

The WSCC PRACTICE BLUEPRINT

A guide to planning efforts
around the Whole School,
Whole Community,
Whole Child (WSCC) Model



ACADEMIC • SOCIAL • EMOTIONAL • PHYSICAL • BEHAVIORAL
WHOLE CHILD





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The Neag
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HOW SHOULD WE COMPLETE THIS BLUEPRINT?

This blueprint can be completed in a number of ways: over a series of sessions, in a longer chunk of time over professional learning time, or as a revisit after completing the full blueprint once.

Below, we recommend a 10-session structure for completing your blueprinting work. Depending on your schedule and needs, you can modify this schedule or combine sessions. **Each session (including reading) is expected to take approximately 30-45 minutes to complete.** However, each team will find its own rhythm and flow. Activities can be spaced out over more time or revisited.

We suggest working on the activities in each session during shared meeting time. The anticipated time to complete each activity generally ranges from 20-30 minutes, but teams may choose to spend more time diving into an activity to be sure they get the most out of it and are prepared for next steps. Activity 7, in particular, is likely to take teams more time.

Your team can choose whether to also independently read the associated pages during shared meeting time or to each review the material prior to the meeting. The reading **provides critical information for completing the activities**, so we suggest choosing a structure that will ensure team members are **ready and able prior** to completing the activities.

Suggested Structure to Completing the Practice Blueprint

Session and Section	Activities	Purpose
Session 1 Introduction	Review blueprint sections: <ul style="list-style-type: none"> • <u>How should we complete this blueprint?</u> • <u>Who should complete this blueprint?</u> Do together: Activity 1 – Constructing an Effective Leadership Team	To create a multidisciplinary team to lead the WSCC blueprinting work.
Session 2 Introduction	Review blueprint sections: <ul style="list-style-type: none"> • <u>Introduction to the blueprint</u> • <u>Navigating the blueprint</u> • <u>Intro to the WSCC model</u> Do together: Activity 2 – Build WSCC Knowledge	To gain familiarity with the WSCC model and available resources for strengthening knowledge.
Session 3 Introduction	Review blueprint sections: <ul style="list-style-type: none"> • <u>What do we mean by Whole Child?</u> • <u>What do we mean by Whole School?</u> • <u>What do we mean by Whole Community?</u> • <u>More about Policy</u> • <u>Setting Up for Success Using the 3Es</u> Do together: Activity 3 - Mapping Your System	To understand the rationale behind the blueprinting process and begin to think about WSCC policies and practices in your setting.
Session 4 Exploring Context	Review blueprint sections: <ul style="list-style-type: none"> • <u>Step 1: Exploring Context</u> • <u>Resource Mapping activity, case study, & reflection questions</u> Do together: Activity 4 – Resource Mapping	To document your setting's existing practices and resources related to each WSCC domain.
Session 5 Exploring Context	Review blueprint sections: <ul style="list-style-type: none"> • <u>Exploring Context in WSCC Practices activity, case study, & reflection questions</u> Do together: Activity 5 – Exploring Context in WSCC Practices	To evaluate your setting's use of recommended practices in each WSCC domain.
Session 6 Evaluating Directions	Review blueprint sections: <ul style="list-style-type: none"> • <u>Step 2: Evaluating Directions</u> • <u>Big Picture WSCC SWOT Analysis activity, case study, & reflection questions</u> Do together: Activity 6 – Big Picture WSCC SWOT Analysis	To identify WSCC domains that are areas of strengths, weakness, opportunity, and tension in your setting's practices.

Session 7 Evaluating Directions	Review blueprint sections: <ul style="list-style-type: none"> • <u>Considering New or Refined WSCC Practices</u> • <u>Your WSCC Practice Balance Sheet activity, case study, & reflection questions</u> 	To identify opportunities to strengthen WSCC practices in one chosen domain.
Do together: Activity 7 –Your WSCC Practice Balance Sheet		
Session 8 Establishing Actions	Review blueprint sections: <ul style="list-style-type: none"> • <u>Step 3: Establishing Actions</u> • <u>Congruence activity, case study, & reflection questions</u> 	To confirm your setting’s readiness to engage in each potential practice change and narrow down to 1-5 practice changes to pursue.
Do together: Activity 8 – Confirming Congruence		
Session 9 Establishing Actions	Review blueprint sections: <ul style="list-style-type: none"> • <u>Action Planning activity, case study, & reflection questions</u> 	To create an action plan for each practice change you are going to pursue with plans for progress monitoring and optimizing implementation.
Do together: Activity 9 – Action Planning		
Session 10 Establishing Actions	Review blueprint sections: <ul style="list-style-type: none"> • <u>Celebrating your Practice Plan</u> • <u>Advocating for WSCC Policy activity, case study, & reflection questions</u> 	To identify the policy changes that need to be made to align policy with new practices.
Do together: Activity 10 – Advocating for WSCC Policy		

WHO SHOULD COMPLETE THIS BLUEPRINT?

This practice blueprint is intended for school teams who are interested in improving their practice alignment with the WSCC model. Before you dive into blueprinting, we offer an activity to help you construct a diverse leadership team that represents expertise and voice across WSCC domains. It is likely that specific individuals in your setting hold expertise related to practices in specific domains (e.g., physical education teacher, school counselor, college and career readiness coordinator); knowledge-sharing can help to ensure that your team gets the most out of the blueprinting process.



Activity 1 - Constructing an Effective Leadership Team

Anticipated time needed to complete this activity: 20 minutes

Activity 1 - Constructing an Effective Leadership Team, available in Appendix B, is intended to help determine team composition. Key considerations that it will help with are:

- Who should serve on the leadership team to enable coverage across the majority of WSCC domains?
- Who else can be brought into conversations as needed to ensure the WSCC domains and voices of key groups are fully represented?
- How many core leadership team members are sufficient to balance representation and efficiency?
- How often and when will meetings occur?

ACTIVITY 1 – CONSTRUCTING AN EFFECTIVE LEADERSHIP TEAM



Time to Complete: 20 minutes

Goal of Activity: To create a multidisciplinary team to lead the WSCC blueprinting work.

Directions

1. For each domain, brainstorm the key personnel that partake in decision-making AND in the implementation of services in that area.
2. Use the third column to identify existing team members that are linked to each domain. Note that names may be written multiple times in this column. The goal is to ensure that each domain has at least one team member who can represent the ongoing work in that area.
3. Answer the two questions below the table to (a) to summarize how many people are on the team, and (b) to plan for when and how often meetings will occur.

Hillside's SST consists of:

- Mr. Smith, Principal
- Mrs. Garcia, Vice principal
- Ms. Lee, School nurse
- Dr. Yusuf, School psychologist
- Dr. Greenberg, School counselor
- Mr. Banerjee, Special education teacher
- Mr. Maple, Family and consumer sciences teacher
- Mrs. Wu, English teacher
- Dr. Hess, Science teacher
- Ms. Wilcox, Math teacher
- Mr. Reeves, History teacher
- Mrs. Alves, Spanish teacher

WSCC Domain	List key personnel	Leadership team member(s) linked to domain	Additional staff linked to domain
Physical Activity	District health and wellness coordinator, school administrators, health and physical education teachers, coaches, school nurse	• Mr. Smith • Mrs. Garcia • Mrs. Wu	• Physical education teacher(s) • Health education teacher(s)
Health Education	District health and wellness coordinator, school administrators, health and physical education teachers, coaches, school nurse	• Mr. Smith • Mrs. Garcia • Mrs. Wu	• Physical education teacher(s) • Health education teacher(s)

Constructing an Effective Leadership Team | csch.usccom.edu



Throughout the blueprint, we include case studies to provide examples of one school's WSS practice blueprinting efforts. Importantly, this illustrates only one of many paths through the blueprint. However, reading the case studies may spark ideas for your own setting's work or provide clarity on how to approach each activity.

Here, we introduce the case study that will be carried throughout the practice blueprint. In this case study, you will learn about the school and the insights they gained from the Constructing an Effective WSCC Practice Leadership Team activity.

Case Study:

Introducing Hillside Academy's Practice Blueprint Work

Hillside Academy is a mid-size public secondary school located in a rural New England town. Hillside administration is seeking to strengthen alignment of their practices with the WSCC model. Mr. Smith, the principal at Hillside Academy, heard about the WSCC model at a conference and has since identified some Hillside Academy practices that align with WSCC domains. However, Mr. Smith feels that steps were needed to more fully integrate WSCC practices into the school's day-to-day operations.

Hillside has a Student Support Team (SST) that meets regularly to make decisions and review data regarding school initiatives. Hillside's SST consists of administrators, a general education teacher from each academic department, a special education teacher, a school nurse, and school mental health professionals. Hillside staff, including members of the SST, were introduced to the WSCC model during a recent professional development (PD) workshop. Following up on this introduction, Mr. Smith asks the SST if they are interested in forming a team focused on strengthening Hillside's WSCC efforts. The SST members are enthusiastic about increasing the school's implementation of WSCC practice guidelines and agree to discuss this further at their next SST meeting.

During Hillside's next SST meeting, the team takes the last 30 minutes to work on the Constructing an Effective Leadership Team activity. They work together to identify the key personnel that take part in decision-making AND implementation of services across various WSCC domains. They realize that the current SST members are linked to decision-making and implementation across most domains. However, they also recognize that there are colleagues that they would need to reach out to related to certain domains. In addition, they agree that if they are going to take on this work, they'll want to ensure broad staff, family, and community support before making any major decisions.

Anticipating that they'll be able to reach out to additional staff members for input at various times, the SST members perceive that their team has the time, enthusiasm, and interdisciplinary structure to serve as the WSCC Practice Leadership Team. They identify that their goal is to align Hillside's practices with the WSCC model. They decide to allocate the last 30 minutes of every other SST meeting to focus on their WSCC practice work as the WSCC Practice Leadership Team.

As a first step, Mr. Banerjee, the representative from the special education department, offers to email the additional staff members that the team identified to describe the WSCC Practice Leadership Team to see if the team can tap their expertise when making decisions related to their work.

Next, the team considers how to solicit staff, family, and community feedback as they consider practice changes. Team members have a few ideas, but agree that some more thoughtful consideration is warranted. They agree to each bring three ideas to the next meeting.

SECTION I: INTRODUCTION TO THE BLUEPRINT

The goal of this guide is to support the creation of an effective blueprint to set your system up for successful *implementation* and *sustainment* of WSCC Practices as aligned with integrated multi-tiered systems of support (I-MTSS). We will refer to this throughout as Whole Child I-MTSS. We structure this blueprinting work across three steps: Exploring Context, Evaluating Directions, and Establishing Actions.

In this first section, we provide an overview of the Whole School, Whole Community, Whole Child (WSCC) Model. We then define whole child, whole school, and whole community. Finally, we focus on the “how” of WSCC implementation, with particular focus on the need for coordination and integration of efforts. This first section will help set you up for success in your blueprinting process.

Navigating the Blueprint

Throughout this blueprint, you will see the following icons to assist in navigating.



Activity: something to be completed to further your blueprinting work



Tip: something to consider or keep in mind for the future as you complete your blueprinting work



Reflect: questions to check for understanding and confirm that you have considered the key points of the section

Intro to the WSCC Model

Schools are an important anchor in the community, serving as a primary system of care for children. Therefore, schools have tremendous influence on child well-being, with a unique role in promotion, prevention, and intervention across areas of functioning (academic, social, emotional, behavioral, physical). Coordinated and integrated systems of learning and health are more effective and efficient facilitating positive child development, but these systems often operate in silos. This can lead to duplication and inefficiency in service delivery as well as gaps in services across areas of child development. Silos also present critical challenges to sustainable supports. ***Education and health sectors must meaningfully and effectively collaborate to facilitate the success of the whole child.*** In recognition of this need, the CDC and ASCD developed the [Whole School, Whole Community, Whole Child \(WSCC\) model](#). The WSCC model describes the importance of policies, processes, and practices that integrate across 10 domains relevant to positive outcomes for child learning, health, and well-being. WSCC offers a comprehensive model to show the many parts that can facilitate or impede child and school success.

The Whole School, Whole Community, Whole Child (WSCC) Model



Source: <http://www.cdc.gov/healthyschools/wsc/index.htm>

Key Concepts

The WSCC Model is intended to be:

- **Student Centered:** Positive development of the whole child – or student – is centered in the design of policies, processes, and practices.
- **Evidence-Informed:** 10 domains help key groups and participants organize effective efforts related to success for the student, school, and community.
- **Ecological:** The model embraces that systems must come together to facilitate positive whole child development given that students, families, and schools are embedded in broader contexts. Community plays a crucial role in implementing and sustaining practices across all domains.
- **Contextually Flexible:** The model drives alignment of efforts, yet foci are determined by priorities specific to the intended context.

WSCC Domains: A Closer Look

The 10 domains of the WSCC model are akin to gears: although the work undertaken in each might be of differing sizes in each school system, they work together to support system functioning and student outcomes. The 10 WSCC domains and associated definitions are listed next, with links to brief reports and videos describing each domain in greater detail.

The 10 “Gears” to the WSCC Model



Health Education: Structured learning experiences in which students acquire knowledge to engage in health-informed decision making and adopt lasting healthy behaviors.

[Brief Report](#) / [Video Module](#)



Health Services: Consists of supports provided to promote the physical health of students in the school setting.

[Brief Report](#) / [Video Module](#)



Physical Education and Physical Activity: Includes: (a) physical activity before, during, and after school, (b) physical education, (c) staff involvement, and (d) family and community engagement.

[Brief Report](#) / [Video Module](#)



Physical Environment [or Safe Environment]: Describes the school building and physical space around the school, school grounds, and the land on which the school is built.

[Brief Report](#) / [Video Module](#)



Nutrition Environment and Services: Focuses on developing students’ abilities to make healthy nutritional decisions.

[Brief Report](#) / [Video Module](#)



Employee Wellness: Focuses on the health and well-being of school employees to promote a positive school environment for all school personnel and students.

[Brief Report](#) / [Video Module](#)



Social and Emotional School Climate: Refers to the psychosocial aspects of student experiences.

[Brief Report](#) / [Video Module](#)



Family Engagement: Refers to a collaboration between families and school personnel with the goal of fostering positive outcomes for student learning, health, and development across domains.

[Brief Report](#) / [Video Module](#)



Counseling, Psychological, and Social Services [or Behavioral Supports]: Consists of school-based prevention and response services that address students’ social, emotional, and behavioral (SEB) health.

[Brief Report](#) / [Video Module](#)



Community Involvement: Refers to partnerships between school and community groups and/or community-based organizations.

[Brief Report](#) / [Video Module](#)



Activity 2 - Build WSCC Knowledge

Anticipated time needed to complete this activity: 20-30 minutes

If WSCC is new to you or it would be helpful to expand your knowledge before diving in, we encourage you to spend time familiarizing yourself with the WSCC model and each of the 10 domains.



We have compiled WSCC Resources from CSCH and the CDC. The CDC's resources include a virtual healthy school where users can explore the WSCC model in action, overviews of the WSCC model, and summaries of research supporting the WSCC model.

CSCH's resources include video modules and practice briefs about (a) the WSCC model as a whole and (b) each of the 10 domains. The videos incorporate interviews with school personnel discussing how they incorporate WSCC into their practice. The [introductory video module](#) gives an overview of the WSCC model, and each of the remaining videos present information specific to a domain.

The practice briefs summarize evidence behind why each WSCC domain is important, how each domain relates to student outcomes, and best practices within each domain. The [overview brief](#) provides the background whereas the others expand specific content for each domain.

Using Activity 2 – Build WSCC Knowledge, available in Appendix B, we encourage you to select resources to explore to strengthen your WSCC knowledge. We suggest selecting an overview resource (e.g., [CDC's WSCC Overview](#), [CSCH Overview Brief](#), or [CSCH Overview Video](#)) and 1-2 additional resources related to domains of interest. There are many resources, but we suggest limiting yourself to a manageable amount of time for this activity.

Next, we more explicitly define “whole child,” “whole school,” and “whole community.”

What do we mean by Whole Child?

Whole child refers to the child being placed at the center of the WSCC model (Chafouleas & Iovino, 2021). This means that the primary focus of our interventions and systems is to support healthy child development. But what is healthy child development, and how do we support it?

Healthy child development considers the whole child – that is, all the pathways that lead to the full picture of child success. Different frameworks have been developed to describe these pathways. A common thread across each is that **positive developmental relationships** are key to supporting positive developmental pathways.

A whole child lens is rooted in developmental pathways, meaning that our goal is to foster opportunities for all children to reach their potential. We do this through supportive interactions with those adults who can help them along different paths and across developmental domains (Chafouleas & Iovino, 2021). For example, this might include family members, school staff, coaches, enrichment teachers, and neighbors in a child's life.

We dive into this in greater detail in our discussion of whole community next; however, the key message here is that **developmental relationships are a key driver of sustained implementation of whole child initiatives and positive child outcomes**. As positive developmental relationships are the foundation of all positive child outcomes, they need to be centered in all whole child work. Without positive developmental relationships at the center of the work, initiatives that seek to promote healthy child development in different domains of functioning are unlikely to result in desired outcomes.

For additional context and information about whole child, whole school, and whole community, we recommend reading our article, [Engaging a Whole Child, School, and Community Lens in Positive Education to Advance Equity in Schools](#).

REFLECT



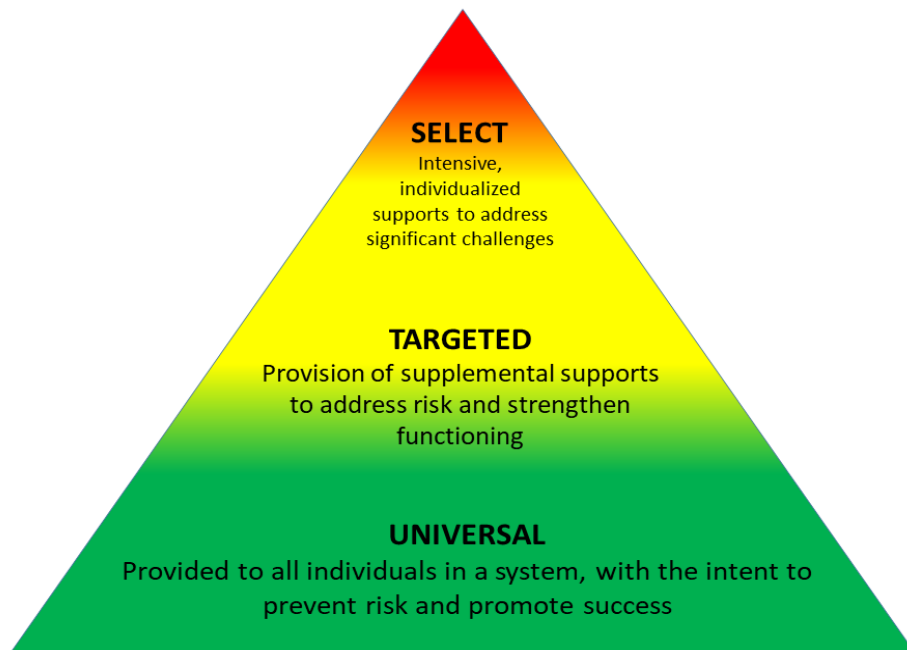
1. What does “whole child” mean to you?
2. Which pathways of student development (e.g., academic, social, emotional, behavioral, physical) does your setting prioritize most / least?
3. In your setting, what does “whole child” look like? Are shifts needed to enable a “whole child” definition?

What do we mean by Whole School?

Whole school refers to the systems and programs that organize WSCC work in schools. Whole school also includes support for adults within the school system to choose, implement, and evaluate services that are evidence-informed and culturally and developmentally appropriate (Chafouleas & Iovino, 2021).

The multi-tiered systems of support (MTSS) model is frequently referenced in education as a way to organize the types of services available to support students with different needs. Conceptualized as a triangle, the model organizes supports into levels of intensity based on student need. In Figure 1, a visual of an MTSS model is shown, which illustrates organization of services at universal (provided to all), targeted (provided to some), and select (provided to a few) levels of intensity. Most schools have likely seen MTSS used for academic supports, and many others may be incorporating behavioral supports into MTSS. However, as we share next, MTSS provides an overarching framework for organizing services across all domains of child development.

Figure 1. MTSS model.



As schools and districts face what can seem like an endless list of demands, it might feel overwhelming to think about incorporating the WSCC model into your setting. To help organize the work, we suggest using the familiar MTSS model. As we demonstrate next, the WSCC model can be integrated with the MTSS framework that is already familiar as a way to organize the services being delivered in your setting. The WSCC model represents a comprehensive model, organized in a compelling visual, of the many influences on student outcomes. The MTSS triangle represents a way to work through matching services to varied levels of service intensity.

Drawing on the content of the WSCC model (the *what*) and the service delivery focus of MTSS (the *how*), we merged these models and have named this model Whole Child Integrated MTSS, or Whole Child I-MTSS. The key concepts of Whole Child I-MTSS listed next explain how we conceptualize the integration of WSCC and MTSS.

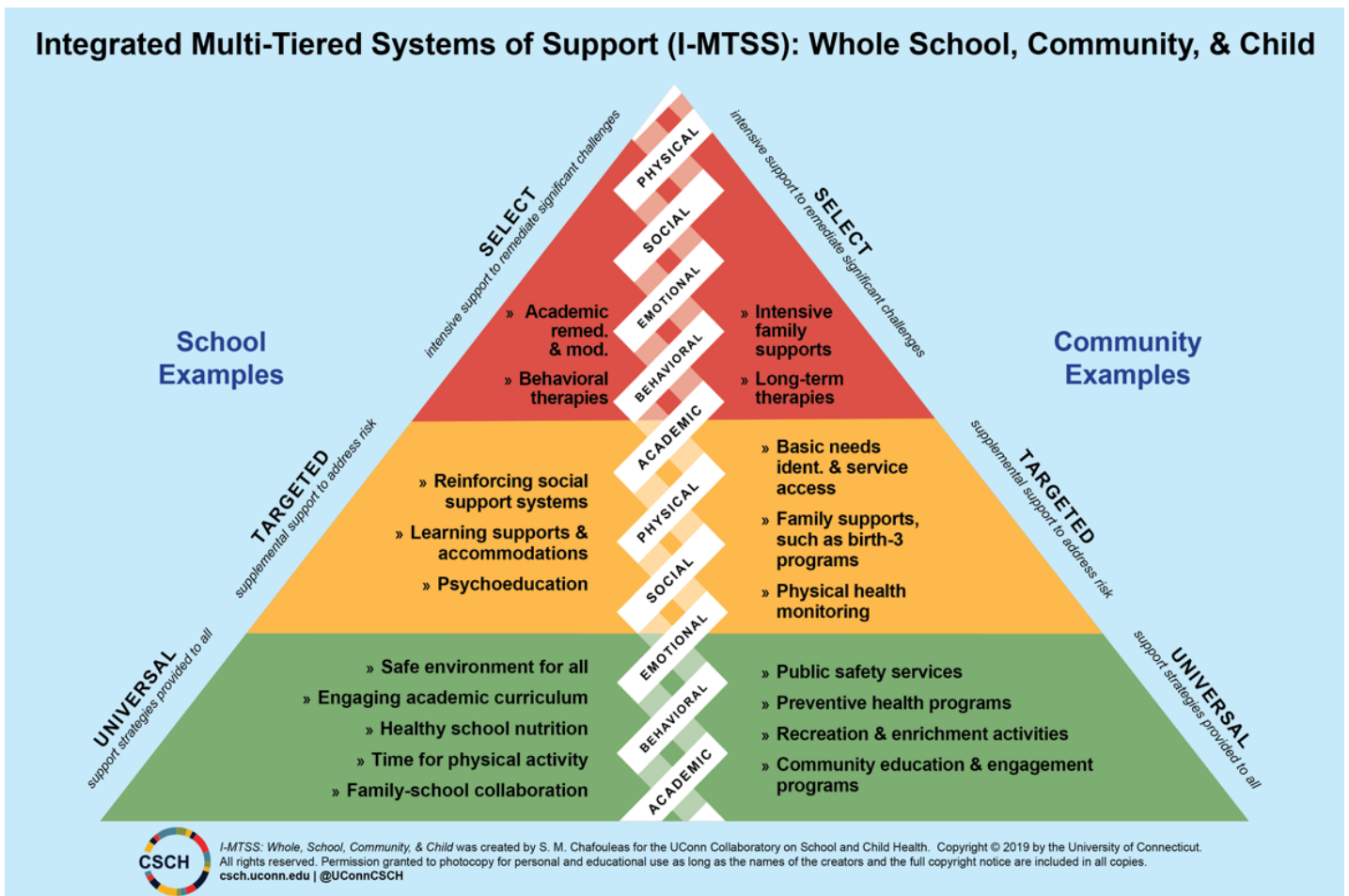
Whole Child I-MTSS: Key Concepts

- Integration of learning and health efforts to support the **whole child** is embraced as school role and responsibility
- School, community, and family **collaboration is foundational** to successful whole child work
- The WSCC model serves as the umbrella to **align initiatives** to support positive developmental pathways (academic, social, emotional, behavioral, physical)
- The MTSS framework facilitates **integration of service delivery** across levels of intensity (core, targeted, select)
- Service delivery systems are **contextually relevant** – efforts should look different across districts and even within schools in the same district
- Coordinated leadership works to facilitate **congruence across policy, process, and practice**

The first key concept is pivotal to WSCC work, and thus warrants some additional discussion. Embracing WSCC work means taking an expanded view of school role and responsibility (Comer et al., 2004; Maier et al., 2017). A traditional view that school systems are charged with two primary functions—instruction and administrative functions (i.e., governance/management)—does not address barriers to student learning (Adelman & Taylor, n.d.). An expanded view, one that incorporates WSCC key concepts, recognizes that health and learning are interconnected in providing the supports that enhance whole child well-being. In other words, school system functions include (1) academic instruction, (2) administration functions, and (3) health & wellness.

Whole Child I-MTSS weaves together efforts, meaning that schools purposefully attend to academic, social, emotional, behavioral, and physical developmental pathways. Schools do so, in part, by engaging in community partnerships that support the work of addressing the diversity of needs of every child. This weaving of efforts across settings is depicted in Figure 2. As shown, there is acknowledgement of multiple tiers (or levels) to service delivery in that all students and families receive appropriate intensity of strategies to support positive development. Universal supports include, for example, facilitating safe environments and ensuring a solid core academic curriculum to establish the foundation for success. For those that need additional supports to be their best, progressively more intensive strategies designed to address risk and remediate existing challenges may be put in place – with both school and community working together to determine how best to effectively provide necessary supports for students and families. At the targeted level, for example, those students struggling to reach reading goals might be provided with additional instruction, in small group format, led a school reading specialist. At the select level, community providers might provide intensive family supports to assist in meeting the physical health goals for a student experiencing complex health needs.

Figure 2.



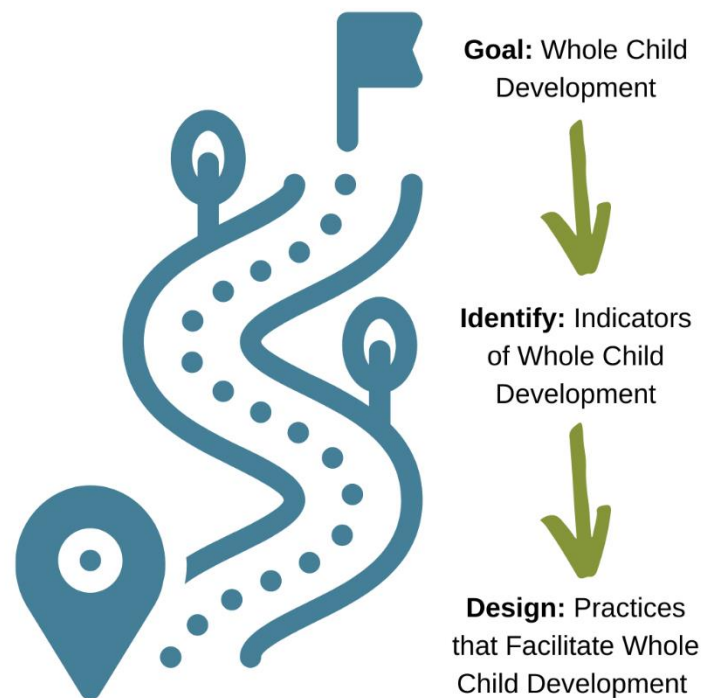
What do we mean by Whole Community?

Whole community refers to connecting student-centered, or whole child, goals across settings and ecological contexts. Doing so facilitates positive outcomes at each level and for each individual, and enhances sustainability of systems, programs, and initiatives (Chafouleas & Iovino, 2021). Although positive developmental relationships serve as the foundation to decisions, high quality and sustained implementation of supports must guide decisions about whole child policies, processes, and practices – which requires the whole community.

A danger with a model as detailed as WSCC is that multiple initiatives could be adopted that each address a specific issue, leaving implementation fragmented rather than interconnected. This can lead to inefficient use of resources, difficulty sustaining any initiatives over the long-term, and missed opportunity to capitalize on the synergistic effects of coordinated efforts. But how do we organize our work in a way that supports whole child development throughout our initiatives? How do we avoid the trap of adding on “one more thing” to address a specific issue?

To promote effective sustained implementation, coordination and integration must be considered. Here we draw upon a framework often adopted in curriculum design to place intended outcomes in the decision-making process: **backwards design**. Using backward design (Wiggins & McTighe, 2005), we identify that the goal of positive whole child development will guide all our efforts. Next, before jumping to implementation, we decide how we will evaluate whether our goal of positive whole child development has been met. Identifying indicators of positive whole child development allows us to envision what success looks like. Then, we design practices that (a) lead to our goal and (b) enable synergistic effects through coordination and integration of work across WSCC domains. This roadmap is shown in Figure 3, where we start with focus on the destination (or goal), decide how to assess whether indicators of whole child development have been met, and then land at the beginning of our route to design practices that facilitate whole child development.

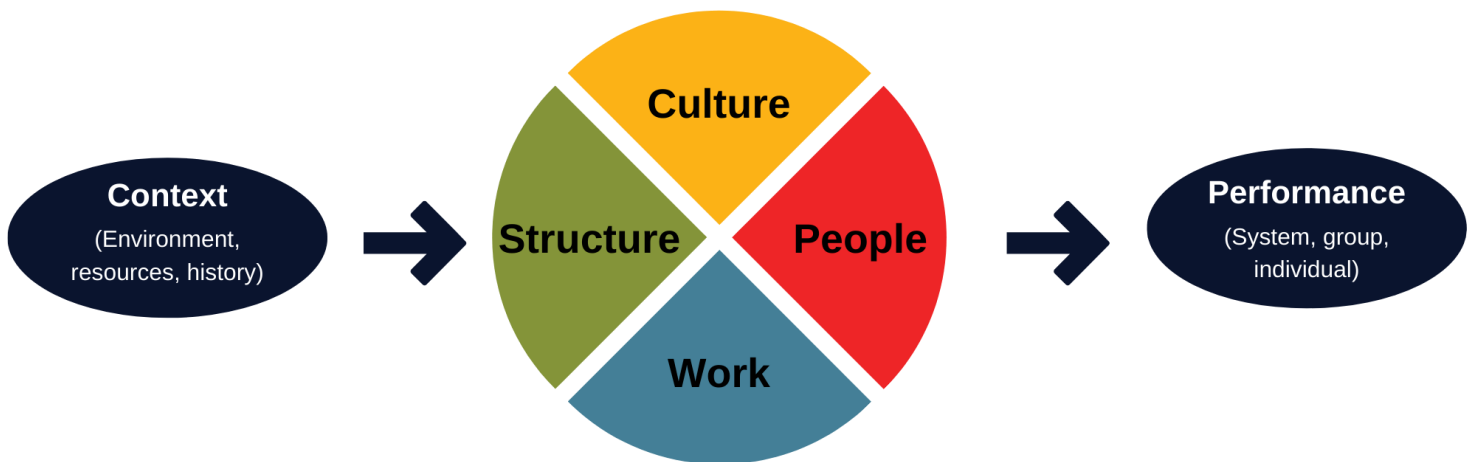
Figure 3. Using backwards design to create a roadmap to whole child development.



Using backwards design helps us keep focus on our goal and selected indicators of positive whole child development. Now we can turn to the practical aspects of implementation, such as securing buy-in and resource allocation. Coordination and integration of efforts occurs through a lens of ecological implementation, meaning considering implementation facilitators and barriers both within our system and within the context of surrounding systems.

Congruence theory can offer a useful visual of the considerations in ecological implementation. Shown in Figure 4, congruence refers to the goodness-of-fit between the *work* that needs to be done, the *people* who do the work, the formal *structure* of a system, and the *culture* of a system (Nadler & Tushman, 1980).

Figure 4. Congruence Model (Adapted from Nadler & Tushman, 1980).



Applying the congruence model to school settings, we define the components of the model in the following ways:

- The *work* refers to the instructional, curricular, and related support tasks.
- The *structure* (school, district, state) assigns the work.
- The *people* include the personnel tasked with the responsibilities for doing the work.
- The *culture* refers to the informal structures in place, such as willingness to adapt current work, or attitudes and skills about new work.

Without congruence, practices can stall or be fragmented – leaving schools challenged with decisions about what and how to implement. Think of the game Chutes and Ladders® – when there is strong congruence, you are positioning yourself to land on ladders, leading to more efficient and successful implementation. However, when there is weak congruence, you can face setbacks – or chutes – that hinder your efforts towards positive whole child outcomes. Evaluating congruence helps us to better anticipate potential challenges and set up for success.



As an example, many schools are considering implementing restorative practices. Although this could lead to many positive outcomes, if a setting does not have the necessary buy-in from staff and families, resources to train staff, or structures in place to facilitate these practices (e.g., restorative circles), efforts are likely to stall. In addition, if school discipline policy is not examined and updated to reflect these practice changes, policy and practice may be uncoordinated and even contradictory. Congruence provides a structure for considering whether the work, structure, people, and culture of a setting are aligned to support implementation. In addition, congruence encourages us to coordinate our policies and practices to further support student health.

To learn more about implementing and sustaining school-based practices, we recommend visiting resources available through the [Sustain Collaborative](#).

Now that you have built foundational knowledge of the WSCC model and background information guiding this blueprinting process, it is time to apply that information to your setting!



Activity 3 – Mapping Your System

Anticipated time needed to complete this activity: 20 minutes

Your blueprinting journey begins with making a map of your system’s current practices and policies aligned with WSCC. The purpose of this activity is to create a 10,000 foot view of what is already happening in your setting related to the whole child initiatives and resources. Although the majority of your work in this blueprint is focused on practices, as introduced above, coordination of practices and policies is key to optimizing WSCC efforts and supporting student health. Therefore, in this activity, we ask you to reflect on both the WSCC-related practices and policies that are present in your setting.

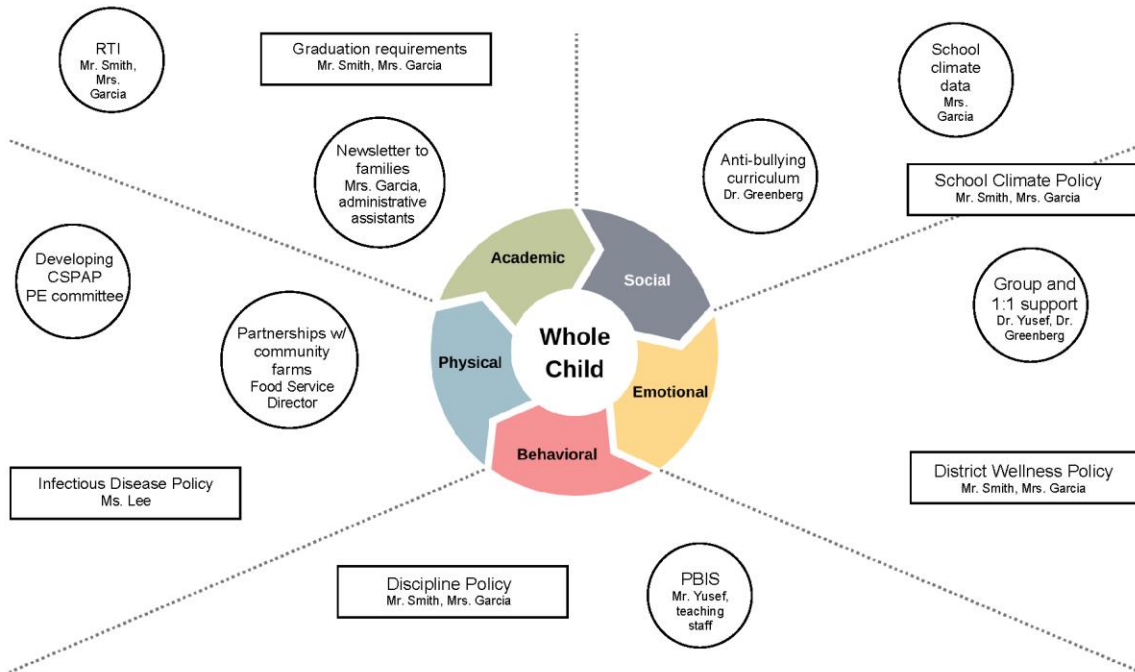
In this activity, we suggest that you:

1. Begin by defining what “whole child” means in your setting. You can use what you learned in the section above to jot down thoughts/definitions/values, etc. Record this in the center of your map.
2. For each area of student development (i.e., academic, social, emotional, behavioral, and physical), list out some practices your setting is currently using. Draw/create circles around each practice, leaving enough room to add or write additional text.
3. Then, using rectangles, do the same thing for policies. For each area of student development (i.e., academic, social, emotional, behavioral, and physical), note

relevant policies that are currently in place in your setting. Draw/create rectangles around each policy, leaving enough room to add or write additional text.

4. Finally, next to each policy and practice, write the names of people or groups (e.g., committees, departments) that have knowledge and expertise about the policy or practice.

Activity 3 - Mapping Your System activity can be found in Appendix B. A completed example is shown below.



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Mapping Your System | csch.uconn.edu

Case Study:

Insights from Hillside's Mapping Process

At their next SST meeting, Hillside's team works together to create a map of the WSCC-related policies and practices at their school. They identify many existing WSCC-aligned initiatives that support student wellness, including behavioral supports (PBIS), school climate initiatives (anti-bullying programming), and nutrition environment/education initiatives (the Hillside Farm-to-School program). The team is excited by the many practices at Hillside that already align with the WSCC framework. They also identify and note the people responsible for facilitating each policy and practice so that they have a record of who to contact for more information during WSCC planning.

In addition, the team revisits their conversation from the previous meeting about how to solicit staff, family, and community voice before making any major decisions about their priorities related to WSCC practice changes. Team members share ideas, which are recorded visually for everyone to see. Once all of the ideas are recorded, they identify those that would generate the most input from each group and are most feasible. Based on this discussion, they decide that briefly sharing their work at the next faculty meeting would help staff to feel informed about the effort and allow the team to follow up with brief surveys soliciting input from their colleagues. Mr. Smith feels that he can give the team 5-10 minutes to briefly introduce their work at the next faculty meeting.

The team decides that using the school's messaging platform (ParentSquare) would be the best way to introduce the work to families and solicit their input. The platform allows families to receive information in their desired format (e.g., text, email) and translates the material into each family's preferred language. The team agrees that they should craft a 1-page description of their work to share with families and later follow up with brief surveys when they are ready for family input.

Lastly, the team feels that they can discuss potential directions with their existing community partners (e.g., behavioral health providers, pediatricians, after-school programs) and would be interested in presenting their work to the School Committee later in the year. School Committee meetings are public events in the community that, depending on the agenda items, have decent attendance and participation. Although not comprehensive, the team feels that this would be a starting place for soliciting community feedback on their work and agrees that they can explore additional avenues as they might arise or be relevant to specific decision points. Mr. Smith offers to contact the Superintendent to schedule a time later in the year to present at a School Committee meeting.

More About Policy

As part of Mapping Your System, you took stock of many of your whole child policies. Moving forward in this blueprint, we will focus on WSCC **practices**.

Interested in diving into policy? Check out the [WSCC Policy Blueprint](#).

That said, we strongly recommended school and district leaders complete the blueprinting process for both practice and policy, as this will help paint a picture of the level of coordination (i.e., congruence) across what you are doing (practice) and supposed to be doing (policy). Administrators should complete this process as they are typically the key personnel responsible for creating, revising, or evaluating school policy.

Ideally, practice and policy changes will occur in parallel – that is, when changes are made to practices in schools, policies should be reviewed and updated as needed to ensure that the messaging is coordinated with what is happening. For example, if a school has decided to update their discipline practices in favor of a positive, restorative approach, they will want to ensure that their school discipline policy is not encouraging zero tolerance or exclusionary discipline practices, such as suspensions or expulsions. Documenting these practice changes in policy can also help to encourage use of the new practice, as there is now some accountability behind it via school policy. Finally, it enhances sustainability of practices as new school personnel come into the system.

Setting Up for Success Using the 3Es

These 3Es of Whole Child I-MTSS, briefly introduced here and described in the next section, are grounded in implementation science, and are designed to effectively guide your system through *exploration* and *planning* activities that seamlessly transition to *implementation* and, ultimately, *sustainment* of Whole Child I-MTSS initiatives. Taking these steps can help to ensure that initiatives don't fall by the wayside, and that we avoid the aforementioned trap of adding on "one more thing" or ending up with multiple siloed efforts.



Exploring Context

Identifying strengths and needs related to educating the whole child

Goal: to recognize existing areas of strength and need and how existing work aligns with the WSCC model



Evaluating Directions

Examining opportunities to strengthen whole child initiatives by implementing, refining, or de-implementing

Goal: to prioritize areas of focus and identify potential directions



Establishing Actions

Planning for success by identifying action steps, addressing anticipated barriers, and creating plans for monitoring implementation

Goal: to define specific project goals, plan action steps, consider potential barriers, and monitor progress

SECTION II: THE 3ES OF WHOLE CHILD I-MTSS

STEP 1: Exploring Context



Exploring Context

Identifying strengths and needs related to educating the whole child

Goal: to recognize existing areas of strength and need and how existing work aligns with the WSCC model

TIP



If you are new to the WSCC model and have not already done so, we encourage you to read the [Introduction to the WSCC Model](#) and complete [Activity 2 – Build WSCC Knowledge](#) to learn important definitions and foundational principles of engaging in this work.



Activity 4 – Resource Mapping

Anticipated time needed to complete this activity: 30 minutes

Exploring your context begins with *resource mapping*, which involves identifying all potential resources that are available to you in your setting. Resource mapping facilitates your ability to make appropriate decisions about whether to adopt a new practice (so you don't end up with too many initiatives at once!), and can help you capitalize on available resources (Sanetti & Collier-Meek, 2022).

As noted by Sanetti and Collier-Meek (2022), resource mapping involves listing out:

- Practices (e.g., initiatives, curricula)
- People (e.g., district/school staff, community partners)
- Assets (e.g., programs, services, funding, etc.)

In Activity 4 – Resource Mapping, available in Appendix B, we offer space to complete a WSCC domain resource map for your setting. This activity builds upon the Mapping Your System activity by having you consider each WSCC domain more systematically. You are likely to list practices that you noted in Activity 3 – Mapping Your System. However, this time, you will be organizing by WSCC domain and more systematically documenting practices in your setting. We expect that you will identify more practices in Activity 4 than you did in Activity 3. A completed example is provided below.

ACTIVITY 4 – CREATING YOUR RESOURCE MAP




Time to Complete: 30 minutes

Goal of Activity: To document your setting's existing practices and resources related to each WSCC domain.

Instructions

1. Identify your existing practices that align with WSCC domains.
2. For each practice, identify who is available to or currently implements that practice, along with what training they have or need.
3. Then, for each domain, identify any assets that might support your practice efforts. Examples include state or district initiatives, new legislation, available grant funding, or professional learning opportunities.

Domain	Practices <i>List out all current initiatives, curricula, etc. for each WSCC domain.</i>	People <i>Who is available to or currently implements this practice? What training do they have or need?</i>	Assets <i>What programs, services, funding, etc. are available in our setting? How can we use these resources?</i>
	<ul style="list-style-type: none"> • All students have 1 hour of physical education per week; • School personnel participate in group games during recess; • Monthly flyers with community-based physical activity events sent home; • No professional development/staff training; • Working on developing a Comprehensive School Physical Activity Program (CSPAP) 	<ul style="list-style-type: none"> • Physical education teachers organize student activities; • Instructional staff oversee recess periods on a rotating schedule basis 	<ul style="list-style-type: none"> • Funding for the physical education curriculum is allotted for in school and district budgets; • Teachers have traditionally overseen recess duties on a rotating basis

Adapted from Sanetti & Collier-Meek. (2022). Sustaining practice 101: Resource mapping. Authors. www.sustaincollaborative.org

Resource Mapping | csch.uconn.edu

Case Study:

Hillside's Efforts to Identify their School's Existing Practices

At their next meeting, the Hillside Academy WSCC Practice Leadership Team works together to identify existing practices that align with each WSCC domain. Ms. Lee, the school nurse, agrees to jot down everyone's ideas on the Resource Mapping Worksheet. The group determines who is currently involved (or could be involved, using the "Potential Resource" column) in the implementation of each practice, along with what training they have or need. Then, for each domain, the team maps existing resources that currently or could support these practices.

In mapping out their resources, the team realizes that Hillside Academy has many student-oriented practices, but few initiatives related to Employee Wellness. The team was surprised to see that they could only identify two employee wellness initiatives. The first involves team building activities at the beginning of each of their staff meetings. Second, administrators hold a "Staff Appreciation Potluck" for the staff a few times each year.

The team feels that they see the effects of this in high levels of burnout among teachers in the building. They wonder if a focus on staff well-being may be a valuable focus for their work, and agree to take a deeper dive into this at their next meeting.

Before proceeding, consider the following reflection questions.

REFLECT



1. Which WSCC domains were more challenging to map? Which were less challenging to map?
2. When stepping back to think about the activity, what excited you about your resource map?





Activity 5 – Exploring Context in WSCC Practices

Anticipated time needed to complete this activity: 30 minutes

Now that you have listed out the practices, people, and assets related to WSCC in your setting, it is time to take a closer look at whether your current practices in each domain align with best practices. In other words, we want to identify how comprehensive our current implementation of WSCC practices is within each domain. This will allow us to identify domains that are strengths and those that are areas of growth; with this information, you'll be well positioned to prioritize next steps in WSCC practices as you proceed through the 3Es.

In Activity 5 – Exploring Context in WSCC Practices, available in Appendix B, you will rate implementation of recommended practices for each domain. Then, you will provide a brief, data-driven justification for your rating. These steps will also be completed for integration, implementation, and evaluation of WSCC practices. Evidence-informed practice strategies are listed for each domain to give a frame of reference of recommended practices. At the conclusion of this step, you will have a clear sense of strengths and areas for growth in relation to aligning school practices with WSCC.

Domain	Item	Rating <small>Rate: 0 (needs work), 1 (sort of), 2 (got it)</small>	Justification <small>Explain: provide brief justification List: data sources used to determine rating</small>
	1. Avoid physical activity as a disciplinary consequence and ensure that all students have equal access to participation in physical activity.	1	<p><u>Explanation:</u> Students have 20-minute recess one time per day, all students have access to recess/physical education, school personnel participate in group games at recess, monthly flyers with community-based physical activity events sent home, no professional development/staff training, working on developing CSPAP</p> <p><u>Data sources:</u> Review of curricula, anecdotal reports from school wellness team members, professional development session list, CSPAP</p>
	2. Promote employee involvement in physical activity such as by providing opportunities for personnel to lead recess activities, participate in physical activity breaks, and serve as healthy role models.		
	3. Encourage family involvement in physical activity by providing information on how to be physically active at home and physical activity events/programming in the community.		
	4. Incorporate physical activity into existing curricula, such as by having students act out the meaning of a word or jump to solve a math problem.		
	5. Provide opportunities for and choices of physical activity throughout the day, including providing physical activity breaks several times per day that last between 5 and 15 minutes.		
	6. Develop a Comprehensive School Physical Activity Program (CSPAP) plan.		
	1. Utilize the Health Education Curriculum Analysis Tool (HECAT) to select and/or develop appropriate and effective health education curricula based on student and community needs.	1	<p>All Hillside students are required to enroll in a health class for one semester of each academic year. Health class curricula cover a wide range of health and wellness issues including nutrition guidance, sex and relationship education, and substance use prevention programs. Parents and guardians are kept informed about what specific topics are being discussed at the start of the semester to support family involvement</p>
	2. Align health education curricula with community needs and student interests to ensure delivery of an up-to-date and inclusive health education curriculum in a developmentally tailored, culturally relevant, and community-focused manner.		
	3. Promote family involvement in health education by providing families with newsletters and information sheets, including family-student homework assignments, and offering family-student and family information sessions as part of the health education curriculum.		
	4. Use multiple active-learning components in teaching health education such as role-playing, opportunities to practice healthy lifestyle skills, practice interpreting nutrition and medication labels, and meal planning and preparation.		

Note. This tool was adapted from Gaurino, K. & Chagnon, E. (2018). Trauma sensitive schools training package. Washington D.C.: National Center on Safe and Supportive Learning Environments.

Case Study:

Hillside's Deep Dive into WSCC Practices

Hillside's WSCC Practice Leadership Team begins to take a closer look at their WSCC-aligned practices. Dr. Yusuf, the school psychologist, pulls up Activity 5 - Exploring Context in WSCC Practices so that the team can examine their practices across WSCC domains. The team works together to assign a rating from 0 (needs work) to 2 (doing great) based on their current implementation of recommended practices for each domain. The team makes sure to support their rating with evidence, such as disciplinary data and staff feedback. Ms. Lee writes down a brief explanation for each rating based on the Team's conversation, citing the data that was discussed.

The WSCC Practice Leadership Team is pleasantly surprised to find that they earned some '2' ratings based on their current practices! Many of their ratings were a '1', which they also found to be encouraging. What stood out, however, was that Hillside earned a '0' rating for their Employee Wellness practices. Though it had been discussed that staff were experiencing burnout and that employee wellness efforts could be better, the team was surprised to learn that Hillside did not currently engage in nearly any of the recommended WSCC practices in the Employee Wellness domain.

Some team members began to feel overwhelmed by the task of aligning Hillside's practices with the WSCC Employee Wellness domain. Team members remark, "Where do we even start?" and "I'm not sure that we'll ever make everyone happy." English department representative Mrs. Wu suggests that the team wait until their next meeting before trying to consider next steps and reminds the team of the many strengths in Hillside's practices that the activity also highlighted.

REFLECT



1. In completing Exploring Your Context in WSCC Practices, which domains emerged as the strongest – choose up to 3?
2. Choosing up to 3, which domains received the lowest ratings?

STEP 2: Evaluating Directions



Evaluating Directions

Examining opportunities to strengthen whole child initiatives by implementing, refining, or de-implementing

Goal: to prioritize areas of focus and identify potential directions

We refer to the second step in WSCC Practice Blueprinting as **evaluating directions**, as you will complete activities that allow you to evaluate opportunities, or directions, for strengthening whole child practices. After completing these activities, you should have clear priority areas of focus and ideas about future directions to address in the final step.



Activity 6 – Big Picture WSCC SWOT Analysis

Anticipated time needed to complete this activity: 20 minutes

If you have experience in the corporate world, you may have conducted SWOT analyses. A SWOT analysis allows us to identify **strengths**, **weaknesses**, **opportunities**, and **tensions**. In WSCC practice blueprinting, SWOT analysis is used to identify priority areas of focus. This allows to improve and refine practices related to the whole child.

While completing your Big Picture WSCC SWOT Analysis, we encourage using a lens that examines access, diversity, and inclusion to ensure that practices promote equity:



Access – connecting to personalized resources (i.e., all invited to the room)

Diversity – supporting presence of differences (i.e., all welcomed and represented)

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

There is not one right way to complete your Big Picture WSCC SWOT Analysis. Instead, this is meant to be a tool for processing Activity 5 – Exploring Context in WSCC Practices. Activity 6 – Big Picture WSCC SWOT Analysis can be found in Appendix B. The example below shows how a school team completed their Big Picture WSCC SWOT Analysis.

SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Strengths	Weaknesses
<ul style="list-style-type: none"> • Nutrition Environment <ul style="list-style-type: none"> ○ Farm-to-School programs enable the use of fresh produce • Safe Environment <ul style="list-style-type: none"> ○ Hillside’s moisture, air, water quality, thermostats, smoke alarms, and humidity levels are assessed annually • Behavioral Supports <ul style="list-style-type: none"> ○ The Student Support Team (SST) consistently relies on data-based decision-making practices to effectively support students 	<ul style="list-style-type: none"> • Employee Wellness <ul style="list-style-type: none"> ○ No current plans currently exist related to the practice of staff wellness
Opportunities	Threats
<ul style="list-style-type: none"> • Employee Wellness <ul style="list-style-type: none"> ○ The WSCC Leadership Team sees the lack of initiatives geared towards staff well-being as an opportunity to build a more supportive framework that uses staff input and perspectives. 	<ul style="list-style-type: none"> • Potential challenges to updating and integrating practices include time constraints, staff buy-in, and funding.

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Case Study:

Hillside’s Big Picture WSCC SWOT Analysis

The next WSCC Practice Leadership Team meeting begins with the team working together to complete a Big Picture WSCC SWOT Analysis.

Drawing on their Resource Mapping and Exploring Context in WSCC Practices activities, the team identifies the domains of Nutrition Environment, Safe Environment, and Behavioral Supports as strengths of Hillside’s current practices. Hillside has a strong agricultural focus and Farm-to-School program that has allowed for students to plant, cultivate, and eat local products. Students frequently have access to fresh air and opportunities to improve their environment by maintaining the school garden or picking up trash in and around the building. The building’s moisture, air, water quality, temperature,

and humidity levels are assessed each year. Teachers are implementing PBIS appropriately according to fidelity data, and office referrals have decreased substantially since Hillside began implementing PBIS several years ago.

Although there are opportunities for improvement across all domains, the WSCC Practice Leadership Team continues to feel that Hillside's main area of weakness and opportunity is within the Employee Wellness domain. The school does not have many current initiatives aimed at Employee Wellness, and team members feel that morale is low. In addition, Mrs. Wu points out that previous Employee Wellness initiatives may not have been equitable. For example, certified staff have benefited while paraprofessionals and lunch staff have not due to contract restrictions. However, the team isn't entirely sure how to best improve Hillside's Employee Wellness initiatives.

In addition, although the team feels this area of focus (Employee Wellness) is warranted based on their work so far, they want to confirm that this is also a priority for the broader staff. After a thoughtful conversation, the team decides to send a brief, voluntary survey to staff soliciting their feedback on current and potential Employee Wellness initiatives and the potential focus on this team's efforts on Employee Wellness. The school psychologist, Dr. Yusuf, offers to draft the survey for the team's review and to then send the survey out to staff via Google Forms.

After completing your Big Picture WSCC SWOT analysis, we recommend **identifying WSCC domains for follow up** (e.g., those identified as weaknesses or opportunities).

Then, we recommend choosing one domain of focus for the remainder of your blueprinting work. We hope that you will **complete the blueprinting activities multiple times**; for this first pass, **we suggest choosing one WSCC domain** as a manageable starting place. Then, you can return to blueprint for additional domains that are areas of weakness and opportunity.

To streamline your work and optimize the potential for successful implementation, you might consider choosing a domain that is aligned with current school, district, or state areas of focus.

Once you have chosen a WSCC domain of focus for the remainder of this round of blueprinting work, **confirm this choice with key groups**, such as staff, families, and administrators!

REFLECT



1. What WSCC domains did you identify as areas that you would like to follow up on?
 - a. Which WSCC domain will you focus on for the remainder of this pass at blueprinting? How and why did you choose this domain?
 - b. What data can you collect to confirm this choice with key groups, such as staff, families, and administrators?

Considering New or Refined WSCC Practices

It's time to consider how to strengthen your WSCC practices in the domain that you chose! This is likely the reason you came to the blueprint.

As you are likely all too well aware, your resources are finite. Therefore, **you should allocate your resources towards the most efficient, effective, and sustainable efforts.** The idea here is to do less, better (Sugai & Chafouleas, 2021).

Think of it like an accounting balance sheet: your outcomes in this domain are going to be directly related to the resources you have available to invest and the quality of the practices you implement. We want our balance sheet to be as close to a zero as we can. We want to limit our time in the red (i.e., overextended, not enough resources to support practices) but also not have too much in the black (e.g., not using our available resources to implement practices).

We can also think of this like a seesaw. We need to balance our practices with the resources we have available. When we get out of balance, we either do not have the resources we need to implement intended practices or are not using our resources to their potential. However, we can adjust the balance in a few ways: we can reallocate resources to different practices, we can pursue additional resources, or we can remove (de-implement) practices that are not a good use of our resources.



Each time we consider adding a new practice or refining a current practice, we want to think about how this will affect the balance.

Next, we discuss three critical pieces when considering new or refined practices: voice; attention to diversity, access, and inclusion; and de-implementation (i.e., examining opportunities to reallocate resources).

Voice

In considering any changes to our current WSCC practices, we need to solicit input from key groups. Key groups may include students, families, staff, or community members.

The support of these groups is crucial to successful initiatives. If we are considering having staff adopt new practices, do they see value in this change? Are the new practices aligned with community values? Across these groups, we will want to be sure that there are generally positive attitudes towards the potential change (note: you will almost never get 100% support, but 80% support is often used as a benchmark to indicate sufficient support to move forward with school-based initiatives).

Attention to Diversity, Access, and Inclusion

As you consider how to strengthen your WSCC practices, it is critical consider how you prioritize diversity, access, and inclusion in your practices and how this can be strengthened. At this stage, you are laying the groundwork – or creating a blueprint – for your WSCC practices. Strengthening considerations of diversity, access, and inclusion should not be considered as an add on later – this is the key time to plan for equitable opportunities and outcomes that increase everyone’s success.

De-Implementing: Opportunities to Reallocate Resources

When embarking on this blueprint, you may not have considered that we were going to ask you to consider taking practices away. However de-implementation is a key piece of implementation because it frees up resources for more promising initiatives.

De-implementing is desirable when initiatives are not having the intended impact or are not positioned for effective, efficient, and sustainable implementation. De-implementation frees up resources (e.g., time, staff, energy, finances) that can be allocated towards more promising work.

Sample key questions that we consider here are:

- Are there any practices that you do not have sufficient resources to implement?
- Are there any practices for which the intended outcomes are not being achieved (for everyone, or for specific subgroups)?
- Are there practices that are regular sources of tension amongst members of the school community?

De-implementation often requires **learning** and **unlearning**. For example, staff may need to learn new procedures or unlearn old procedures. Consequently, it is important to identify the learning and unlearning that each de-implementation initiative will require. Because of the time this shift in practices will require, **de-implementation is a process, not an event.**

Drawing on the work of Evidence for Learning (2020), we next introduce four types of de-implementation. Examples are provided to illustrate each type of de-implementation. As you'll notice, de-implementation and implementation are often an iterative process – we might choose to de-implement one practice in favor of another (replace) or de-implement something to free up space for something new (rethink).

Types of De-Implementation

Reverse	It is not working anywhere	<p>Example: Exclusionary discipline practices (office discipline referrals, suspensions, and expulsions) are not improving student behavior or increasing school safety. These practices are also disproportionately used in response to Black students, males, and students with disabilities.</p> <p>Action: Support administrators and staff to unlearn the practices, including why they are ineffective.</p> <p>Consideration: The reversal of these practices may require something to take its place. See: Replace.</p>
Reduce	It is working in some schools within the district but not all, or for some sub-groups (e.g., teachers) but not all	<p>Example: A social emotional curriculum that had been identified for K-8 students has been found to be more developmentally appropriate for K-5 students.</p> <p>Action: The curriculum is only delivered to K-5 students and a replacement curriculum is identified for students in grades 6-8. Staff who implement in grades 6-8 should be supported to learn the new curriculum and unlearn the previous curriculum.</p>
Replace	It is not working, but the problem that it is aiming to improve still exists	<p>Example: District offers 30-minute yoga session at the start of monthly professional development, but teachers and staff are still reporting high levels of stress and burnout.</p> <p>Action: Survey staff to identify their thoughts and preferences around staff wellness activities that would be beneficial and select a new initiative from those data to replace the monthly yoga sessions.</p>
Rethink	It is not working or has achieved its desired outcome and should be de-implemented to make room for something else	<p>Example: All elementary schools in the district provide awards and incentives to students based on school attendance, which has not been associated with improvements in student attendance.</p> <p>Action: De-implement and make decisions about whether these awards and incentives can be incorporated into another initiative.</p> <p>Consideration: This may free up resources (e.g., a person's time) that can be re-allocated.</p>

Note. Adapted from Evidence for Learning, 2020.

In summary, de-implementation helps us to remove or reduce practices that are not producing desired outcomes.

We can apply this same logic to practices that we are considering but have not yet put in place. For each proposed initiative, we might consider: Do we have adequate resources to support the initiative? Who will lead it? Will it take away from other promising work? By answering these questions, we might be able to anticipate future challenges and adjust course accordingly (e.g., remove, reduce, replace, rethink).

In the next activity, you will have the opportunity to consider both de-implementing current initiatives and brainstormed initiatives that you determine you are not well positioned to implement. Planning to strengthen WSCC practices is an iterative process of considering sustainable implementation and de-implementation.

Having now considered the importance of soliciting voice, prioritizing access, diversity, and inclusion in WSCC practice planning, and evaluating how de-implementation can support our implementation efforts, we are ready to consider next steps!



Activity 7 –Your WSCC Practice Balance Sheet

Anticipated time needed to complete this activity: 45 minutes

Now that you have identified your priority WSCC domain of focus, you are ready to consider how to strengthen your practices within this domain. Activity 7 – Your WSCC Practice Balance Sheet is available in Appendix B. In this activity, we will draw on the balance sheet analogy introduced above to consider how to strengthen your WSCC practices in your chosen domain. You will first create a balance sheet reflecting your current practices, resources, and outcomes. Then, using three notetaking resources, you will identify potential new or refined practices to implement, compare these practices to recommended evidence-informed WSCC practices, and explore any opportunities to de-implement practices that are not achieving desired outcomes. Throughout, you will be encouraged to balance your efforts with the resources you have available to increase the likelihood that implementation will be efficient, effective, and sustainable.

Your WSCC Practice Balance Sheet



Domain of focus:

<p>Current outcomes in this domain:</p> <ul style="list-style-type: none"> • Staff dissatisfaction with team building activities • Low morale 	
<p>Desired outcomes:</p> <ul style="list-style-type: none"> • Increased support and morale among staff • Reduced staff burnout • Improved well-being of staff 	
<p>Current resources allocated to this domain:</p> <ul style="list-style-type: none"> • 30 min of PD/month • Admin time to prepare staff potlucks 2-3 times/year • PD time to hold potluck 	<p>Current practices in this domain:</p> <ul style="list-style-type: none"> • Team building activities • Admin-led staff appreciation potlucks
<p>Proposed resources:</p>	<p>Proposed practices:</p>

Your WSCC Practice Balance Sheet | csch.uconn.edu



Case Study:

Hillside's Balance Sheet

Following their last WSCC Practice Leadership Team meeting, Dr. Yusuf sent all staff members a survey to solicit feedback on existing Employee Wellness practices, seek input on potential improvements to these practices, and assess interest in having the WSCC Practice Leadership Team focus their efforts on improving Employee Wellness initiatives. At the beginning of the next WSCC Practice Leadership Team meeting, Dr. Yusuf shares the survey results. Staff were generally in favor of the WSCC Practice Leadership Team focusing their efforts on improving Employee Wellness initiatives. Staff members expressed dissatisfaction with the monthly team building activities and many indicated that they would feel less stressed if they were able to use that time for lesson planning and preparation.

The survey responses also helped the team to begin considering areas for improvement in Employee Wellness practices. For example, several staff members mentioned that they feel they do not feel appreciated for their work. Nearly all teachers mentioned that they would be less stressed if they were able to have more prep time. A few teachers mentioned that vouchers to local gyms or meditation centers would be welcomed and appreciated.

With this information, the team began Activity 7 – Your WSCC Practice Balance Sheet.

First, the team's balance sheet of current practices and resources includes 30-minutes of team building activities at a PD workshop each month and administrator-led "Staff Appreciation Potlucks" a couple of times each year. Current outcomes include staff reporting dissatisfaction with team building activities, stress related to a need for planning time, and a team perception of low morale. Desired outcomes include increased support and morale among staff, reduced staff burnout, and improved well-being of staff.

Next, using Notetaking Resource 1 and their survey results, the team brainstorms potential new or refined practices. They agree to generate as many ideas as they can, and then will select those they may want to consider further. Ideas include:

- Offering discounts and/or temporary subscriptions to local gyms and meditation centers.
- Finding ways to increase staff recognition and appreciation.
- Providing staff with access to healthy foods sourced through the Farm-to-School program.
- Providing teachers with class coverage on a rotating schedule to allow for additional prep time.

Next, using Notetaking Resource 2, the team compares their list to the recommended evidence-informed practices in Employee Wellness. They see alignment between their idea to increase staff recognition and appreciation and the recommendation to support a positive workplace climate by implementing supports to foster positive relationships and

collaboration among staff (Recommendation #2). They also see alignment between their idea to provide access to healthy foods and the recommendation to implement environmental changes to support healthy lifestyle habits (Recommendation #3).

The team realizes that it would make sense to add Recommendation #1 to their list. They add:

- Forming a committee dedicated to monitoring staff wellness.

Then, they return to their WSCC Practice Balance Sheet to add these new potential practices. As anticipated, they see that they are out of balance – they do not have enough resources to implement all of these practices!

Using Notetaking Resource 3, the team considers whether they can replace their monthly team building activities with time spent recognizing staff contributions and achievements. In addition, Mrs. Alves brings up the idea that they might consider incorporating healthy foods sourced through the Farm-to School program into the Staff Appreciation potlucks. This feels like a manageable way to begin offering staff access to health foods sources through the Farm-to School program. Lastly, the team determines that they do not have the resources they need to offer discounts and/or temporary subscriptions to local gyms and meditation centers. This will require establishing relationships with local businesses, which will take time and effort. Because this was suggested by staff members, the team wants to revisit this idea when they have more resources available. Ms. Lee and Mrs. Garcia agree that reaching out to businesses would be a great summer project to work on together.

With these reflections, the team returns to their WSCC Practice Balance Sheet. The team's final balance sheet has the following potential practices listed:

- (1) Eliminate 30-minute mandatory team building activities at the start of PDs and instead begin and end staff meetings/PDs by recognizing staff contributions and achievements.
- (2) Replace admin-provided potluck meals with healthy food options using local ingredients sourced through the Farm-to-School program.
- (3) Provide teachers with class coverage on a rotating schedule to allow for additional prep time.
- (4) Form a committee dedicated to monitoring staff wellness.

They feel that they have the resources needed for #s 1-3. They are less certain about forming a committee dedicated to monitoring staff wellness. They feel this would be a valuable practice and hesitate to remove it from their list as it is also a recommended evidence-informed practice. They notice that the next activity is focused on evaluating which practices they are best positioned to implement and imagine that this will provide further clarity.

Before moving onto Establishing Actions, consider the following reflection questions:

REFLECT



1. Do you feel that your potential practices are reasonably balanced with the resources you have available? If not, how might you improve this balance?
2. Do you expect that these practices will bring you closer to your desired outcomes in this domain?

TIP



In Activity 7 – Your WSCC Practice Balance Sheet, we focused on WSCC practices broadly. To consider WSCC practices at each tier of implementation (universal, targeted, select), see Appendix C – Supplemental Materials. There you will find guidance on considering WSCC practices at each tier of implementation and activities for considering opportunities to strengthen practices in each tier.

STEP 3: Establishing Actions



Establishing Actions

Planning for success by identifying action steps, addressing anticipated barriers, and creating plans for monitoring implementation

Goal: to define specific project goals, plan action steps, consider potential barriers, and monitor progress

Whole Child I-MTSS blueprinting concludes with **establishing actions** for implementation. You have:

- formed a WCC Practice Leadership Team to drive this work,
- explored your context by mapping your system resources, and reflecting on alignment with whole child practices,
- and evaluated directions in WSCC practices by analyzing strengths, weaknesses, opportunities, and tensions to successful initiatives in priority domains, and made decisions about what initiatives need to go or be reworked to make room for sustainable practices.



Activity 8 - Confirming Congruence

Anticipated time needed to complete this activity: 20-30 minutes

Establishing actions for Whole Child I-MTSS implementation begins with confirming the potential for the *congruence* and *sustainability* of identified strategies, or practices. Let's confirm that you are set up for success with each practice under consideration. In this activity, you will choose 3-5 priority practices and rate your readiness to engage in each practice change. You will land on whether to pursue, modify (e.g., make tweaks, shift), wait to implement, or reject each potential practice.

Then, we will assess what resources you would need to implement this new or revised practice. The goal here is to plan for success by anticipating resources and action steps you'll need to implement this practice. You may discover that one or more of your

potential practices are going to be more difficult to implement than initially anticipated or that another practice is going to be well supported by existing resources and policies. Importantly, potential barriers do not mean that you should abandon the practice; instead, between this and the next activity, you will proactively plan to address the identified barriers.

- Fill out Activity 8 for each potential practice
- What resources would we need to implement this new or revised practice?

Activity 8 – Confirming Congruence can be found in Appendix B. A completed example is shown below.

Persons Involved: Mr. Smith, Mrs. Garcia, Dr. Greenberg, teaching staff		Date: 10/10/22		
Define the strategy being considered:				
Providing teachers with class coverage on a rotating schedule to allow for additional prep time (Employee Wellness – Practice).				
Action Decision (pursue, modify, wait, reject) <i>[complete after step 4]</i>				
		High (4-5 pts)	Medium (2-3 pts)	Low (0-1 pts)
CONTEXT: NEED Data indicating need? For example - substantial issues for student; Parent, community, staff perceptions of need?		5		
CONTEXT: FIT Contextual fit based on environment, resources, history? For example - priority for school/district/state; alignment with community value?		4		
STRUCTURE: RESOURCES Appropriate availability of resources? For example - data systems, curricula materials, incentives, space?			3	
STRUCTURE: READINESS FOR USE Qualified professional learning available (staffing, supervision, coaching, training)? For example, leadership and staff have clear knowledge-skills-attitudes about need, rationale, intended outcomes?		4		

This tool was created based on adaptations from the following sources: (1) Nadler, D., and Michael Tushman. A Model for Diagnosing Organizational Behavior. *Organizational Dynamics* 9, no. 2 (autumn 1980): 35–51. (2) Blase, K., Kiser, L. and Van Dyke, M. (2013). The Hexagon Tool: Exploring Context. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill.

Case Study:

Confirming Congruence at Hillside

Using their updated balance sheet from Activity 7, the WSCC Practice Leadership Team works to complete Activity 8 – Confirming Congruence worksheet for four potential practice changes:

- (1) Eliminating 30-minute mandatory team building activities at the start of PDs and instead beginning and ending staff meetings/PDs by recognizing staff contributions and achievements.
- (2) Replacing admin-provided potluck meals with healthy food options using local ingredients sourced through the Farm-to-School program.
- (3) Providing teachers with class coverage on a rotating schedule to allow for additional prep time.
- (4) Forming a committee dedicated to monitoring staff wellness.

First, the team considers the idea of replacing the 30-minute mandatory team building activities at the start of PDs with beginning and ending staff meetings/PDs by recognizing staff contributions and achievements. Using Activity 8 – Confirming Congruence, they find that this practice meets a staff need and aligns with positive reinforcement practices for students while requiring very little time and resources on the part of administration. Thus, their ratings of “ready and able” across categories are all in the Medium to High range. They ultimately decide to **PURSUE** this practice.

The Team then contemplates the potential congruence of replacing admin-provided potluck meals with dishes using ingredients sourced through the Farm-to-School program. This proposal aligns with school and community emphasis on nutrition and local products, but administrators feel they would need help to prepare the dishes. The Team reaches out to Food Services and the Family and Consumer Sciences teacher, Mr. Maple: they each wonder if this can start small. Mr. Maple suggests that the students prepare dishes using ingredients from the school garden as part of a teacher appreciation week event towards the end of the school year. Everyone on the WSCC Practice Leadership Team agree with Mr. Maple’s idea, leading to Medium to High ratings for “ready and able” to implement across categories. The team ends up deciding to:

MODIFY the practice. The initial idea requires too many resources to implement as suggested, so instead, the team will have students prepare something for teachers for teacher appreciation week. Families will also be invited to participate in preparing meals.

Then, the team analyzes the logistics of providing teachers with class coverage on a rotating basis. At first glance, they think that ratings will fall in the Medium-to-High range for “ready and able” across categories. Additional prep time was one of the most prevalent needs voiced by teaching staff in the wellness survey, with many teachers noting that they are having to cover other classrooms during all or part of their prep time. With their increased flexibility as administrators, Mr. Smith and Mrs. Garcia decide that they can take turns providing coverage, and one of the school counselors, Dr. Greenberg, indicates willingness to provide coverage for teachers as long as the coverage time can

be used to deliver core social-emotional wellness activities with students that have previously been provided in another time block. The team decides to **PURSUE** this practice.

Finally, the team assesses the idea of forming an Employee Wellness Committee. When they get to the 'Culture: Willingness to Implement' section, teachers on the team reiterate staff complaints about lack of prep time and indicate that most teachers will not be willing or able to form a committee. Further, the staff most willing and able to form the committee are already members of the WSCC Practice Leadership Team, so a separate committee would seem redundant. Thus, they provide ratings in the "Low" column for the team's readiness and ability to take this on, and they decide to:

REJECT the practice – The WSCC Practice Leadership Team exists now, and it would be redundant to add a committee given representation across staff roles.

After completing the activities, the WSCC Practice Leadership Team determines that they have the need, resources, and support to successfully replace the 30-minute mandatory team building activities at the start of staff meetings/PDs with staff recognitions and add staff celebrations at the end of meetings/PDs (**PURSUE**), as well as to provide teachers with class coverage on a rotating schedule to allow for additional prep time (**PURSUE**). They decide to **MODIFY** their potluck idea based on Mr. Maple's suggestion, **WAIT** on pursuing discounts/subscriptions to local gyms or meditation centers, and **REJECT** plans to form a separate Employee Wellness committee. The team expresses how helpful it was to complete the Confirming Congruence worksheet, as it allowed them to narrow their focus to practices that are feasible to implement at this time and avoid false starts with initiatives that they are not currently well positioned to tackle.

Before you move onto Action Planning, consider the following reflection questions.

REFLECT



1. Did Confirming Congruence confirm that you are well positioned to implement each potential practice? Are there any steps you can take to strengthen congruence as you plan for implementation?
2. Did Confirming Congruence reveal any practices that you are not currently well positioned to implement? Will you revisit these in the future? If so, how could you strengthen congruence?



Activity 9 – Action Planning

Anticipated time needed to complete this activity: 30-45 minutes

It is time to create an action plan! Using Activity 9 – Action Planning, you will plan implementation supports and actionable steps that can facilitate use of identified practices. This worksheet should be completed for each practice you decided to pursue or modify when completing the Confirming Congruence worksheet.

On the first page of the worksheet, you will provide an overview of the implementation of the identified priority practice. This includes a description of the practice, objectives, who is involved in implementation, the project timeline, and the expected deliverables and/or outcomes of the practice.



ACTIVITY 9 – ACTION PLANNING

Time to Complete: 30-45 minutes



Goal of Activity: To create an action plan for each practice change you are going to pursue with plans for progress monitoring and optimizing implementation.

Instructions

Complete a unique action plan for each priority WSCC practice. Use this first page to provide the overview of the identified priorities for implementation, and the second to determine tasks needed to complete the project. When you are ready to implement, use page 3 to document progress.

WSCC Practice Implementation Plan

What are the identified priorities for implementation?

Address teachers' self-reported need for increased prep time.

What are the objectives?

To increase teacher prep time by offering coverage during one class period on a rotating basis.

Who is involved?

- Mr. Smith, Mrs. Garcia, Dr. Greenberg: Provision of coverage
- WSCC Leadership Team: Develop and analyze results of surveys (coverage preference survey, Employee Wellness survey)
- Teaching Staff: Completing surveys

What is the timeline?

- Introduce coverage plan to all staff and disseminate coverage preference survey to teachers by 10/24/22
- Finalize coverage schedule by 10/28/22
- Begin implementing coverage plan by 10/31/22
- Disseminate Employee Wellness survey on 11/14/22 (then once per month thereafter)

What is the expected impact and how will it be measured?

(e.g., what are the deliverables and/or outcomes?)

The expected impact is higher wellness ratings on the Employee Wellness survey among teaching staff.

This tool was adapted from T. Hurson (2018) Action Sheet.

Action Planning | csch.uconn.edu



Next, you will determine the tasks that need to be done to complete implementation. The second page of the activity contains a Task Action page. The Task Action page will guide planning and implementation and help monitor progress toward full implementation of priority WSCC practices.

Activity 9 – Action Planning can be found in Appendix B. A completed example of the third page is shown below.

Task Action Worksheet

Practice Name: Rotating Teacher Coverage	
Practice Description: Provision of coverage for staff during one class period on a rotating basis.	Person Leading: Mrs. Garcia
Task Description: Introduce coverage plan to all staff and disseminate coverage preference survey to staff.	
Steps Involved: <ul style="list-style-type: none"> • Draft basic rotating coverage plan in Excel based on availability of Mr. Smith, Mrs. Garcia, & Dr. Greenberg • Develop Coverage Preference Survey • Introduce coverage plan to all staff and disseminate Coverage Preference Survey to teachers via Google Forms at start of next PD 	Others Participating (and Roles): <ul style="list-style-type: none"> • Mr. Smith, Mrs. Garcia, Dr. Greenberg: Identify availability and add into Excel sheet • WSCC Leadership Team: Develop Coverage Preference Survey • Mrs. Garcia: Introduce & describe coverage plan to staff • Dr. Greenberg: Send out Coverage Preference Survey via Google Forms
Actions to Strengthen Sustainability - IMPLEMENTATION: <ul style="list-style-type: none"> • Offer incentives to non-teaching staff to provide coverage • Monitor wellness of those providing coverage 	Notes: <ul style="list-style-type: none"> • We want to make sure we are offering coverage to all staff who might need it – so we should monitor who is receiving coverage every 2 weeks
Actions to Strengthen Sustainability – COORDINATION & INTEGRATION: <ul style="list-style-type: none"> • Interdisciplinary team (WSCC Leadership Team) creates Employee Wellness survey with input from teachers, school mental health providers, school nurse, etc. • Implementers update availability monthly • Coverage Preference Survey disseminated at the start of each quarter 	
Actions to Strengthen Sustainability – EQUITY: <ul style="list-style-type: none"> • Access: Rotating schedule to ensure all have access to coverage • Diversity: Offer opportunities for coverage to diverse staff roles (e.g., teachers, paraeducators, administrative assistants) • Inclusion: Obtain staff input on practice regularly (monthly) to ensure inclusion of staff voice and choice 	
Timeline: <ul style="list-style-type: none"> • Introduce coverage plan to all staff and disseminate coverage preference survey to teachers by 10/24/22 	
Date Completed:	



Once you get started implementing, the final page of the worksheet can be used to document and monitor progress. Here, you can indicate the date of your team's meeting or progress review, provide a brief description of the current status of implementation, and rate your progress on a scale from 1 (implementation is not proceeding as planned) to 10 (implementation is proceeding as planned).

Monitoring whether implementation is proceeding as planned is a critical component of successful implementation. If your team is consistently earning high implementation progress ratings (7-10), that is great! Implementation can proceed as planned, and no shifts are needed. Your team can continue to monitor progress using this page so that, if shifts are needed in the future, you can act promptly.

If you start seeing moderate implementation progress ratings (4-6), the team should dive into discussion as to why. Are you rating yourselves too harshly? Have there been minor barriers to implementation that can be addressed? Depending upon what your team identifies as the reason for moderate ratings, you can make necessary tweaks to increase those ratings. For example, if one of the staff involved in driving implementation has been out on leave, it may be time to bring in another team member to support implementation so that progress can continue to be made in that person's absence.

If your team rates implementation progress as low (1-3), it will be time for a discussion and further analysis as to whether the initiative is appropriate at this time. This may involve going back and revisiting previous worksheets (e.g., Activity 7 – Your WSCC Practice Balance Sheet, Activity 8 – Confirming Congruence) and possibly completing them again to determine whether to continue pushing forward or to switch gears. For example, you may find that your team overestimated buy-in and support for the initiative, or perhaps anticipated funding did not come through – both of which may be reason to pause and revisit the initiative later, or to just abandon and move on to another priority. Or, you may find that staff are passionate about the initiative but do not have capacity to take on something new right now.

Whatever the case may be, remember that the goal of WSCC blueprinting is to promote whole child development. We want to optimally allocate your available resources towards whole child initiatives that are efficient, effective, and sustainable. We don't want to fall down a rabbit hole if an initiative is not going as anticipated – keeping whole child development at the center of our focus, we want to be able to change course to maximize whole child outcomes!

Progress Notes

(Indicate date, brief description, and progress rating with 1 (*not proceeding as planned*) to 10 (*proceeding as planned*).

- 10/24/22 – introduced coverage plan to all staff and sent teachers coverage preference survey (10)
- 10/28/22 – coverage preference survey completed by 85% of teaching staff (9)

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This tool was adapted from T. Hurson (2018) Action Sheet.

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Case Study:

Hillside's Action Plans

The WSCC Practice Leadership Team works to create action plans for implementing Hillside's new Employee Wellness practices. They identify their priorities and objectives for the new Employee Wellness initiatives: (1) to de-implement the team-building activities and begin recognizing staff at the start and end of all staff meetings/PDs, (2) to increase teacher prep time by offering coverage on a rotating basis, and (3) to have students prepare a teacher appreciation meal using locally sourced foods from the Farm-to-School program. The team identifies a PD next month as a reasonable goal for implementing staff recognition. They also plan to cancel the remaining formal team-building PD sessions for the year. The WSCC Practice Leadership Team will monitor the impact of these practice changes through bi-monthly brief and voluntary staff surveys.

The team also action plans for providing teachers with additional coverage. Action steps include creating a calendar of potential coverage times and creating a form for teachers to specify their preferences. The team sets a goal of introducing this initiative at the same PD next month.

REFLECT



1. How did your team address any challenges when completing the Establishing Actions worksheet?
2. What actions did you identify to strengthen sustainability?
3. How often will your team monitor implementation progress?
4. What will your team do if implementation progress is not proceeding as planned for any identified initiatives?

Celebrating Your Practice Plan

Congratulations – your team has successfully worked through blueprinting for WSCC practice! Thank you for your commitment to supporting positive whole child outcomes in your setting. Take some time as a team to celebrate your successes!

We know that as the leadership team, each member has contributed effort to this process, and you have solid directions and plans for action. As part of celebrating your successes, think about how you might continue to share the work that your leadership team has done with key groups, such as staff, families, administrators, and community

partners. Is a representative willing to present at the next faculty meeting? Can you summarize the steps you've taken into a 1-pager or newsletter to share with families and community partners?

Keeping key groups (e.g., staff, families, administrators, community members) in the loop is an important component of a whole child focus, and your efforts should be known – so be sure to identify what, when, and how often your leadership team will share out updates!

Case Study:

An Update on Hillside's Progress

Hillside's team capitalizes on their momentum after creating their action plans. They identify a PD the next month to begin implementing some of these changes. Mr. Smith compiles a list of accomplishments for half of the teacher teams, while Mrs. Garcia compiles such a list for the other half. They plan to invite staff to share celebrations and accomplishments during the meeting as well to increase voice and strengthen relationships.

Though increasing teacher coverage is a bit trickier, the volunteers (Mr. Smith, Mrs. Garcia, and Dr. Greenberg) have some flexibility in their schedules that they can coordinate to provide coverage on a rotating basis. They create a calendar of their available time and plan to introduce this at the same PD next month. Mrs. Garcia works with the other WSCC Practice Leadership Team members to create a form that will allow teachers to indicate their top choices for coverage time, and the team plans on doing their best to accommodate these preferences. If staff are on board and the teachers return the form in a timely manner (i.e., within a week), the team agrees it is reasonable to begin implementing their coverage plan by the end of next month.



Activity 10 – Advocating for WSCC Policy

Anticipated time needed to complete this activity: 20 minutes

Now that you have completed your blueprinting process for WSCC practices, you may consider shifting to WSCC policy. We recommend completing the blueprinting process for both practice and policy, as this will help paint a picture of the level of coordination (i.e., congruence) across what you are supposed to be doing (policy) and what is actually happening (practice). Ideally, practice and policy changes will occur in parallel.

To help ensure the changes you are making to practices in your school are sustained, you now want to review and update relevant policies to ensure that the messaging is consistent with what you are doing. Remember, documenting these practice changes in policy can also help to encourage use of your new or revised practices, as policy provides structures for accountability. Policy also enhances sustainability of desired practices as new school personnel come into the system.

In this final activity, you will summarize next steps for advocating for WSCC policy changes in your setting.

Activity 10 – Advocating for WSCC Policy can be found in Appendix B. A completed example is shown below.

ACTIVITY 10 – ADVOCATING FOR WSCC POLICY



Time to Complete: 20 minutes

Goal of Activity: To identify the policy changes that need to be made to align policy with new practices.

Directions

Using your system map and other activities completed as part of WSCC Practice Blueprinting, summarize your system's practice needs and identify policy shifts that need to occur to ensure alignment across practice and policy. Instructions for completing each column are listed in the table below, and the first row provides an example of what information you might choose to include.

Identified Area of Need What did WSCC Practice Blueprinting show as areas of need in your system? List one need per row.	Current State of Policy What is the current state of your system's policy in this area? For example, is there an existing policy? What is the current policy language?	Policy Shifts/Changes for Alignment Are changes in policy language needed in this area to reflect planned changes to practice? If so, what changes need to occur to ensure alignment?
<i>Example: Analysis of Behavioral Supports and Social Emotional Climate revealed a need for a universal positive behavioral support system.</i>	<i>Example: Current policy describes responses to challenging behavior such as minor and major office discipline referrals and reasons for suspension and expulsion.</i>	<i>Example: Discipline policy needs to be revised to align with procedures/language used in positive behavioral support system, with emphasis on proactive as opposed to reactive supports.</i>
Analysis of Employee Wellness revealed a need for practice changes that reflect the unique needs of Hillside staff.	Current School Wellness Policy states: "Hillside Academy will support staff wellness initiatives and promote staff self-care."	The Employee Wellness section of the School Wellness Policy should be revised to emphasize the practice of collecting staff input to inform Employee Wellness initiatives. The policy also needs to be revised to include guidelines for evaluating Employee Wellness initiatives. For example, the policy could be updated to read "Employee Wellness initiatives must be based on input and suggestions from district staff. Annually, all staff will be invited to provide feedback on current and desired Employee Wellness initiatives (e.g., through a survey or focus groups). At least bi-annually, all staff will be invited to serve on a committee that leads this evaluation (i.e., designs evaluation, facilitates data collection, and analyzes and presents results to administrators and staff)"

Advocating for WSCC Policy | csch.uconn.edu

Case Study:

Hillside's Decisions to Advocate for WSCC Policy

The WSCC Practice Leadership Team has been enthusiastic about sharing ideas throughout the Blueprinting process. They feel they have made progress in incorporating staff voice in Employee Wellness initiatives and do not want this progress to be lost. Mr. Smith also wants to be sure that Hillside's policies and practices are aligned.

The Team completes the Advocating for WSCC Policy worksheet.

The team realizes that the existing Employee Wellness section of their School Wellness Policy is quite vague: "Hillside Academy will support staff wellness initiatives and promote staff self-care." It is clear to everyone on the team that the policy language needs to be updated. They would like the policy to reflect the practice of collecting staff input to inform Employee Wellness initiatives and to include guidelines for evaluating Employee Wellness initiatives. The team spends some time drafting what this language might be and notes it on their Advocating for WSCC Policy worksheet.

The WSCC Practice Leadership Team reflects on how much progress they have made completing the Practice Blueprint and decides to begin exploring the [Policy Blueprint](#) in their next meeting. The meeting concludes with Mr. Smith recognizing everyone on the team for their amazing work!

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Housed within the UConn Institute for Collaboration on Health, Intervention, and Policy, the mission of the Collaboratory on School and Child Health (CSCH) is to facilitate innovative and impactful connections across research, policy, and practice arenas to advance equity in school and child health. CSCH is committed to anti-racist work that prioritizes inclusion, reduces disparities, and creates systemic change. *More information can be found at csch.uconn.edu.*

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APPENDICES

Appendix A – Additional Resources

Appendix B – Activity Sheets

Appendix C – Supplemental Materials

APPENDIX A – ADDITIONAL RESOURCES

In creating this blueprint, we drew from multiple sources and across disciplines, thus modeling the spirit of coordination and integration! Given that the WSCC model is comprehensive and its current form is relatively recent, it was important for us to incorporate guidance that could lead to sustainable systems change. Thus, drawing from the rich history of whole child initiatives, ongoing work in tiered systems of service delivery in schools, and implementation was important. In addition, to guide directions for the blueprint, we relied heavily on the historical context of coordinated school health efforts and current WSCC directions in Connecticut through conversations with over 90 stakeholders (school district and building leaders, school staff, community agencies, state education leaders) (see Femc-Bagwell & Chafouleas, 2017).

Here, we provide some of the resources that we found most helpful to guide our thinking. We emphasize those that are freely accessible to enable your ability to dive further into various topics.

WSCC MODEL

[Center for Disease Control WSCC Website](#)

Explains the WSCC model and provides resources.

[2015 Special Issue of the *Journal of School Health: The Whole School, Whole Community, Whole Child Model*](#)

Multiple articles collectively provided important lessons learned from the initial work in coordinated school health and whole child initiatives and offered directions for next steps as the WSCC model is advanced.

[The NASBE State Policy Database on School Health](#)

Searchable database of all identified statutory and regulatory language related to the WSCC.

WHOLE CHILD

[Engaging a Whole Child, School, and Community Lens in Positive Education to Advance Equity in Schools](#) (Article)

Provides an overview of schools as a context to serve as assets or risks to equity, discusses theory and science using a WSCC lens and provides directions for science and practice in advancing a positive education approach.

[Comer School Development Program](#)

Describes the origins and success of the School Development Program.

[Learning Policy Institute: Educating the Whole Child: Improving School Climate to Support Student Success](#)

Reviews research demonstrating that student learning and development depend on affirming relationships operating within a positive school climate.



[Whole Child Alabama](#)

Provides resources and professional development for practitioners, families and policymakers looking to focus on Whole Child systems.

MTSS

[Comprehensive, Integrated, Three-Tiered Model of Prevention](#) (Ci3T)

Assists schools in creating a comprehensive systems-oriented approach to integrate efforts to support students; provides data-informed professional learning.

[OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports](#)

PBIS offers practical resources related to implementation in education settings, with tremendous examples that provide both the detailed framing within multi-tiered models (prevention through intensive intervention strategies) and the widespread familiarity among educators nationally.

[Center on Multi-Tiered Systems of Supports](#) (from the American Institutes for Research)

Supports states, districts, and schools across the country in implementing an MTSS framework.

IMPLEMENTATION

[Sustain Collaborative](#)

Group that supports sustained, effective practices that promote equitable outcomes for students and educators through collaboration, interdisciplinary research, and resource sharing.

[EPIS Framework website](#)

The EPIS model, developed by Dr. Greg Aarons and colleagues, was created with the intent to identify and improve system, organization, and individual factors related to implementation of evidence-based practices and care quality in health care and public sector settings.

[National Implementation Research Network](#)

Offers critical tools for developing thinking about initial stages of implementation for WSCC, and activities to structure team decision making.



APPENDIX B – ACTIVITY SHEETS

List of Sheets



- Activity 1 - Constructing an Effective WSCC Practice Leadership Team
- Activity 2 – Build WSCC knowledge
- Activity 3 – Mapping Your System
- Activity 4 – Resource Mapping
- Activity 5 – Exploring Context in WSCC Practices
- Activity 6 – Big Picture WSCC SWOT Analysis
- Activity 7 –Your WSCC Practice Balance Sheet
- Activity 8 – Confirming Congruence
- Activity 9 – Action Planning
- Activity 10 – Advocating for WSCC Policy

ACTIVITY 1 – CONSTRUCTING AN EFFECTIVE LEADERSHIP TEAM



Time to Complete: 20 minutes

Goal of Activity: To create a multidisciplinary team to lead the WSCC blueprinting work.

Instructions

1. For each domain, brainstorm the key personnel that partake in decision-making AND in the implementation of services in that area.
2. Use the third column to identify existing team members that are linked to each domain. Note that names may be written multiple times in this column. The goal is to ensure that each domain has at least one team member who can represent the ongoing work in that area.
3. Answer the two questions below the table to (a) to summarize how many people are on the team, and (b) to plan for when and how often meetings will occur.

WSCC Domain	List key personnel	Leadership team member(s) linked to domain	Additional staff linked to domain
Physical Activity			
Health Education			
Social & Emotional Climate			
Community Engagement			
Nutrition Environment			
Safe Environment			

Employee Wellness			
Health Services			
Family Engagement			
Behavioral Supports			

How many people are on the leadership team?

When and how often will leadership team meetings occur?

ACTIVITY 2 – BUILD WSCC KNOWLEDGE

Time to Complete: 20-30 minutes



Goal of Activity: To gain familiarity with the WSCC model and each of the 10 domains.

Instructions

Explore the resources below to build your WSCC knowledge. To begin, you might select an overview resource (e.g., [CDC's WSCC Overview](#), CSCH [WSCC Overview Brief](#), or CSCH [WSCC Introductory Video](#)) and 1-2 additional resources to explore related to domains of interest. Limit yourself to a manageable amount of time for this activity.

CSCH Resources

[WSCC Evidence-Based Practice Briefs](#)

These evidence-based practice briefs each focus on one domain of the WSCC model and outline strategies that those working in schools can use to promote implementation of the model in their own setting.

[Overview Brief](#)

[Social and Emotional Climate](#)

[Physical Activity](#)

[Health Services](#)

[Health Education](#)

[Behavioral Supports](#)

[Safe Environment](#)

[Nutrition Environment](#)

[Family Engagement](#)

[Employee Wellness](#)

[Community Involvement](#)

<p>WSCC Video Modules</p> <p>These videos present an overview of the WSCC model and include interviews with school personnel discussing how they incorporate the WSCC model into their practice.</p>	Introductory Video	
	Social and Emotional Climate	Safe Environment
	Physical Activity	Nutrition Environment
	Health Services	Family Engagement
	Health Education	Employee Wellness
	Behavioral Supports	Community Involvement

CDC Resources

Whole School, Whole Community, Whole Child (WSCC)	The main WSCC page on CDC website. Provides an overview of the WSCC model and includes links to resources for further information.
Whole School, Whole Community, Whole Child (WSCC) Overview	An overview of the WSCC model and its domains.
Virtual Healthy School	Allows users to see the WSCC model in action. Click through the interactive resource to find examples of how the WSCC domains are applied across school settings.
Components of the Whole School, Whole Community, Whole Child (WSCC)	Describes each component of the WSCC framework.
Strategies for Using the WSCC Framework	Offers examples of evidence-based practices aligned with each component of the WSCC framework, along with downloadable graphics.
The Whole School, Whole Community, Whole Child (WSCC) Model	Gives an overview of the WSCC model with a particular focus on how it pertains to adolescent health.

ACTIVITY 3 – MAPPING YOUR SYSTEM

Time to Complete: 20 minutes



Goal of Activity: To begin to think about WSCC policies and practices in your setting

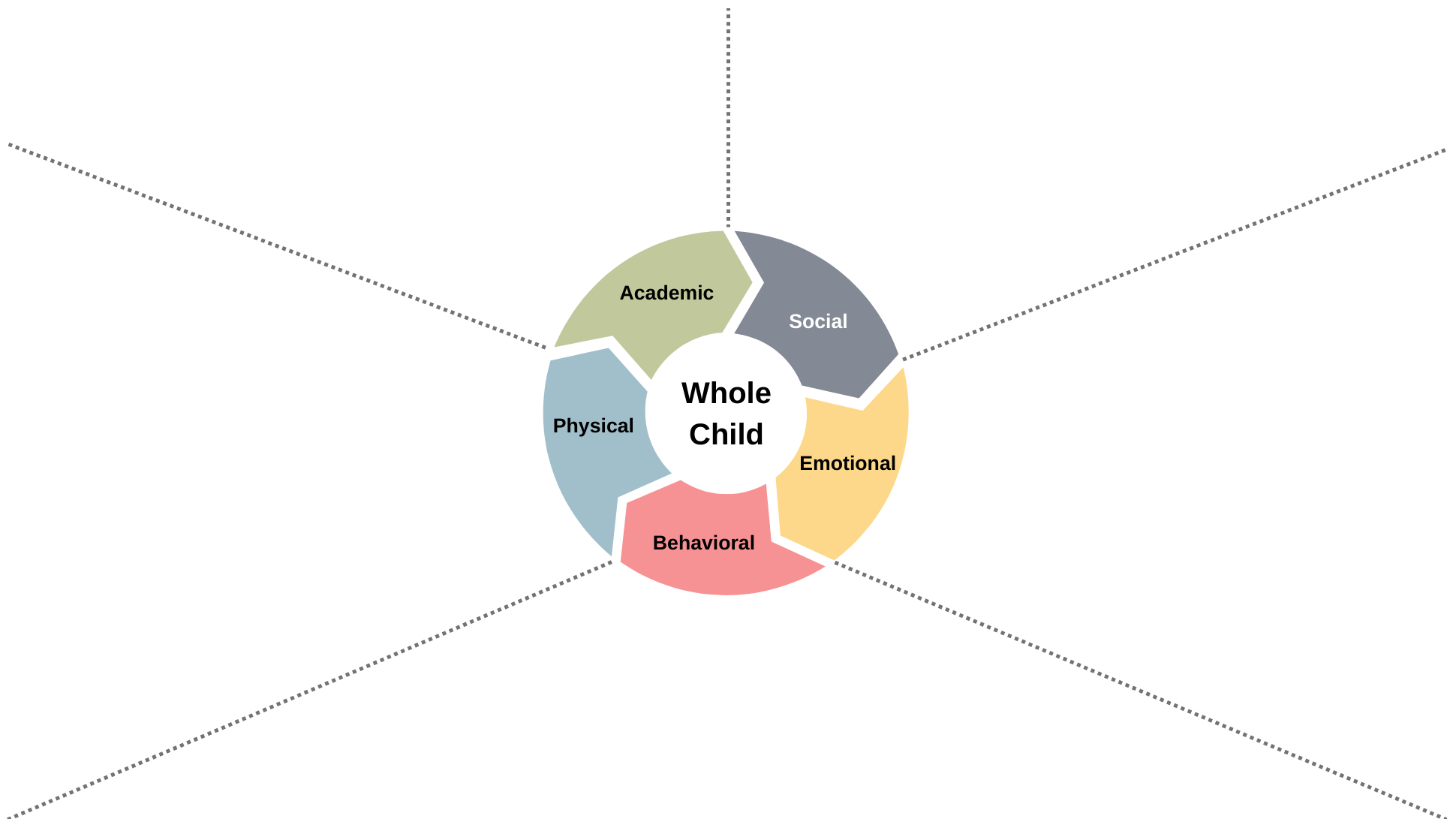
The purpose of this activity is to create a map of the whole child initiatives and resources that you currently have in your setting. This activity is intended to get you thinking about what you are already doing to support the whole child. As you proceed through the Blueprint, you will return to this mind map to add pieces and identify areas for growth!

Important! There is not a right or wrong way to complete this map – it is a tool intended to support you in better understanding and refining the whole child work that you are doing.

Instructions

Working individually or in a team, complete the following steps for creating your initial map:

1. Begin by defining what “whole child” means in your setting. You can use what you learned in the section above to jot down thoughts/definitions/values, etc. Record this in the center of your map.
2. For each area of student development (i.e., academic, social, emotional, behavioral, and physical), list out some **practices** your setting is currently using. Draw/create **circles** around each **practice**, leaving enough room to add or write additional text.
3. Now, using **rectangles**, do the same thing for **policies**. For each area of student development (i.e., academic, social, emotional, behavioral, and physical), note relevant **policies** that are currently in place in your setting. Draw/create **rectangles** around each policy, leaving enough room to add or write additional text.
4. Finally, next to each policy and practice, write the names of people or groups (e.g., committees, departments) that have knowledge and expertise about the policy or practice.





ACTIVITY 4 – CREATING YOUR RESOURCE MAP









Time to Complete: 30 minutes





Goal of Activity: To document your setting’s existing practices and resources related to each WSCC domain.

Instructions

1. Identify your existing practices that align with WSCC domains.
2. For each practice, identify who is available to or currently implements that practice, along with what training they have or need.
3. Then, for each domain, identify any assets that might support your practice efforts. Examples include state or district initiatives, new legislation, available grant funding, or professional learning opportunities.

Domain	Practices <i>List out all current initiatives, curricula, etc. for each WSCC domain.</i>	People <i>Who is available to or currently implements this practice? What training do they have or need?</i>	Assets <i>What programs, services, funding, etc. are available in our setting? How can we use these resources?</i>
			

 <p>HEALTH EDUCATION</p>			
 <p>SOCIAL & EMOTIONAL CLIMATE</p>			
 <p>COMMUNITY INVOLVEMENT</p>			
 <p>NUTRITION ENVIRONMENT</p>			
 <p>SAFE ENVIRONMENT</p>			

 <p>EMPLOYEE WELLNESS</p>			
 <p>HEALTH SERVICES</p>			
 <p>FAMILY ENGAGEMENT</p>			
 <p>BEHAVIORAL SUPPORTS</p>			

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ACTIVITY 5 – EXPLORING CONTEXT IN WSCC PRACTICES

Time to Complete: 30 minutes

Goal of Activity: To evaluate your setting's use of recommended practices in each WSCC domain.

Instructions

Exploring Context in WSCC Practices can help organize the big picture of current practice efforts as aligned with the WSCC model. Each WSCC domain is listed with respective specific evidence-informed practice strategies – along with an 11th scale which offers items related to integration across domains.

First, complete a rating for each domain using a 0 (needs work) to 2 (doing great). When rating each domain, consider the implementation of each item across your system's policies, processes, and practices.



Next, provide a brief justification for the rating in each area. As part of this justification, list the data sources (e.g., disciplinary data, attendance data, anecdotal report, survey/interview) used to determine your rating in each area.

Finally, go back through to identify priority areas that might be targeted within practices at different levels (e.g., system, building, individual). Consider whether efforts might best be focused on increasing knowledge and skills (“able”) and/or reinforcing attitudes and performance (“willing”).

Policies – The laws, mandates, regulations, standards, resolutions, and guidelines which provide a foundation for school district practices and procedures.



Processes – The plans or procedural steps that schools carry out in working to prepare for and implement initiatives.




Practices – The specific strategies/actions that schools take to best implement, adapt, and sustain initiative goals.

Domain	Item	Rating Rate: 0 (needs work), 1 (sort of), 2 (got it)	Justification Explain: provide brief justification List: data sources used to determine rating
	1. Avoid physical activity as a disciplinary consequence and ensure that all students have equal access to participation in physical activity.		
	2. Promote employee involvement in physical activity such as by providing opportunities for personnel to lead recess activities, participate in physical activity breaks, and serve as healthy role models.		
	3. Encourage family involvement in physical activity by providing information on how to be physically active at home and physical activity events/programming in the community.		
	4. Incorporate physical activity into existing curricula, such as by having students act out the meaning of a word or jump to solve a math problem.		
	5. Provide opportunities for and choices of physical activity throughout the day, including providing physical activity breaks several times per day that last between 5 and 15 minutes.		
	6. Develop a Comprehensive School Physical Activity Program (CSPAP) plan.		
	1. Utilize the Health Education Curriculum Analysis Tool (HECAT) to select and/or develop appropriate and effective health education curricula based on student and community needs.		
	2. Align health education curricula with community needs and student interests to ensure delivery of an up-to-date and inclusive health education curriculum in a developmentally tailored, culturally relevant, and community-focused manner.		
	3. Promote family involvement in health education by providing families with newsletters and information sheets, including family-student homework assignments, and offering family-student and family information sessions as part of the health education curriculum.		
	4. Use multiple active-learning components in teaching health education such as role-playing, opportunities to practice healthy lifestyle skills, practice interpreting nutrition and medication labels, and meal planning and preparation.		
	5. Incorporate social learning approaches into health education activities such as through practice unpacking positive and negative media		

	<p>messages and identifying ways in which social media and other influences can encourage healthy and unhealthy behaviors.</p> <p>6. Integrate health education across grade levels and subject areas in a way that is developmentally appropriate.</p>		
	<p>1. Promote positive relationships between students and staff by ensuring that students have a connection or relationship with at least one adult in the building.</p> <p>2. Use positive, proactive strategies to promote engagement and belonging that emphasize student voice, choice, and interest, such as establishment of Gay-Straight Alliance (GSA)/LGBTQ+ clubs and use of instructional choice in the classroom.</p> <p>3. Collect, review, and respond to school climate data.</p> <p>4. Implement bullying and harassment prevention and intervention using whole school, multi-tiered, multi-component approaches.</p> <p>5. Incorporate transformative social and emotional learning (SEL) strategies that focus on mitigating inequities and prioritizing development with respect to identity, agency, belonging, and problem-solving.</p> <p>6. Develop staff cultural competence and humility through professional learning on topics such as responsive teaching practices and bias awareness.</p>		
	<p>1. Involve community members in existing prevention efforts.</p> <p>2. Evaluate current community involvement initiatives to ensure school programs are matched to student and community needs.</p> <p>3. Invest in building relationships with cultural brokers and translators.</p> <p>4. Incorporate service learning activities (e.g., community service, volunteering experiences) into curricula.</p> <p>5. Establish shared-use agreements with community partners for both school and community spaces.</p> <p>6. Implement a school-based mentoring or volunteer tutoring program.</p> <p>7. Establish after-school programs in collaboration with community partners.</p>		
	<p>1. Ensure that students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch.</p> <p>2. Promote school personnel involvement in a healthy nutrition environment by incorporating nutrition instruction and activities into classes, modeling healthy nutrition habits, and encouraging nutritional awareness.</p> <p>3. Incorporate student choice and hands-on learning activities related to healthy food consumption and general nutrition knowledge.</p>		

	<ol style="list-style-type: none"> 4. Collaborate with families and community organizations by providing families with newsletters, recipes, activities, and/or workshops that support healthy eating at home. 5. Target multiple health behaviors (such as healthy eating behaviors and physical activity) when addressing nutrition. 6. Improve the school nutrition environment by providing access to clean and free drinking water, and nutritional information on food choices and healthier options in cafeterias, vending machines, and snack areas. 7. Provide competitive pricing for healthy foods (e.g., supplying fruits and vegetables at little or no cost; competitive pricing restrictions on sugary beverages). 		
	<ol style="list-style-type: none"> 1. Improve indoor and outdoor air quality through strategies such as increasing access to fresh air by opening windows and implementing a no-idling vehicle policy on school grounds. 2. Promote student and staff involvement in improving and maintaining the physical environment. 3. Change seating options with consideration of factors such as seat height, slope of desk, lumbar support, adjustability, and access to standing desks. 4. Create a school safety team that includes a variety of stakeholders, including families, community members, and first responders, and develop and practice crisis prevention and response plans with all stakeholders. 5. Monitor and respond to the indoor physical environment regularly for the presence of mold or moisture, air and water quality, temperature, and humidity, and create response plan(s) to address concerns. 6. Change playground designs to match the preferences and developmental level of students in each grade and promote access to green space. 7. Consider appropriate use of school resource officers (SROs) and, if choosing to have SROs, invest in rigorous training and guidelines that define appropriate SRO roles; additionally, include SROs in staff training in positive behavior, cultural competence and humility, and related topics. 		
	<ol style="list-style-type: none"> 1. Establish an employee wellness committee that includes teaching staff and representatives from other positions (e.g., bus drivers, administrative staff, food services). 2. Support positive workplace climate by implementing supports to foster positive relationships and collaboration among staff. 		

	<ol style="list-style-type: none"> 3. Implement environmental changes (e.g., access to free drinking water, healthy food and beverage options, physical activity breaks) to support healthy lifestyle habits. 4. Encourage participation in online health and wellness promotion by offering options such as access to health education, health monitoring tools, and social networks to support health behavior change. 5. Provide supports such as workplace stress management program and resilience training to prevent and relevant treatment to respond to employee mental health needs. 6. Provide coaching and ongoing professional development related to identified areas of need. 		
	<ol style="list-style-type: none"> 1. Utilize the Health Services Assessment Tool for Schools (HATS) to assess the quality of school-based health services, resources available to support services, and strength of school health policies and practices. 2. Disseminate health information resources (e.g., vaccination programs, school-based health screening, allergy management) to students and families. 3. Assess and plan for chronic health condition management by educating students about their medications, developing management and response plans and training appropriate staff on emergency care procedures, and specifying Individualized Health Care Plans. 4. Develop relationships with a diverse group of community stakeholders (e.g., community healthcare providers, local government, local nonprofit organizations, colleges/universities) to tailor health services to the needs of the school community. 5. Provide behavioral health training for school health service providers (SHSP). 6. Implement multicomponent school-based prevention programs to promote student health and reduce risk behavior. 7. Develop a school-based health center (SBHC). 		
	<ol style="list-style-type: none"> 1. Engage in ongoing communication between schools and families to share important information about educational programs, health-related screenings and follow-up services, and student health needs. 2. Evaluate existing family engagement initiatives with consideration of when (i.e., before, during, or after school) and how (e.g., in person, virtually) families can engage with their child's school. 3. Provide opportunities for ongoing family engagement, such as through the use of school-based family resource centers and consultation-based family-engagement interventions. 4. Strengthen family access and inclusion within the school environment through means including distribution of materials to families in their 		

	<p>native or preferred language using their preferred mode of communication (e.g., email, home note, phone call).</p> <p>5. Prioritize family engagement in district and building level initiatives, including in mission statements, policies, and practices (including hiring initiatives aimed to ensure staff reflect diversity in the school community), and provide staff with ongoing professional development on evidence-based, culturally responsive family engagement to increase capacity for family engagement at all levels of the school system.</p> <p>6. Empower families to take meaningful leadership roles in school and community by fostering relevant knowledge and skills and providing opportunities to be actively involved in decision-making that impacts the school and community.</p>		
	<p>1. Promote use of positive behavior support practices such as clear and positively stated classroom expectations, explicit teaching of expectations, reinforcement of appropriate student behavior, and consistent responses to inappropriate behavior.</p> <p>2. Strengthen universal school-based mental health promotion by implementing school-wide interventions (e.g., social-emotional learning programs, psychoeducation, mindfulness) for all students.</p> <p>3. Establish a process for identifying need and matching to appropriate behavioral supports, such as through school-based universal screenings of all students.</p> <p>4. Implement targeted behavioral interventions for students demonstrating social, emotional, or behavioral concerns.</p> <p>5. Offer cognitive-behavioral therapy (CBT) based interventions to respond to student behavioral needs.</p> <p>6. Utilize function-based interventions based on functional behavioral assessment (FBA) data for students in need of intensive supports.</p>		
 <p>Integration</p>	<p>1. Majority of school personnel have foundational understanding of the WSCC model.</p> <p>2. Opportunity is provided to establish consensus regarding core values and a shared agenda as related to WSCC principles.</p> <p>3. Integration of efforts across WSCC is a leadership priority.</p> <p>4. Appropriate expertise for each WSCC domain is represented on decision-making teams.</p> <p>5. WSCC integration is evaluated when considering new/adapted practices.</p> <p>6. Data are available to facilitate integrated decisions.</p> <p>7. Data are used to evaluate implementation of integrated efforts.</p> <p>8. Regular communication is provided to all stakeholders (school-family-community) about alignment of efforts with the WSCC model.</p>		

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ACTIVITY 6 – BIG PICTURE WSCC SWOT ANALYSIS

Time to Complete: 20 minutes



Goal of Activity: To identify WSCC domains that are areas of strengths, weakness, opportunity, and tension in your setting's practices.

Instructions

In this activity, you will use the results of Exploring Context in WSCC Practices and your other work thus far to identify areas of strength, weakness, opportunity, and threat. In each area, you will be specifically prompted to identify how your practices promote equity through attention to access, diversity, and inclusion*.

1. Identify areas of **strength**. Which WSCC domains have you covered well in practice (i.e., higher ratings on Exploring Context in WSCC Practices)? Which practices do you feel are well implemented? Which practices or WSCC domains include explicit attention to access, diversity, and inclusion?
2. Next, identify areas of **weakness**. Which WSCC domains are less present in your practice (i.e., lower ratings on Exploring Context in WSCC Practices)? Which practices have gaps in requiring explicit attention to equity (access, diversity, and inclusion)? In reviewing your practices to complete the activities thus far, did you identify any practices that are not comprehensively addressed in policy?
3. Then, identify areas of **opportunity**. Can any of your weaknesses be areas of opportunity to improve? Are there opportunities to strengthen your attention to equity within your practices? Are there any internal or external initiatives that could support this work?
4. Finally, identify any areas of **tension**. What tensions exist that might affect the integration of practices focused on the whole child in your setting? What tensions exist around your ability to implement practices?

SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Strengths

Weaknesses

Opportunities

Threats



ACTIVITY 7 – YOUR WSCC PRACTICE BALANCE SHEET

Time to Complete: 45 minutes



Goal of Activity: To identify opportunities to strengthen WSCC practices in one chosen domain.

In this activity, we draw on the accounting balance sheet analogy introduced in the blueprint narrative. You will consider how to incorporate new or refined practices and, most importantly, de-implement current practices that are not achieving desired outcomes. Throughout, you will balance efforts with your available to increase the likelihood that implementation will be high quality and sustainable.

Instructions

1. On Page 2, you will find your **WSCC Practice Balance Sheet**. Begin by filling in your **current outcomes in this domain**, **desired outcomes**, **current resources allocated to this domain**, and **current practices in this domain**. [Note: It's ok that your current outcomes are likely to be less than desirable. That's likely a main reason why you selected this domain as an area to strengthen!]
2. Then, on pages 3 and 4, you will find two notetaking resources. Page 3 includes **questions to guide brainstorming new and refined practices**. Page 4 includes links to **recommended evidence-informed practices** in each WSCC domain. After using these two notetaking resources, **update your WSCC Practice Balance Sheet** with **proposed resources** and **proposed practices** for this domain.
3. At this point, your **WSCC Practice Balance Sheet** might be a bit out of balance! For example, you may have more current and proposed practices than you have resources to implement. Use the notetaking resource on Page 5 to **examine your list of practices for balance**. Questions will focus on **opportunities for de-implementation of practices** that are not an optimal use of resources.
4. Revise your **WSCC Practice Balance Sheet** so that your total list of practices (current, revised, or new) is optimized for potential success! Consider using symbols to denote the following:
 - * Practice or resource to continue
 - # Practice or resource to follow up on
 - Practice to de-implement

Your WSCC Practice Balance Sheet



Domain of focus:

Current outcomes in this domain:	
Desired outcomes:	
Current resources allocated to this domain:	Current practices in this domain:
Proposed resources:	Proposed practices:

Notetaking Resource 1: Questions to Guide Brainstorming New or Refined Practices

In this stage, examine what stakeholders (e.g., students, staff, families, community members) have noted about practices in this domain, and then brainstorm potential new or refined practices to be considered. An important part of this step must include evaluating how you prioritize access (i.e., all invited to the room), diversity (i.e., all welcomed and represented), and inclusion (i.e., all experience belonging and feel valued)!

What do stakeholders want to see implemented related to this domain?

How have we prioritized access, diversity, and inclusion in our practices in this domain?

What new or refined practices might we consider pursuing in this domain?

Notetaking Resource 2: Recommended Evidence-Informed Practices

Compare your total list of practices (current and potential new/refined) to the list of recommended practices by reviewing the associated [WSCC Practice Evidence-Informed Brief](#).

[Social and Emotional Climate](#)

[Safe Environment](#)

[Physical Activity](#)

[Nutrition Environment](#)

[Health Services](#)

[Family Engagement](#)

[Health Education](#)

[Employee Wellness](#)

[Behavioral Supports](#)

[Community Involvement](#)

How does your list compare to the list of recommended practices? Note those strategies that are already strongly aligned with those on your list as well as those that may be missing.

Are there any recommended practices that you are interested in pursuing or refining?

Do you anticipate stakeholder support for these choices?

Notetaking Resource 3: Examining your List of Practices for Balance

Now that you have added potential practices to your **WSCC Practice Balance Sheet**, it's time to rebalance by evaluating how the practices on your list are aligned with outcomes and available resources. For current practices, you may find some that do not indicate the best use of resources - those could be revised or de-implemented. For new potential practices, this same process can help you decide whether or not you should continue to pursue.

Consider the following questions:

1. Are any of the practices outdated (not aligned with evidence-based recommendations)?
2. For any current practices on your list, are expected outcomes not being achieved? Consider both quality of implementation and student/staff outcomes.
3. Do any of the practices that contradict or duplicate other practices?
4. Have you faced or do you any anticipate any issues, tension, or litigation with any of the practices among members of your community (e.g., staff, students, families, community members)?
5. Does each practice represent a good use of resources? Are there any for which there are not currently sufficient resources to implement? (Consider: should resources be sought, or should these practices be replaced?)

Reminder: Do a final update your **WSCC Practice Balance Sheet** to reflect these potential directions. Remember, if you choose to de-implement practices that are no longer efficient, effective, or sustainable, it will likely that you are freeing up resources (e.g., time, space, personnel) for more promising initiatives!



Still not reasonably balanced? Don't worry! In the next blueprinting activity, you will dive in deeper to evaluate which practices you are best positioned to implement.



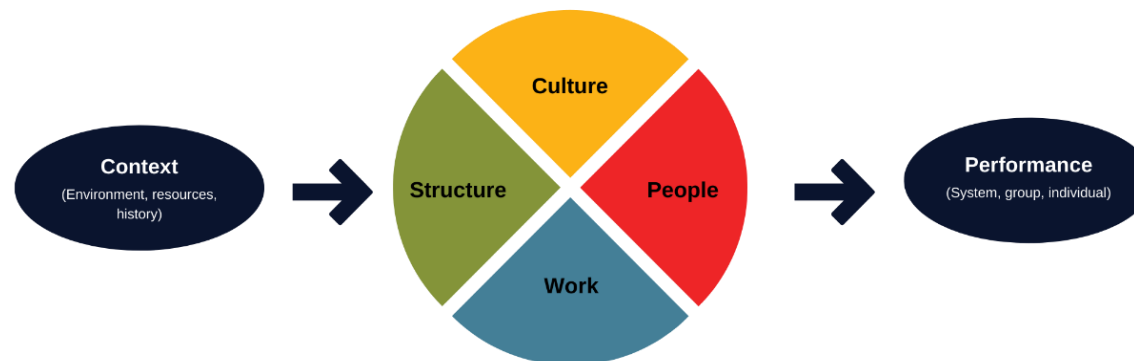
ACTIVITY 8 – CONFIRMING CONGRUENCE

Time to Complete: 20 to 30 minutes

Goal of Activity: To confirm your setting's readiness to engage in each potential practice change and narrow down to 1-5 practice changes to pursue.

Instructions

Congratulations – you have identified a need and evaluated directions for your efforts! However, prior to choosing to adapt or select a new strategy for implementation, let's stack the deck in favor of effective and sustained implementation. This tool can be used to evaluate congruence of your choices in relation to the intended setting. Using the tool, you will identify information to inform decisions about the potential strategy (policy or practice) – determining either that it may not be an appropriate choice for the current context or indicating areas that need to be addressed – in advance - to support effective and sustainable implementation.



1. Define the policy or practice being considered.
2. Review each category and rate degree of “ready and able” for the intended setting.
3. Sum to provide a total score.
4. Discuss the overall and individual ratings with regard to implementation in the setting – plan appropriately.

Persons Involved:		Date:		
Define the strategy being considered:				
Action Decision (pursue, modify, wait, reject) <i>[complete after step 4]</i>				
		High (4-5 pts)	Medium (2-3 pts)	Low (0-1 pts)
CONTEXT: NEED Data indicating need? For example - substantial issues for student; Parent, community, staff perceptions of need?				
CONTEXT: FIT Contextual fit based on environment, resources, history? For example - priority for school/district/state; alignment with community value?				
STRUCTURE: RESOURCES Appropriate availability of resources? For example - data systems, curricula materials, incentives, space?				
STRUCTURE: READINESS FOR USE Qualified professional learning available (staffing, supervision, coaching, training)? For example, leadership and staff have clear knowledge-skills-attitudes about need, rationale, intended outcomes?				

<p>WORK: EVIDENCE Overall supporting evidence and match to intended setting? For example - support for effectiveness, fidelity, cost; demonstrated outcomes (performance) are matched for intended population?</p>			
<p>CULTURE: WILLINGNESS TO IMPLEMENT Positive attitudes about the strategy? For example – majority staff perceive value to strategy; intended implementers are willing to adapt current practice to do it?</p>			
<p>PEOPLE: ABLE TO IMPLEMENT Appropriate knowledge & skills to implement with fidelity? For example – intended implementers have minimum required skills and know how to access support; other staff have foundational knowledge to facilitate success?</p>			
<p>TOTAL SCORE</p>			

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ACTIVITY 9 – ACTION PLANNING

Time to Complete: 30-45 minutes



Goal of Activity: To create an action plan for each practice change you are going to pursue with plans for progress monitoring and optimizing implementation.

Instructions

Complete a unique action plan for each priority WSCC practice. Use this first page to provide the overview of the identified priorities for implementation, and the second to determine tasks needed to complete the project. When you are ready to implement, use page 3 to document progress.

WSCC Practice Implementation Plan

What are the identified priorities for implementation?

What are the objectives?

Who is involved?

What is the timeline?

What is the expected impact and how will it be measured?

(e.g., what are the deliverables and/or outcomes?)

Task Action Worksheet

Practice Name:	
Practice Description:	Person Leading:
Task Description:	
Steps Involved:	Others Participating (and Roles):
Actions to Strengthen Sustainability – <u>IMPLEMENTATION:</u>	Notes:
Actions to Strengthen Sustainability – <u>COORDINATION & INTEGRATION:</u>	
Actions to Strengthen Sustainability – <u>EQUITY:</u>	
<ul style="list-style-type: none"> • Access: • Diversity: • Inclusion: 	
Timeline:	Date Completed:

Progress Notes

(Indicate date, brief description, and progress rating with 1 (*not proceeding as planned*) to 10 (*proceeding as planned*)).

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ACTIVITY 10 – ADVOCATING FOR WSCC POLICY

Time to Complete: 20 minutes



Goal of Activity: To identify the policy changes that need to be made to align policy with new practices.

Instructions

Using your system map and other activities completed as part of WSCC Practice Blueprinting, summarize your system’s practice needs and identify policy shifts that need to occur to ensure alignment across practice and policy. Instructions for completing each column are listed in the table below, and the first row provides an example of what information you might choose to include.

Identified Area of Need What did WSCC Practice Blueprinting show as areas of need in your system? List one need per row.	Current State of Policy What is the current state of your system’s policy in this area? For example, is there an existing policy? What is the current policy language?	Policy Shifts/Changes for Alignment Are changes in policy language needed in this area to reflect planned changes to practice? If so, what changes need to occur to ensure alignment?
<i>Example: Analysis of Behavioral Supports and Social Emotional Climate revealed a need for a universal positive behavioral support system.</i>	<i>Example: Current policy describes responses to challenging behavior such as minor and major office discipline referrals and reasons for suspension and expulsion.</i>	<i>Example: Discipline policy needs to be revised to align with procedures/language used in positive behavioral support system, with emphasis on proactive as opposed to reactive supports.</i>



APPENDIX C – Supplemental Materials

Evaluating Directions: Supplemental Activities

In Activity 7 – Your WSCC Balance Sheet, you focused on WSCC practices broadly. Use these supplemental materials to consider WSCC practices at each tier of implementation (universal, targeted, select). This will give you an opportunity to consider WSCC practices at each tier of implementation and opportunities for strengthening practices in each tier. You might complete all worksheets or choose to focus on a specific domain.

You can then use these worksheets to revisit your WSCC Balance Sheet, determining whether you've identified the highest priority practices to consider for the remainder of your blueprinting work. You might decide to revise your WSCC Balance Sheet based on your work here.

Since you identified the WSCC domains your setting needs to prioritize in Whole Child I-MTSS implementation efforts while exploring your context, you can now organize practices within these domains into MTSS tiers.

This Appendix includes the **Worksheet for Organizing Current Services** across Increasing Levels of Intensity. An example of a completed worksheet that applies to both Social and Emotional Climate and Behavioral Supports is available in the table below.

Example Grid for Student-Focused Services in Social, Emotional, and Behavioral Domains Organized Across Tiers of Intensity		
Population Target: Student Service Type: Practices Domains: Social, Emotional, Behavioral		
UNIVERSAL	TARGETED	SELECT
Fostering a safe and engaging environment for all through active teaching of and responding to displays of prosocial skills <ul style="list-style-type: none"> SEL curriculum – RULER, Second Step 	Strengthening skills in areas of self-regulation, attachment, and competency through small group and individual supports <ul style="list-style-type: none"> Check in – Check out 	Providing intensive, individualized supports for significant social, emotional, and behavioral challenges <ul style="list-style-type: none"> Cognitive-behavioral interventions (MATCH-ADTC, TF-CBT, DBT, Coping Cat)



UNIVERSAL	TARGETED	SELECT
<ul style="list-style-type: none"> • Schoolwide Positive Behavioral Supports (SWPBIS) • Restorative circles • Brain breaks • Mindfulness activities • Calming area • Developmental guidance curriculum • Trauma-sensitive language and actions • Fostering positive relationships (adult-child, child-child) • Systems for early identification of potential risk • Family-school collaboration 	<ul style="list-style-type: none"> • Cognitive-behavioral interventions (CBITS, Bounce Back, CFTSI) • Superflex • Social skills groups • Connecting peer and adult support networks • Psychoeducation (knowledge about developmentally appropriate reactions to a stressor) • Systems for monitoring risk and response to supports • Formative family-school communication systems 	<ul style="list-style-type: none"> • Functional behavioral assessment and behavior intervention plans • Social stories • Visual schedules • 1:1 adult support • Day treatment programming • Ongoing communication and coordination with community behavioral health providers (Wraparound) • Frequent and intensive family communication supports and education

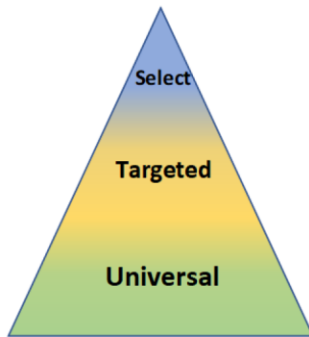
Note: The focus of this table and provided examples are on social, emotional, and behavioral domains of child functioning, in acknowledgement that a full continuum of services addresses the needs of the whole child (i.e., human needs are interdependent with critical importance of meeting basic needs to successfully address higher needs).

Evaluating Directions Worksheets

After organizing current practices into MTSS tiers in priority domains, you can transfer this information to the top of the appropriate Evaluating Directions worksheet available in this Appendix. Then, you will rate the quality of implementation of evidence-informed practices at each level of resource demand, or the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation based on your current practices. You will then use these ratings to rate the overall quality of implementation for the WSCC domain.



On this section of the worksheet, there are spaces to record notes. For tracking purposes, it may help to record what current practices you consider fitting within the scope of each evidence-informed practice. It is recommended that you also provide a justification for your ratings in this space.



Current Practices

Select:
Targeted:
Universal:

- 30 min of team building activities at PD 1x/month
- Admin-led staff appreciation potlucks 2-3x/year

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating	Notes
Establish an employee wellness committee	① 2 3	Maybe consider?
Support positive workplace climate	1 ② 3	Team building activities are only formal way we try to do this
Level 2: Moderate resource demand	Rating	Notes
Implement environmental changes to support healthy lifestyle habits	① 2 3	Not sure how we'd do this
Encourage participation in online health and wellness promotion	① 2 3	Not familiar with options – would need to research
Level 3: High resource demand	Rating	Notes
Provide supports to prevent and respond to employee mental health needs	① 2 3	Would staff have confidentiality concerns?
Provide coaching and ongoing professional development	① 2 3	PD currently focused on academic initiatives
Overall Employee Wellness Rating	① 2 3	

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Now, we look to identify possible barriers to and facilitators of implementation within your context, assess needs for adapting levels of your context and/or practices, and develop a plan to address identified barriers. On page three of each Evaluating Directions worksheet, you will answer questions about how you currently prioritize access, diversity, and inclusion within the domain; whether and how you are committed to prioritizing access, diversity, and inclusion in that domain; and what else you can do to strengthen access, diversity, and inclusion in that domain.



How do we prioritize access, diversity, and inclusion within Employee Wellness *at this time*?



We aim to do this but aren't sure of any specific or intentional efforts taken to do this. Team building activities are intended to be inclusive and are held during contractual PD time – but this leaves out paras and others not required to be there.

Are we committed to prioritizing access, diversity, and inclusion within Employee Wellness moving forward, and if so, how?

Yes, we need to consider access, diversity, and inclusion in each new initiative we pursue. We need to include staff voice in deciding what Employee Wellness initiatives to take on. By doing so, we should be able to offer a greater variety of initiatives that represent staff interests (diversity). Need to consider how to increase access for paras and others not obligated to stay for some after-school time.

What more can we do to strengthen access, diversity, and inclusion within Employee Wellness?

First step: Survey staff about Employee Wellness initiatives – what's working, what would they like to see, is this a priority area.

Then, action plan about incorporating those ideas that are feasible and sustainable.

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

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Evaluating Directions for Employee Wellness
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You can choose to use the Evaluating Directions worksheet to focus in on a specific domain (e.g., Employee Wellness), or complete all 10 to build a strong picture of how you are doing in each domain across the three tiers of intensity.



Appendix C - Evaluating Directions Worksheets

- Social and Emotional Climate
- Safe Environment
- Physical Activity
- Nutrition Environment
- Health Services
- Family Engagement
- Health Education
- Employee Wellness
- Behavioral Supports
- Community Involvement



EVALUATING DIRECTIONS FOR SOCIAL AND EMOTIONAL CLIMATE

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Social and Emotional Climate at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

Universal – implemented with all schools, staff, and/or students.

Targeted – implemented in small groups with at-risk schools, staff, and/or students.

Select – implemented individually with intensive needs schools, staff, and/or students.

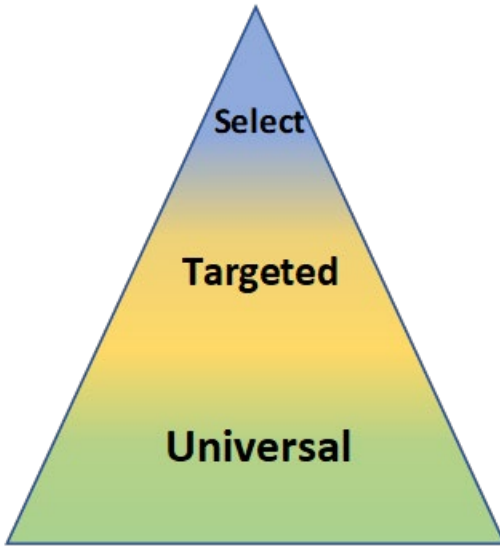
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Improve air quality	1	2	3	
Promote student and staff involvement in the physical environment	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Change seating options	1	2	3	
Create a school safety team	1	2	3	
Level 3: High resource demand	Rating			Notes
Monitor and respond to the indoor physical environment	1	2	3	
Change playground designs and promote access to green space	1	2	3	
Consider appropriate use of school resource officers (SROs)	1	2	3	
Overall Safe Environment Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Social and Emotional Climate *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Social and Emotional Climate moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Social and Emotional Climate?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR SAFE ENVIRONMENT

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Safe Environment at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

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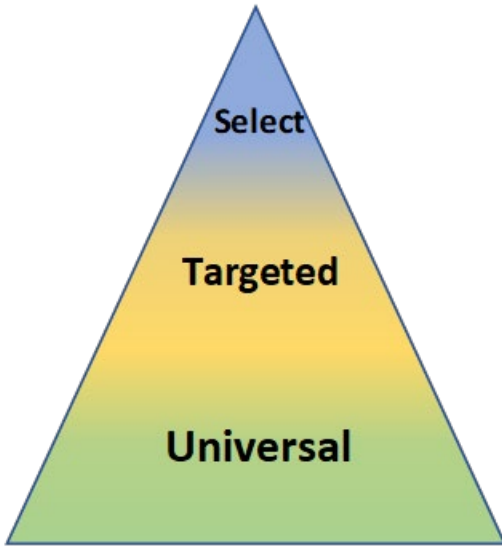
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



Select:
Targeted:
Universal:

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Improve air quality	1	2	3	
Promote student and staff involvement in the physical environment	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Change seating options	1	2	3	
Create a school safety team	1	2	3	
Level 3: High resource demand	Rating			Notes
Monitor and respond to the indoor physical environment	1	2	3	
Change playground designs and promote access to green space	1	2	3	
Consider appropriate use of school resource officers (SROs)	1	2	3	
Overall Safe Environment Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Safe Environment *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Safe Environment moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Safe Environment?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR PHYSICAL ACTIVITY

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Physical Activity at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

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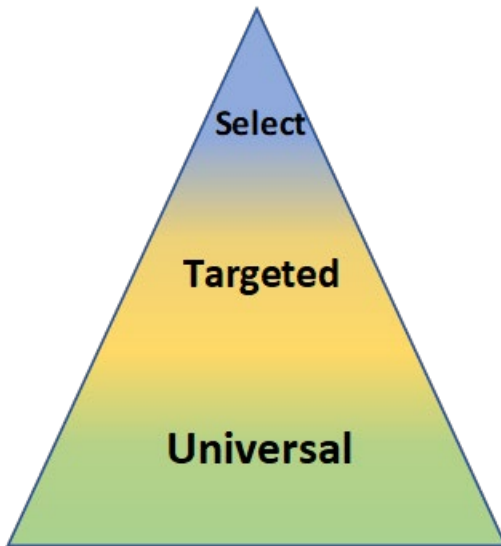
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Avoid physical activity as a disciplinary consequence	1	2	3	
Promote employee involvement in physical activity	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Encourage family involvement in physical activity	1	2	3	
Incorporate physical activity into existing curricula	1	2	3	
Level 3: High resource demand	Rating			Notes
Provide opportunities for and choices of physical activity throughout the day	1	2	3	
Develop a Comprehensive School Physical Activity Program (CSPAP) plan	1	2	3	
Overall Physical Activity Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Physical Activity at *this time*?



Are we committed to prioritizing access, diversity, and inclusion within Physical Activity moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Physical Activity?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR NUTRITION ENVIRONMENT

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Nutrition Environment at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

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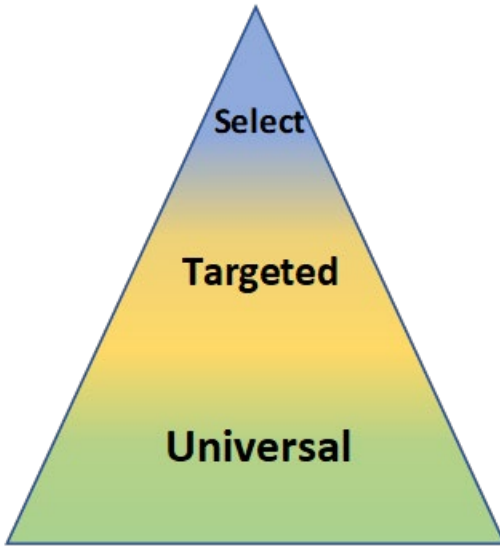
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Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Ensure adequate time to eat	1	2	3	
Promote school personnel involvement in a healthy nutrition environment	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Incorporate student choice and hands-on learning activities	1	2	3	
Collaborate with families and community organizations	1	2	3	
Target multiple health behaviors when addressing nutrition	1	2	3	
Level 3: High resource demand	Rating			Notes
Improve the school nutrition environment	1	2	3	
Provide competitive pricing for healthy foods	1	2	3	
Overall Nutrition Environment Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Nutrition Environment *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Nutrition Environment moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Nutrition Environment?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR HEALTH SERVICES

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Health Services at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

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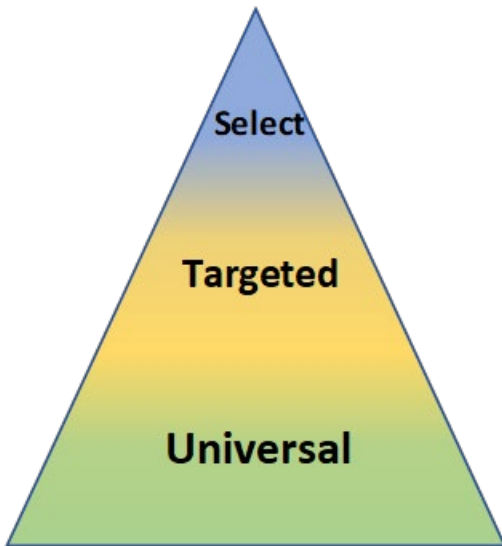
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Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Utilize the Health Services Assessment Tool for Schools (HATS)	1	2	3	
Disseminate health information resources to students and families	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Assess and plan for chronic health condition management	1	2	3	
Develop relationships with a diverse group of community stakeholders	1	2	3	
Level 3: High resource demand	Rating			Notes
Provide behavioral health training for school health service providers (SHSP)	1	2	3	
Implement multicomponent school-based prevention programs	1	2	3	
Develop a school-based health center (SBHC)	1	2	3	
Overall Health Services Rating	1	2	3	



How do we prioritize access, diversity, and inclusion within Health Services *at this time*?

Are we committed to prioritizing access, diversity, and inclusion within Health Services moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Health Services?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR FAMILY ENGAGEMENT

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Family Engagement at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

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4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

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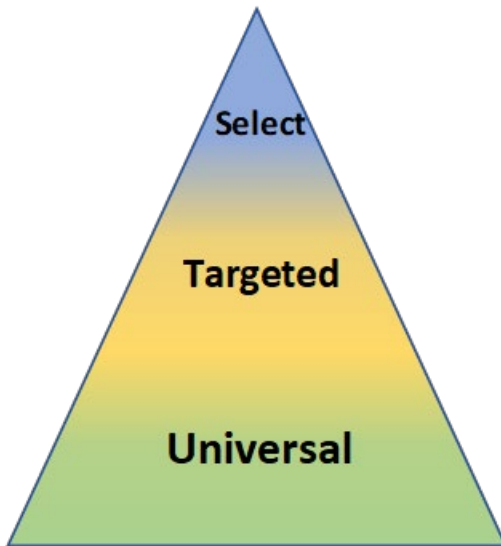
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Engage in ongoing communication between schools and families	1	2	3	
Evaluate existing family engagement initiatives	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Provide opportunities for ongoing family engagement	1	2	3	
Strengthen family access and inclusion within the school environment	1	2	3	
Level 3: High resource demand	Rating			Notes
Prioritize family engagement in district and building level initiatives	1	2	3	
Empower families to take meaningful leadership roles in school and community	1	2	3	
Overall Family Engagement Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Family Engagement *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Family Engagement moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Family Engagement?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR HEALTH EDUCATION

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Health Education at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

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4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

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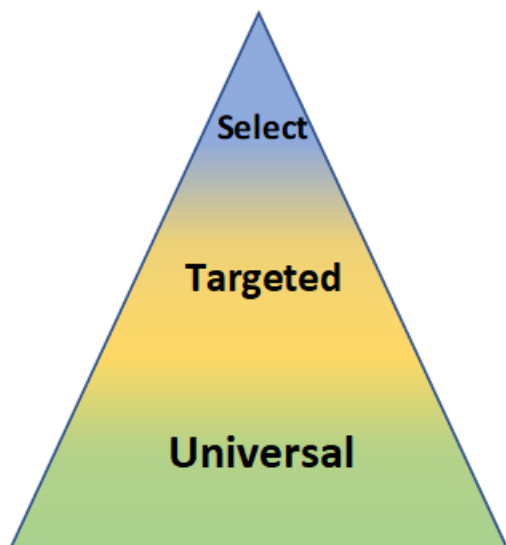
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Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



Select:
Targeted:
Universal:

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Utilize the Health Education Curriculum Analysis Tool (HECAT)	1	2	3	
Align health education curricula with community needs and student interests	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Promote family involvement in health education	1	2	3	
Use multiple active-learning components in teaching health education	1	2	3	
Level 3: High resource demand	Rating			Notes
Incorporate social learning approaches into health education activities	1	2	3	
Integrate health education across grade levels and subject areas	1	2	3	
Overall Health Education Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Health Education *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Health Education moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Health Education?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR EMPLOYEE WELLNESS

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Employee Wellness at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

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4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

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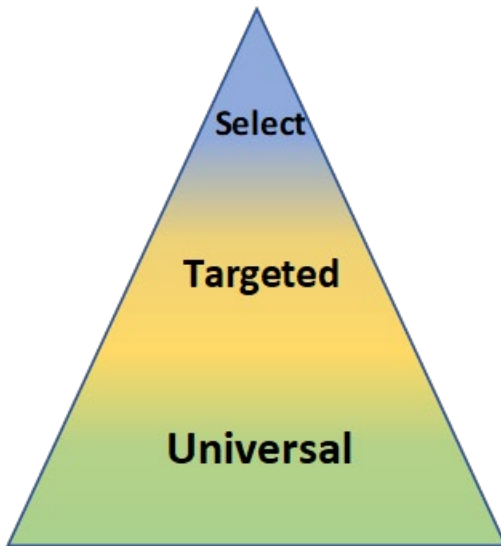
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Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Establish an employee wellness committee	1	2	3	
Support positive workplace climate	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Implement environmental changes to support healthy lifestyle habits	1	2	3	
Encourage participation in online health and wellness promotion	1	2	3	
Level 3: High resource demand	Rating			Notes
Provide supports to prevent and respond to employee mental health needs	1	2	3	
Provide coaching and ongoing professional development	1	2	3	
Overall Employee Wellness Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Employee Wellness *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Employee Wellness moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Employee Wellness?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR BEHAVIORAL SUPPORTS

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Behavioral Supports at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

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4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

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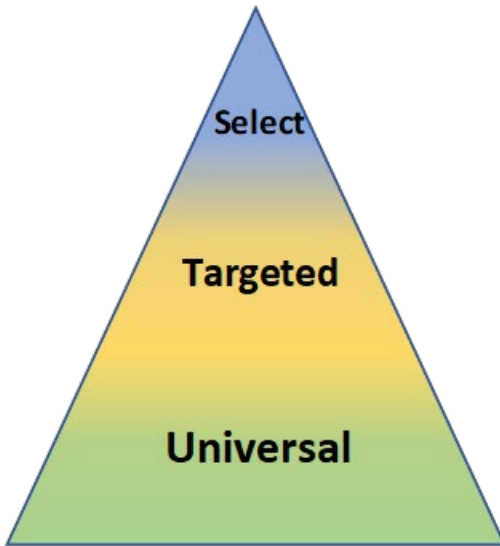
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



<u>Select:</u>
<u>Targeted:</u>
<u>Universal:</u>

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Promote use of positive behavior support practices	1	2	3	
Strengthen universal school-based mental health promotion	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Establish a process for identifying need and matching to appropriate behavioral supports	1	2	3	
Implement targeted behavioral interventions	1	2	3	
Level 3: High resource demand	Rating			Notes
Offer cognitive-behavioral therapy (CBT) based interventions	1	2	3	
Utilize function-based interventions	1	2	3	
Overall Behavioral Supports Rating	1	2	3	

How do we prioritize access, diversity, and inclusion within Behavioral Supports *at this time*?



Are we committed to prioritizing access, diversity, and inclusion within Behavioral Supports moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Behavioral Supports?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)

EVALUATING DIRECTIONS FOR COMMUNITY INVOLVEMENT

Time to Complete: 20 minutes



Goal of Activity: To identify strengths and opportunities for improving practices related to Community Involvement at each tier of intensity.

Instructions

1. Review the key definitions below to familiarize yourself with terms used in this activity.
2. At the top of page 2, list the programs, strategies, and/or initiatives relevant to this domain that are currently being implemented at each tier.
3. Then, rate the quality of implementation of evidence-informed practices in this domain at each level of resource demand.

1 = strategy is not currently implemented

2 = implementation could be better

3 = strategy/domain is currently implemented well

4. As a team, discuss and record responses to the questions on page 3.

Key Definitions

Resource Demand – the anticipated amount of resources (e.g., funding, time, physical space, training, materials) necessary for implementation.

Universal – implemented with all schools, staff, and/or students.

Targeted – implemented in small groups with at-risk schools, staff, and/or students.

Select – implemented individually with intensive needs schools, staff, and/or students.

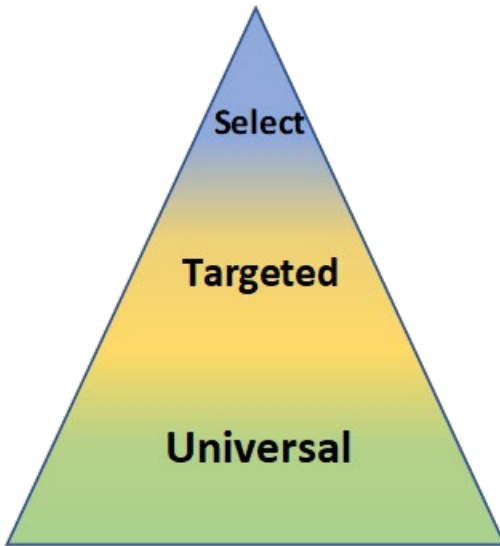
Access – connecting to personalized resources (i.e., all invited to the room).

Diversity – supporting presence of differences (i.e., all welcomed and represented).

Inclusion – participating meaningfully (i.e., all experience belonging and feel valued).



Current Practices



Select:
Targeted:
Universal:

Recommended Evidence-Informed Practices

Level 1: Low resource demand	Rating			Notes
Involve community members in existing prevention efforts	1	2	3	
Evaluate existing community involvement initiatives	1	2	3	
Level 2: Moderate resource demand	Rating			Notes
Invest in building relationships with cultural brokers and translators	1	2	3	
Incorporate service learning into curricula	1	2	3	
Establish shared-use agreements for school and community spaces	1	2	3	
Level 3: High resource demand	Rating			Notes
Implement a school-based mentoring or volunteer tutoring program	1	2	3	
Establish after-school programs in collaboration with community partners	1	2	3	
Overall Community Involvement Rating	1	2	3	



How do we prioritize access, diversity, and inclusion within Community Involvement *at this time*?

Are we committed to prioritizing access, diversity, and inclusion within Community Involvement moving forward, and if so, how?

What more can we do to strengthen access, diversity, and inclusion within Community Involvement?

Access – connecting to personalized resources (i.e., all invited to the room)
Diversity – supporting presence of differences (i.e., all welcomed and represented)
Inclusion – participating meaningfully (i.e., all experience belonging and feel valued)