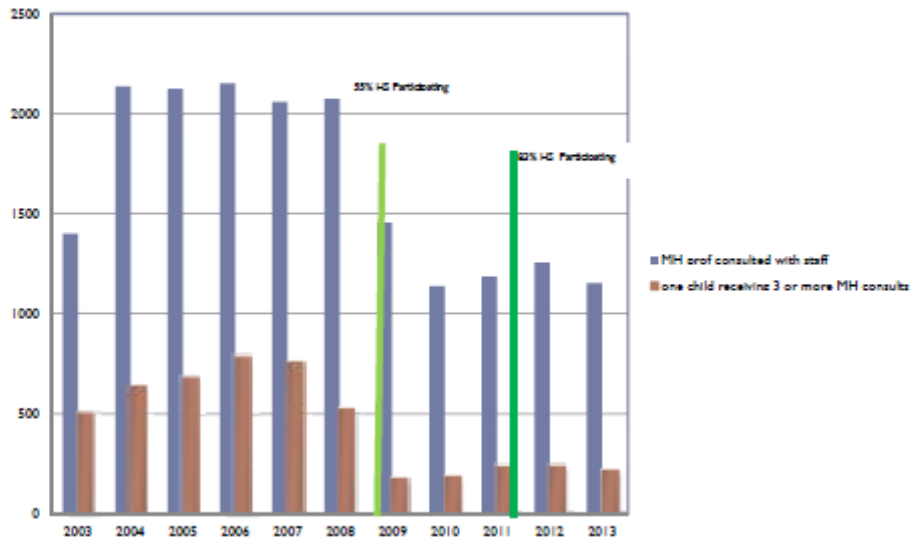




Benefits of Early Childhood Mental Health Consultation

- Teachers who have access to ongoing mental health consultation are about **half** as likely to report expelling a preschooler as teachers without such support
- Child care centers receiving consultation demonstrate increases in teacher-child positive interactions – a strong predictor of child care quality (Arnett Scale of Caregiver Interaction)
- Teachers who have access to ongoing mental health consultation report increased sense of self-efficacy as shown on the Teacher Opinion Survey

Iowa data: Mental Health (MH) consultation rates in Head Start programs implementing the Pyramid Model



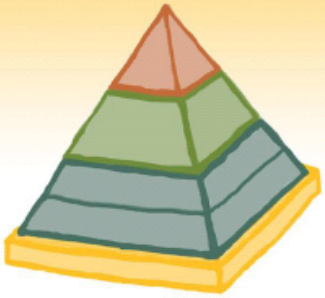
A CLASSROOM-WIDE MODEL FOR PROMOTING

Social Emotional Development & Addressing Challenging Behavior In Preschool Children

Principal Investigators: Mary Louise Hemmeter, Lise Fox, Patricia Snyder, and James Algina

July 2014

TEACHING PYRAMID RESEARCH PROJECT



VANDERBILT UNIVERSITY • UNIVERSITY OF FLORIDA
UNIVERSITY OF SOUTH FLORIDA

Background

Research in early education indicates that social-emotional competence is critical for children's readiness for school and early school adjustment. Early childhood educators encounter young children who demonstrate a range of social-emotional skills and varying needs for social and behavioral support. Early educators are challenged by how to support children with significant social emotional and behavioral needs while also providing a developmentally appropriate and supportive learning context for all children.

The *Pyramid Model* (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hemmeter, Ostrosky, & Fox, 2006) is a promotion, prevention, and intervention framework early educators can use to promote young children's social and emotional development and prevent and address challenging behavior. The *Pyramid Model* organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior.

The Study

Researchers from the University of South Florida and Vanderbilt University conducted a randomized study examining the implementation of the *Pyramid Model*. Teachers were recruited from public preschool classrooms in Florida and Tennessee that served children with, at risk for, and without disabilities. A total of 40 teachers (20 intervention; 20 control) participated and were randomly assigned to condition. Data were collected on a total of 484 children in these classrooms (252 intervention; 232 control), including two to three target children per classroom who were identified as having behavioral challenges (54 intervention; 43 control).

Teachers in the intervention condition received training workshops, individualized coaching, and materials (i.e., implementation guides and classroom materials) related to the implementation of the *Pyramid Model*. Weekly coaching sessions took place for 16 weeks, consisting of in-class observation of teacher practices, debrief meetings, and email follow-up. Teachers in the control condition received the training workshops at the end of the school year.

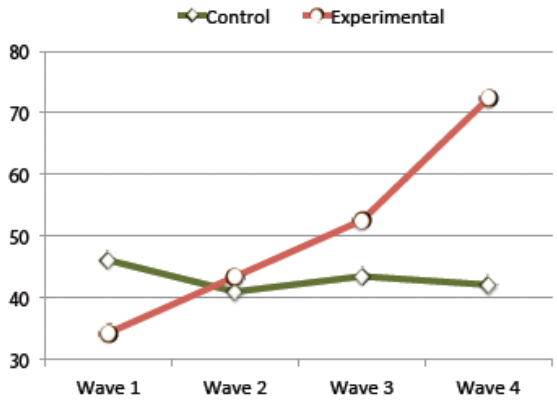
Work reported in this paper was supported by a grant from the National Center for Special Education Research in the Institute of Education Sciences to Vanderbilt University (R324A07212). The opinions expressed are those of the authors, not the funding agency.

Data were collected on four occasions in all classrooms during the school year. Teachers reported on children's social skills and problem behavior by completing the Social Skills Improvement System (citation). Trained observers rated teacher implementation of the *Pyramid Model* implementation and conducted a direct observation of target children's social skills and problem behavior. Data were analyzed to examine whether (a) the intervention resulted in differences of teachers' implementation of *Pyramid Model* practices and (b) teacher implementation of *Pyramid Model* practices resulted in differences in social and behavioral outcomes for children, including target children.

Results

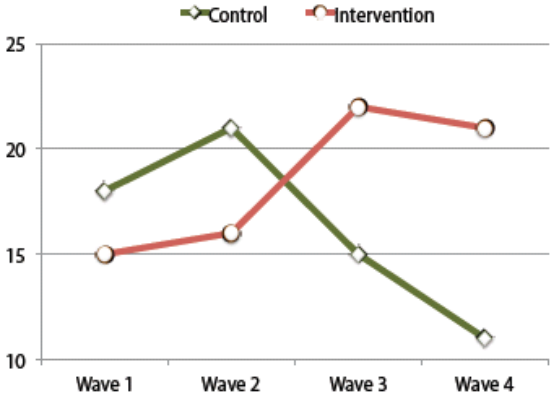
Teacher outcomes. Figure 1 shows data on teachers' implementation of *Pyramid Model* practices across waves for intervention and control groups. Results show that teachers in the intervention group progressed steadily toward higher levels of *Pyramid Model* implementation when compared with teachers in the control group. At the end of the school year, there were statistically significant and noteworthy differences in practice implementation between intervention and control teachers.

Figure 1.
Average Percent of Practices Implemented by Teachers Across Waves by Experimental Condition



Child outcomes. Following intervention, non-target children whose teachers were in the intervention group were rated significantly higher on social skills than non-target children whose teachers were in the control group. Target children within classrooms in the experimental condition had statistically significant and noteworthy reductions in problem behavior as rated by teachers in comparison to target children whose teachers were in the control group. Further, target children whose teachers received intervention made significantly more growth in observed positive social interactions than their counterparts in the control group (see Figure 2).

Figure 2.
Mean Frequency of Positive Social Interactions During Observations for Target Children



Conclusion

This study provides evidence that training and coaching resulted in increases in teacher practices for promoting social emotional development and addressing challenging behavior, as well as increasing positive social skills and decreasing challenging behavior in preschool children. This study represents one of the first experimental evaluations of the effects of a comprehensive model such as the Teaching Pyramid on children with varying levels of need around social skills and challenging behavior. The findings provide evidence for the effectiveness of a systematic professional development intervention on teachers' implementation of practices and that practices associated with the *Pyramid Model* can be effective for promoting social skills reducing problem behavior of children in a preschool classroom.

For more information please contact Dr. Mary Louise Hemmeter, Vanderbilt University at ml.hemmeter@vanderbilt.edu

State-wide Implementation of the Pyramid Model
Budget Proposal

		Year 1	Year 2	Total Budget for 2 years
Staffing				
Project Manager	Base Salary $62,000	$80,662	$80,662	
	FTE's	1.00	1.00	
	Total	*$80,662*	*$80,662*	*$161,324*
Training/Coaching Coordinator	Base Salary $62,000	$80,662	$80,662	
	FTE's	1.00	1.00	
	Total	*$80,662*	*$80,662*	*$161,324*
Clerical/Fiscal support	Base Salary $41,600	$54,122	$54,122	
	FTE's	1.00	1.00	
	Total	*$54,122*	*$54,122*	*$108,243*
Data Specialist/ Evaluator	Base Salary $60,000	$78,060	$78,060	
	FTE's	0.50	0.50	
	Total	*$39,030*	*$39,030*	*$78,060*
External Coaches/Trainers	Base Salary $58,000	$75,458	$78,060	
	FTE's	14.00	14.00	
	Total	*$1,056,412*	*$1,092,840*	*$2,149,252*
Early Childhood Mental Health Consultants (ECMHC)	Base Salary $60,000	$78,060	$78,060	
	FTE's	7.00	7.00	
	Total	*$546,420*	*$546,420*	*$1,092,840*
	Staffing Subtotal	***$1,857,307.60***	***$1,893,735.60***	***$3,751,043.20***
Travel/Training Costs				
On-Site Coaching/Consultation	# of Trips	4,074	4,074	
	Average number of miles (roundtrip)	120	120	
	Mileage rate	$0.550	$0.550	
	total mileage for external coaching	*$268,884.00*	*$268,884.00*	*$537,768.00*
Training/Travel Expenses	# of Trips	616	616	
	Average number of miles (roundtrip)	120	120	
	Mileage rate	$0.550	$0.550	
	Total mileage for training	*$40,656.000*	*$40,656.000*	*$81,312.00*
Training Materials for trainings provided by trainer/coaches	Cost per participant	55	55	
	Number of participants/training	20	20	
	Number of trainings	144	144	
	Total	*$158,400*	*$158,400*	*$316,800*
Implementation Academy	Facility, materials and training costs	see notes; estimate includes academy costs with participation fee	see notes; estimate includes academy costs with participation fee	
	Number of academies	2		
	Total	*$25,000*	*$20,000*	*$45,000*
	Travel/Training Costs Subtotal	***$492,940.00***	***$487,940.00***	***$980,880.00***
Communication/ Professional Development				
Bi-annual meeting	# of Trips	54	54	
	Average number of miles (roundtrip) for 27 professionals	180	180	
	Mileage rate	$0.550	$0.550	
	Mileage costs	$5,346.00	$5,346.00	
	Hotel	$2,800	$2,800	
	Total	*$8,146*	*$8,146*	*$16,292*
Video/teleconference	Web-based subscriptions/services	700	700	
	phones	5880	5880	
	Equipment/LCD/Laptops	$20,000.00	$1,000.00	
	Total	*$26,580*	*$7,580*	*$34,160*
Staff Professional Development	PD for Pyramid Model staff	*$1,500*	*$1,500*	
	Number of staff members	27	27	
	Total	$40,500.00	$40,500.00	$81,000.00
	Communication/ Professional Development Subtotal	***$75,226***	***$56,226***	***$131,452***
Direct Expenses				
	Direct Expense Subtotal	***$2,425,473.60***	***$2,437,901.60***	***$4,863,375.20***
In-Direct Expenses				
	20% of programmatic costs	***$485,094.72***	***$487,580.32***	***$972,675.04***
Total Costs				
		$2,910,568.32	**$2,925,481.92**	**$5,836,050.24**

Budget Narrative

Pyramid Model is a evidence-based prevention/intervention framework that promotes healthy social and emotional development and prevents challenging behaviors by supporting positive relationships, creating engaging environments, providing concrete teaching strategies, and if/when needed creating individualized interventions for children.

Staffing

Project Manager - To coordinate statewide multi-site collaborative effort, facilitatate teams, provide state training and regional consultaion as needed. Solid foundation in content and implementation science, experience working with key partners, systems thinking.

Training/Coaching Coordinator - To coordinate training and coaching components of the statewide multi-site effort, provide state training and regional consultaion as needed. Solid foundation in content and implementation science, experience working with key partners, systems thinking.

Clerical/Fiscal Support - To provide clerical and fiscal support

Evaluator - To evaluate statewide initiative. Experience with data base constructions, statistics, and data management. Ability to produce monthly, quarterly, and annual reports as guided by the project manager and/or training coordinator

Coaches/Trainers - To provide training, on site coaching and technical assistance to programs in the region.
14 FTE (two FTE per region (5 regions) plus 4 in Milwaukee). The trainers/coaches will each provide at least:

- 4 Infant/toddler content, preschool content, or 8 part training series to family child care, group centers, Head Start/EHS, school-based programs, 2)
- 2 parent modules (Parents Interacting with Infants (PIWI) and Positive Solutions for Families(PSF)) and
- 2 home visiting modules
- 2 Pyramid Model Individualized Interventions content sessions.
- They are responsible for outreach and recruitment of early care and education professionals to attend Pyramid Model content training. When possible, they are responsible for working with higher education partners to provide the training in a credit-based format.
- They are responsible for informing programs on the program wide implementation process and linking them to support for completing the readiness application.
- The trainer/coaches will provide external coaching support the program leadership team and internal coach in at least 7 program wide implementing sites.
- The trainer/coach will facilitate at least 3 PIWI group series and provide support for 3 PSF series in their region.
- Trainer/coaches will participate in their own community of practice and facilitate regional communities of practice for technical assistance providers.

Ability to coach and support internal coaches, and change teams through an understanding of the Pyramid Model benchmarks of quality is essential. External coaches/trainers must have experience early childhood teams in process improvement or site-based system change initiatives. An understanding of early childhood regulatory standards across WI early childhood systems (e.g., YoungStar, Head Start framework, educator effectiveness) is preferred. External coaches/trainers will participate in their own community of practice and in networking with early childhood mental health consultants.

Early Childhood Mental Health Consultants- 1 FTE for each of the 5 regions and 2FTE for Milwaukee. These individuals will have primary responsibility for supporting children with Tier 3 needs in Pyramid Model implementing sites but may also help to support children in sites that are building the capacity to implement Pyramid Model practices with fidelity. These individuals will connect with other mental health consultants in the region as well as other systems that provide support for children and families with Tier 3 needs. Mental Health Consultants will participate in networking with trainers/external coaches.

Travel

External coaches number of visits will vary with the size, capacity and location of the program. External coaches may make at least 24 visits per year to each program in year 1. One FTE can support up to 7 programs in year 1 implementation. There will be less visits for program in year 2 and year 3 of implementation. External coaches will participate in quarterly Community of Practice meetings. In addition, there will be approximately 8 state wide meetings for the external coach to attend.

Materials include printed materials for Early Childhood Education professionals to use with children and families; light snacks; and printed resources.

The goal of the Implementation Academy is to support and prepare teams for planful implementation of the Pyramid Model in their programs. 2 Implementation Academies/year to train new teams (4 day event). $10,000 each. Fall event will encompass conference sectionals. $10,000 for spring and $15,000 for fall state-wide Implementation Academy.

Communication/ Professional Development

The meeting is for the project manager, training/coaching coordinator, external coaches/trainers and mental health consultants to get updates, connect, network. The meeting will be concurrent with the Implementation Academy to reduce travel costs. 27 people. Hotel room for approximately 20 people to stay for 2 nights at state rate ($70).

Laptops (1000), LCD ($350) (one time fee), $35/months per coach for phones to communicate. Resources to keep staff connected.

Attend conferences, training events to keep with current research and developments