



FLORIDA DEPARTMENT OF  
**EDUCATION**  
fldoe.org



# 2021-2022 Mental Health Application

**Part I: Youth Mental Health Awareness Training Plan**

**Part II: Mental Health Assistance Allocation Plan**

## Lake County

Deadline for submission to ShareFile:  
on or before August 1, 2021

## 2021-2022 Mental Health Application

### Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

### Part I. Youth Mental Health Awareness Training Plan

In accordance with section (s.) [1012.584](#), Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

### Part II. Mental Health Assistance Allocation Plan

In accordance with s. [1011.62\(16\)](#), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

### Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile <https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286> by the deadline **August 1, 2021**.

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in both parts of the application.
- Option 2: Charter school(s) submit a separate application from the district.

### Part I. Youth Mental Health Awareness Training Plan

**YMHAT Objective:** provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

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### Part I. Youth Mental Health Awareness Training Plan and Projected Budget

#### Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in Youth Mental Health First Aid (YMHFA)?
There are 57% of employees trained and certified as of June 30, 2021.
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
As stated in F.S. 1012.584, we will continue to provide YMHFA training to all Lake County Schools personnel. This will be accomplished in several ways. On district professional development days and nonstudent teacher workdays, teams of Certified Instructors will provide school-wide trainings in YMHFA, as scheduled with school administrators. During the previous two school years, personnel from seven schools, Food Services, and Transportation Services were trained in this manner. Additionally, training opportunities will be offered several times a month at Student Services for all interested school and district personnel to attend.  LCS currently has eleven YMHFA Certified Instructors to deliver the training. Our goal in the 2021-2022 school year is to increase the number of Certified Trainers by at least five.
3. In addition, the annual goal for the 2021-2022 school year is to train:
75% of employees as of June 30, 2022.
4. Explain the training goal(s) for the next 3-5 years.
On district professional development days and non-student teacher workdays, teams will provide school-wide trainings in YMHFA, as scheduled with school administrators, in order to capture the remaining personnel who need to be trained. Training opportunities will also continue to be offered several times a month at Student Services for all interested school and district personnel to attend. These opportunities will continue to be available in the summer months.  Additionally, certified Youth Mental Health First Aiders will be able to re-certify every three years by completing a one-hour online module through the Relias Academy, an accredited continuing education company.
5. What is the procedure for training new personnel to the district?
Newly hired LCS personnel are required to attend an orientation through the Human Resources Department. At this orientation, each new employee receives notification of the requirement to complete the Youth Mental Health First Aid training within 3 months of the hire date. When the new personnel arrive at their school, the Mental Health Liaison is responsible for completing the Kognito At-Risk training with them as soon as possible to ensure that they have a baseline training in mental health awareness until they are certified in Youth Mental Health First Aid.  Newly-hired District personnel will be able to attend one of the trainings offered two times a month at Student Services.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"><li>• YMHFA</li></ul>
Per statute, F.S. 1012.584, the Lake County Schools district will continue to utilize the YMHFA program to educate school personnel on how to identify, understand and respond to the signs and symptoms of mental illness and substance use disorders in youth. Through this program, school personnel will gain the knowledge and skills necessary to provide initial support and connect the youth to appropriate professional help and resources.

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<ul style="list-style-type: none"> <li>• <b>YMHFA Recertification</b></li> </ul> <p>To ensure staff certified in YMHFA remain current on the latest information about mental health and substance use disorders, LCS will purchase token vouchers at the cost of \$29.95/training voucher, for staff to complete the online re-certification course through the Relias Academy. Re-certification vouchers are available for staff upon the expiration of their three-year certificate.</p> <p>Funding for the YMHFA recertification will come from the Mental Health Assistance Allocation budget.</p>
<ul style="list-style-type: none"> <li>• <b>Kognito At-Risk Modules (at all three levels: elementary, middle, high school)</b></li> </ul> <p>Newly hired school personnel will continue to be trained in the Kognito At-Risk program within the first three months of employment. This program offers school personnel an interactive learning experience, through role-play simulation, an opportunity to gain a foundation of mental health awareness and suicide prevention, as well as build skills for supporting youth until they become certified in Youth Mental Health First Aid.</p>

### *Section B: YHHAT Projected Budget*

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
<p><b>1. Stipends</b></p> <p>1,500 Staff members will be trained in YMHFA:</p> <p>Each staff member is required to take a 2-hr pre-course prior to participating in the Youth Mental Health First Aid training.</p>			
<p>We will offer a \$20 per hour stipend to instructional staff members who take the 2-hr mandatory pre-course on their own time. We anticipate 1,200 instructional staff members will take the YMHFA course.</p>	1200	\$ 20.00	\$ 24,000.00
<p>Benefits are as follows: Social Security &amp; Medicare = 7.65% Workers Compensation = .61%</p> <p>7.65% + .61% = 8.26%</p>	8.26%	\$ 24,000.00	\$ 1,982.40

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<b>Categories</b>	<b>Detailed Description, number of activities within each category</b>	<b>Cost Per/Each</b>	<b>Total Projected Budget by Category</b>
We will offer a stipend to non-instructional staff members equal to their hourly rate of pay for those staff members that choose to take the 2-hr mandatory pre-course on their own time. For budgeting purposes we are calculating an average hourly salary of \$15. We anticipate 300 non-instructional staff members will take the YMHFA course.	300	\$ 15.00	\$ 4,500.00
Benefits are as follows: Social Security & Medicare = 7.65% Workers Compensation = .061%	8.26%	\$ 4,500.00	\$ 371.70
<b>2. Materials</b>  1,500 Staff members will be trained in YMHFA:  Each staff member trained is provided a printed training manual. Each manual is \$8.50.  \$8.50 x 1,500 = \$12,750	1500	\$ 8.50	\$ 12,750.00
<b>3. National Council (YMHFA) Training</b>  1,500 Staff members will be trained in YMHFA  2-HR Mandatory YMHFA Precourse @ \$23.95 x 1,500 = \$35,925  This mini-grant will pay up to \$7,089.90 toward the cost of the unit costs.			\$ 7,089.90
<b>4. Additional Kognito Modules</b> (Provide the name of training module and cost)			\$ 0.00
<b>TOTAL 2021-2022 BUDGET:</b>			\$ 50,694.00

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### Part II. Mental Health Assistance Allocation Plan s. [1011.62 \(16\)](#), F.S.

#### Section A: MHAA Plan Assurances

##### **The district assures...**

- ✓ One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.
- ✓ Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- ✓ Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- ✓ Collaboration with FDOE to disseminate mental health information and resources to students and families
- ✓ The district website includes local contacts, information and resources for mental health services for students and families.
- ✓ Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

##### **A school board policy or procedure has been established for...**

- ✓ Students referred for a mental health screening assessed within 15 calendar days of referral.
- ✓ School-based mental health services initiated within 15 calendar days of identification and assessment.
- ✓ Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- ✓ Assisting a mental health services provider or a behavioral health provider as described in s. [1011.62](#), F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.
- ✓ The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. [394.463](#), F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. [394.463](#), F.S. Such contact may be in person or using telehealth, as defined in s. [456.47](#), F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

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### Section B: Planned Outcomes

**Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.**

1. At least 80% of Lake County schools will implement a Tier 1 evidence-based program with fidelity to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems, F.S. 1011.62(16).
2. Increase the number of students receiving direct services (e.g., individual, group counseling) from school-based mental health professionals by at least 10%. Baseline data from the 2020-2021 school year will be used as the comparison point.

### Section C: District Program Implementation

Please include the following in this section:

#### 1. Evidence-Based Program (EBP) and Description

Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in [Blue Menu of Evidence-Based Psychosocial Interventions for Youth](#) and the [SAMHSA Evidence-Based Practices Resource Center](#).

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

**\*If you will be using another EBP other than those provided above please explain using the same format listed.**

#### 2. EBP Implementation

This should include:

- Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies, and how these will assist students dealing with trauma and violence.
- Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

#### 3. Outcome Measures

- Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2

#### 4. Multi-tiered System of Support (MTSS)

- Identify the tier(s) of the EBP being implemented

### [Appendix Examples](#)

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Table 1: District Program Implementation

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><a href="#">Purpose Prep’s Youth Mental Health Curriculum for Grades 6-12</a></p> <p>Each module within Purpose Prep is aligned to <u>core social emotional learning (SEL) competencies outlined by CASEL</u> and designed to provide students with the tools to build and maintain mental health and wellness.</p> <p>Courses contain unique Lesson Plans for each instructional activity and Facilitator Discussion Questions. Each lesson contains engaging instructional media with expert instructors. The lessons can be flexibly implemented and delivered either synchronously or asynchronously, online, in-person, or as customized blended-learning experiences. Certified educators can deliver the Mental Health curriculum one-on-one, in groups or in classroom settings.</p>	<p>Middle and high school leadership teams will be given options for providing the minimum of 5 hours of mental health instruction to students: 1) provide all of the training modules in one day; 2) provide one training module a day across several days, weeks or months; or 3) run an early-release schedule across several days or weeks and provide the instruction during that time.</p> <p>Certified teachers at every school will be provided with training by mental health professionals to familiarize them with the course materials and delivery methods.</p> <p>At the end of the instruction, students will be required to complete an <i>Exit Ticket</i> (brief survey) to monitor the students’ (1) perception of the program, (2) self-rating of mental and emotional health and (3) whether or not they would like to meet with a district or school-based mental health professional for follow-up.</p> <p>Any students who demonstrate distress during the instruction, or request to immediately meet with a mental health professional will be seen within 24 hours of the request. Students who self-rate their emotional and mental health as “poor” will also be seen by a mental health professional, even if they did not make the request.</p> <p>Since all LCS students in grades 6 through 12 will be engaged in this process, the <i>Exit Surveys</i> are considered a universal screener. This procedure allows for mental health</p>	<p><b>GOAL #1</b></p> <p>TIER 1:</p> <p>Fidelity of implementation of Tier 1 programs and procedures will be rated on a locally-created assessment.</p> <p><b>GOAL #2</b></p> <p>TIER 2 and 3:</p> <p>Number of student-completed <i>Exit Tickets</i> will be tracked at all middle and high schools, as well as timely follow-up with the students in need.</p>	X	X	X



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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>professionals to screen for students at-risk and provide assistance as needed.</p> <p>The Lake County Schools' Mental and Emotional Health Instruction implementation plan is located on the following website:</p> <p><a href="#">Mental and Emotional Health Instruction</a></p>				
<p><a href="#">Zones of Regulation</a></p> <p>Zones of Regulation is a metacognitive framework for a regulation and treatment approach that is based on immense evidence in the fields of autism, attention deficit disorders, and social-emotional theories. It integrates best practices around Trauma Informed Care and mental health supports and aligns with the <a href="#">CASEL SEL core competencies</a>. Zones integrates Systemizing Theory, Central Coherence Theory and Cognitive Behavior Management. It ties in Social Thinking®, visual supports and is a tool to build self-management skills. Some of these evidence-based practices are developmental in nature, while others are related to learning-styles, concepts or characteristics important to neuro-diverse populations.</p> <p>Zones of Regulation is a practice based on evidence and has shown positive, measurable outcomes across multiple studies and applications in clinical practice and school-based settings.</p>	<p>Zones of Regulation is being implemented in a variety of ways across all grade levels. Some schools implement Zones as a Tier 1 core-level instruction, where all students walk through the curriculum. Some schools use Zones to teach students about emotional regulation and body awareness in individual and small groups.</p> <p>District Mental Health Specialists trained the school-based Mental Health Liaisons in Zones of Regulation. In addition, the LCS Exceptional Student Education Department also provides Zones of Regulation training to teachers and staff members.</p>	<p><b>GOAL #1</b></p> <p>Fidelity of implementation of Tier 1 programs and procedures will be rated on a locally-created assessment.</p> <p><b>GOAL #2</b></p> <p>TIER 2 and 3:</p> <p>Number of students participating in Tier 2 and/or Tier 3 interventions with Zones of Regulation.</p>	X	X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><u><a href="#">Positive Behavioral Interventions and Supports</a></u></p> <p>Positive Behavioral Interventions and Supports (PBIS) is an <a href="#">evidence-based / three-tiered framework</a> for improving student behavior through systems change.</p> <p>PBIS is <i>not</i> a solitary program - it is the <a href="#">integration of many effective strategies and programs</a> that create a Multi-Tiered System of Support (MTSS) for behavior. With an overarching emphasis on <a href="#">using data</a> to determine the effectiveness of its techniques, PBIS reflects the application of explicit values and evidence-based practices to build a MTSS that is practical, durable, and available to all.</p>	<p>The schools who choose to implement school-wide PBIS will regularly examine their student behavior data. The goal is to reduce the number of office discipline referrals and suspensions.</p> <p>LCS has a district-level PBIS Coordinator and a multidisciplinary district-level committee to assist schools with training, coaching, and implementation of all aspects of PBIS.</p> <p><u><a href="#">Resources</a></u></p>	<p><b>GOAL #1</b></p> <p>Fidelity of implementation of Tier 1 will be measured with PBIS evaluation instruments.</p>	X		
<p><u><a href="#">Sanford Harmony</a></u></p> <p>Sanford Harmony is a social and emotional learning program for Pre-K-6 grade students, accessible online and at no cost. Harmony fosters knowledge, skills, and attitudes boys and girls need to develop healthy identities, create meaningful relationships, and engage productively by providing SEL learning resources, tools, and strategies.</p>	<p>Many Lake County Schools have the Sanford Harmony kits and received face to face training from Rick Roach, a local Sanford-Harmony trainer. In addition, On-Demand training videos allow facilitators to learn and teach at their own pace and successfully implement Harmony into their classroom.</p> <p>Schools are welcome to integrate materials into regular instruction, or Sanford Harmony can be a stand-alone class to teach social-emotional skills to students. Schools may also choose to use the materials in small groups or with individual students.</p>	<p><b>GOAL #1</b></p> <p>Fidelity of implementation of Tier 1 programs and procedures will be rated on a locally-created assessment.</p> <p><b>GOAL #2</b></p> <p>TIER 2 and 3: Number of students participating in Tier 2 and/or Tier 3 interventions with Sanford Harmony.</p>	X	X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><u><a href="#">Behavior Education Program</a></u></p> <p>The Behavior Education Program (BEP) is a school-based program that provides daily support and monitoring for students who are at-risk for developing serious or chronic behavior difficulties. It is based on a daily check-in/check-out system that provides students with immediate feedback on his or her behavior and increased positive adult attention. Behavioral expectations are clearly defined and students are given opportunities for immediate and delayed reinforcement, based on meeting the expectations.</p> <p>The BEP incorporates several core principles of positive behavior support: clearly defined expectations; instruction on appropriate social skills; increased positive reinforcement for following expectations; contingent consequences for problem behavior; opportunities for self-management; increased positive contact with adults at the school; and increased home-school collaboration.</p>	<p>The LCS District Behavior Intervention Specialist trains teams of personnel from schools who choose to implement the Behavior Education Program, and offers regular assistance as needed to ensure fidelity.</p> <p>Students chosen to participate in the BEP will have daily expectations and planned reinforcers specified to meet their individual needs.</p> <p>The students identified for the intervention check-in with the BEP coordinator at the start of each school day, and checkout with the coordinator before leaving school.</p> <p>At check-in, the students are provided with a Daily Progress Report (DPR) that lists the expectations to be followed and a place to rate student behavior. Teachers rate the student at specified blocks of time throughout the day (e.g., each class period in secondary schools; each subject area block of time in elementary schools, etc.), and provide corrective feedback and/or positive reinforcement.</p> <p>At checkout at the end of the day, the BEP coordinator totals the percentage of points earned to determine whether each student has met their individual goal. If the student meets their goal, they receive a reinforcer. Students take their DPR home to show to their parents and obtain a parent signature, and return it the following day at morning check-in.</p>	<p><b>GOAL #2</b></p> <p>Number of students participating in BEP at each school.</p> <p>Improvement in student functioning, as reported on students' Daily Progress Reports.</p>		X	

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><u><a href="#">Solution Focused Counseling</a></u></p> <p><u><a href="#">Solution-Focused Counseling</a></u> is a strengths-based student-directed counseling approach that focuses on helping students gain insight into their present problem(s) and find ways to move towards their desired goals.</p> <p>Solution Focused Counseling does not involve confrontation; rather it focuses on empathetic problem solving.</p>	<p>Mental health professionals will participate in on-going training in the various evidence-based solution-focused counseling practices. Solution focused counseling will be utilized during direct services with students. Mental health professionals have access to workbooks, counseling tools, and virtual resources to proficiently provide effective intervention.</p> <p>To ensure districtwide support and implementation, Individual and Group Counseling Protocols were developed. Student counseling consists of four to twelve, 30-45 minutes sessions.</p> <p>Students who are not making adequate progress will be referred for more intensive therapeutic intervention (only with parent permission).</p>	<p><b>GOAL #2</b></p> <p>Number of students receiving individual and/or group counseling using Solution Focused Practices.</p> <p>Mental Health Liaisons will use a pre- and post-assessment with students to determine if they have made progress in the areas of changing their thoughts, feelings or behaviors to move towards more positive mental and emotional health.</p>		X	X
<p><u><a href="#">Cognitive Behavioral Practices</a></u></p> <p>Cognitive Behavioral Therapy (CBT) practices focuses on challenging and changing cognitive distortions (e.g., thoughts, beliefs and attitudes) and behaviors, improving emotional regulation and the development of personal coping skills.</p> <p>CBT is a problem-focused and action-oriented form of</p>	<p>Targeted school-based cognitive behavioral therapy (CBT) programs to reduce depression and anxiety symptoms are delivered to students who are assessed to be at increased risk for these conditions. The programs help students develop strategies to solve problems, regulate emotions, and establish helpful patterns of thought and behavior.</p> <p>Mental health professionals will participate in on-going CBT training and use the skills</p>	<p><b>GOAL #2</b></p> <p>Number of students receiving individual and/or group counseling using Cognitive Behavioral Practices.</p> <p>Mental Health Liaisons will use a pre- and post-assessment with students to determine if they have made progress in the areas of changing their</p>		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
therapy. Through CBT techniques, individuals are able to change their thoughts and behaviors to decrease distressful symptoms related to mental and emotion health.	<p>and techniques they learn during direct services with students. Mental health professionals also have access to workbooks, counseling tools, and virtual resources for effective intervention.</p> <p>To ensure districtwide support and implementation, Individual and Group Counseling Protocols were developed. Student counseling consists of four to twelve, 30-45 minutes sessions.</p> <p>Students who are not making adequate progress will be referred for more intensive therapeutic intervention (only with parent permission).</p>	thoughts, feelings or behaviors to move towards more positive mental and emotional health.			
<p><a href="#"><u>Dialectical Behavior Therapy-Informed Skills Training</u></a></p> <p>DBT-informed skills training incorporates the principles of DBT but does not require all the aspects or stages of the complete program.</p> <p>DBT-informed skills training is an effective intervention for adolescents who struggle with anxiety, self-harm, suicide ideation and emotional regulation.</p> <p>The four components of skills training include mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness.</p>	<p>School-based Mental Health Liaisons were taught how to identify student goals and behavioral targets for counseling sessions as well as the rationale of using a chain analysis as a method of assessment and guide to determining effective solutions. Additionally, Mental Health Liaisons were provided step-by-step processes for providing DBT skills training to students. Several Mental Health Liaisons received DBT Skills Training workbooks to use with their students in individual or group counseling.</p> <p>Mental Health Liaisons will have an opportunity to be trained in DBT-Informed Counseling by the District Mental Health Specialists during the 2021-2022 school year.</p>	<p><b>GOAL #2</b></p> <p>Number of students receiving individual and/or group counseling using DBT.</p> <p>Mental Health Liaisons will use a pre- and post-assessment with students to determine if they have made progress in the areas of changing their thoughts, feelings or behaviors to move towards more positive mental and emotional health.</p>		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>To ensure districtwide support and implementation, Individual and Group Counseling Protocols were developed. Student counseling consists of four to twelve, 30-45 minutes sessions.</p> <p>Students who are not making adequate progress will be referred for more intensive therapeutic intervention (only with parent permission).</p>				
<p><b><u>Motivational Interviewing Techniques</u></b></p> <p>Motivational Interviewing (MI) is often recommended as an evidence-based approach to behavior change. It is a <i>collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.</i>” (Miller &amp; Rollnick, 2013, p. 29)</p>	<p>Mental Health Liaisons and Specialists will complete a book study on the topic of Motivational Interviewing. Thirty minutes will be provided during monthly Mental Health Liaison Trainings for groups to share and collaborate on the knowledge learned. The book Motivational Interviewing: Helping People Change, Third Edition will be used. Each professional is encouraged to have a journal to log their reflections. Writing reflections could consider the following questions: What new idea(s) did you discover in your reading? What questions would you like to ask the group about the reading? We will also use the following <a href="#">Reflection Question Guide</a> to process the material.</p> <p>Mental Health Liaisons will use the MI skills they learn during the book study to help</p>	<p><b>GOAL #2</b></p> <p>Number of students receiving individual and/or group counseling using Motivational Interviewing Techniques.</p> <p>Mental Health Liaisons will use a pre and post assessment with students to determine if they have made progress in changing pre-identified behaviors and working towards a self-determined goal.</p>		X	X

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>The most current version of MI is described as a guiding style of communication that sits between following (good listening) and directive (giving information and advice). MI is designed to empower people to change by drawing out their own meaning, importance and capacity for change. MI is based on a respectful and curious way of being with people that facilitates the natural process of change and honors client autonomy.</p>	<p>students strengthen their personal motivation for change.</p> <p>To ensure districtwide support and implementation, Individual and Group Counseling Protocols were developed. Student counseling consists of four to twelve, 30-45 minutes sessions.</p> <p>Students who are not making adequate progress will be referred for more intensive therapeutic intervention (only with parent permission).</p>				

Additional narrative may be added [here](#)

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### Section D: Direct Employment

**Table 2: MHAA Plan Direct Employment**

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:319	1:120
School Social Worker	1:1,286	1:1,286
School Psychologist	1:2,000	1:1,440
Other Licensed Mental Health Provider	1:1,333	1:1,200

Direct employment policy, roles and responsibilities	Description
<p>Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.</p>	<p>Lake County Schools is dedicated to meeting the mental health needs of all its students. Since the passing of the Marjory Stoneman Douglas High School Public Safety Act, the district has built a comprehensive program that has dramatically increased access to mental health services for students and their families. Lake County Schools’ 2021-2022 updated plan will continue to build upon the foundation that has been established, and seeks to continue to increase access and the quality of mental health services provided to students.</p> <p>The foundational success of the Lake County Schools’ mental health plan rests on a substantial increase in the number of mental health professionals that are now available in our schools. Mental Health professionals include District Mental Health Specialists, School-based Mental Health Liaisons, Certified School Counselors, School Psychologists, Social Workers, and School Nurses. This significant increase in personnel was made possible in 2019 when local Lake County residents voted and passed a four-year .75 millage rate increase to fund school safety and mental health.</p> <p>Based on student needs in the district as determined by the collection of data, specific personnel recruitment efforts will continue or increase in order to continue to reduce the staff-to-student ratios. National recruitment efforts are being done in the field of School Psychology, which is a critical shortage area.</p>



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Direct employment policy, roles and responsibilities	Description
<p>Describe your district’s established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs.</p>	<p>During the course of every school year, all mental health professionals are required to maintain databases that track a variety of indicators that are used to evaluate the quantity and quality of mental health services being provided to students. LCS’ data collection measures are comprehensive, and minimally include following indicators:</p> <ul style="list-style-type: none"> <li>• number of students at high risk for mental health or co-occurring substance abuse disorders who received mental health screenings or assessments;</li> <li>• number of students referred to school-based mental health services providers;</li> <li>• number of students referred to community-based mental health services providers;</li> <li>• number of students who received school-based interventions, services or assistance;</li> <li>• number of students who received community-based interventions, services or assistance.</li> </ul> <p>Analysis of the data drives discussion and decisions around personnel needs for the next school year. Two main funding sources are available to support school mental health services: the MHAAP allocation for Lake County and citizen-supported four-year .75 millage rate increase to fund school safety and mental health.</p>
<p>Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.</p>	<p>The LCS district mental health plan is a comprehensive framework that creates a system of mental health services based on collaboration between district and school-based mental health professionals, school administration and staff, and local mental health providers. Schools are able to offer students and families a wide array of mental health services ranging from awareness and prevention to crisis response.</p> <p>The mental health framework is based on six overarching areas:</p> <ul style="list-style-type: none"> <li>• A multi-tiered system of mental health supports</li> <li>• A system of collaboration with local mental health agencies</li> <li>• Intervention for students in crisis</li> <li>• Parent and community awareness and education activities</li> <li>• Professional development opportunities for all Lake County employees</li> <li>• Program development tools provided to school-based personnel to assist each school in building their own mental health plan based on the needs of their school.</li> </ul>

## 2021-2022 Mental Health Application

Direct employment policy, roles and responsibilities	Description
	LCS has partnerships with 13 community-based agencies who provide direct therapeutic services to our students, both on the school campus and in families' homes. Additionally, a long-standing contract and partnership with LifeStream Behavioral Center provides for not only individual and group therapeutic services for students, but also for immediate school-level support whenever any student is experiencing a mental health crisis. The Clinical Coordinator and/or the Mobile Response Team from LifeStream work with school teams in attempting to de-escalate mental health crises prior to the implementation of a Baker Act.

**List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.**

**Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided**

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
5 LMHC; 1 LCSW; 15 Registered Mental Health Interns	LifeStream Behavioral Center	Direct and Indirect	MHAAP/Medicaid /Private insurance
2 LMHC; 1 LCSW 1 Registered Mental Health Intern	Community Action Team (CAT) Lifestream Behavioral Center	Direct	grant
2 LMHC	Adapt Behavioral Services	Direct	Medicaid/private insurance
2 LMHC	Advanced Psychiatric Solutions	Direct	Medicaid/private insurance
2 LMHC	Alive & Well	Direct	Medicaid/private insurance
1 LMHC	A Path to Change	Direct	Private insurance
1 LMHC	Arnette House	Direct	State funding
1 LMHC; 1 Registered Mental Health Intern	Big Bear	Direct	Medicaid
1 LMHC; 1 LCSW	Children's Home Society	Direct	State funding
1 LCSW	Cornerstone Hospice	Direct	State funding

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2 LMHC; LMFT; 14 Registered Mental Health Interns	Family Life Counseling	Direct	Medicaid/private insurance
4 Registered Mental Health Interns	Kinder Konsulting	Direct	Medicaid/private insurance
2 LMHC	Lake-Sumter Child Advocacy Center	Direct	State funding
6 LMHC; 1 LCSW 7 Registered Mental Health Interns	Milestones Counseling	Direct	Medicaid
1 LMHC; 5 Registered Mental Health Interns	NeuMind Wellness	Direct	Medicaid/private insurance

<b>Title:</b>	<b>Credentials:</b>	<b>Type of Service (Direct or Indirect):</b>	<b>Amount:</b>
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Bachelors; Certified In Social Work By Florida Dept. of Education	Direct	23,031.37
School Social Worker	Bachelors; Certified In Social Work By Florida Dept. of Education	Direct	23,031.37
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Bachelors; Certified In Social Work By Florida Dept. of Education	Direct	23,031.37
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74

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School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	29,603.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
School Social Worker	Masters; Certified In Social Work By Florida Dept. of Education	Direct	24,080.74
Administrative Coordinator	Ed.S Education Leadership; Masters Educational Psychology	Indirect	48,267.07
Mental Health Specialist	Licensed Mental Health Counselor	Direct	83,820.25
Mental Health Specialist	Licensed Mental Health Counselor	Direct	72,421.94
Mental Health Specialist	Master's Degree; Professional Certification From Florida Dept. of Education	Direct	75,897.24
Mental Health Specialist	Master's Degree; Certified In School Counseling By Florida Dept. of Education	Direct	90,003.24
School Psychologist	Ed.S; Certified In School Psychology By Florida Dept. of Education	Direct	39,426.72
School Psychologist	Ed.S; Certified In School Psychology By Florida Dept. of Education	Direct	41,532.84

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Therapeutic Support Assistant (New Allocation)	Minimum of High School Diploma plus 2 District Provided Mental Health Certifications	Direct	36,000.00
Therapeutic Support Assistant (New Allocation)	Minimum of High School Diploma plus 2 District Provided Mental Health Certifications	Direct	36,000.00
Therapeutic Support Assistant (New Allocation)	Minimum of High School Diploma plus 2 District Provided Mental Health Certifications	Direct	36,000.00
Therapeutic Support Assistant (New Allocation)	Minimum of High School Diploma plus 2 District Provided Mental Health Certifications	Direct	36,000.00
ESE Behavior Support Teacher (New Allocation)	Certified by Florida Department of Education in Exceptional Student Education	Direct	65,000.00
ESE Behavior Support Teacher (New Allocation)	Certified by Florida Department of Education in Exceptional Student Education	Direct	65,000.00
Mental Health Liaison (New Allocation)	Licensed under Section 490 or Certified by Florida Department of Education in School Counseling	Direct	70,000.00

## 2021-2022 Mental Health Application

### Section E: Planned Expenditures

**Table 4: MHAA Planned Expenditures**

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$550,445.78
Please see pages 19-21 for school district expenditures for mental health services provided by staff who are employees of the school district: <ul style="list-style-type: none"> <li>• 38% of salaries and benefits for 13 School Social Workers;</li> <li>• 50% of salaries and benefits for 1 Administrative Coordinator;</li> <li>• 100% of salaries and benefits for 5 Mental Health Specialists;</li> <li>• 58% of salaries and benefits for 2 School Psychologists.</li> <li>• Additionally, new allocations to provide student support for special day school serving students with social and emotional behavioral challenges – 100% of salaries and benefits for:               <ul style="list-style-type: none"> <li>○ 2 ESE Behavior Support Teachers,</li> <li>○ 4 Therapeutic Support Assistants,</li> <li>○ and 1 Mental Health Liaison</li> </ul> </li> </ul>	\$1,110,793.81
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers: <ul style="list-style-type: none"> <li>• Lifestream Behavioral Center - \$475,000</li> <li>• Be Free Lake - \$48,000</li> </ul>	\$523,000.00
<b>Other expenditures (see below):</b>	<b>\$732,683.97</b>
<b>Total MHAA annual allocation plus prior year unexpended funds to equal expenditures</b>	<b>\$2,366,477.78</b>

Other expenditures (specify details such as type, supplies, training and amount):

Type: Narrative description with detailed cost	Total Amount
Travel Reimbursement: <ul style="list-style-type: none"> <li>• \$175 per month x 11 months x 4 MHS = \$7,700</li> <li>• \$150 PER MONTH FOR 11 MONTHS X 1 MENTAL HEALTH LIAISON = \$1,650</li> </ul>	\$9,350.00
Out of County Travel Mileage Reimbursement For Conference Travel: <ul style="list-style-type: none"> <li>• Florida Mental Health Counselor Association Conference @ 1501 International Parkway Lake Mary, Florida 32746 Is 35.1 Mile One Way, 70.2 Mile Round Trip X .56 Per Mile X 2 Days X 4 Staff = \$561.60</li> <li>• Restoring Hope Training Summit @ 1500 Sand Lake Road, Orlando, FL 32809 Is 39.3 Mile 1 Way, 78.60 Round Trip X 2 Days X 1 MHS = \$88.03</li> <li>• 45 Mental Health Liaisons To Attend A Conference Within 75 Mile Of District; 150 Round Trip Travel X .56 Per Mile X 45 Liaisons = \$3,780</li> </ul>	\$4,429.63
Conference Registration for 4 Mental Health Specialists: <ul style="list-style-type: none"> <li>• 4 staff @ \$400 ea Professional Development Allocation (\$1,600):</li> </ul>	\$19,600.00

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- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• FL Mental Health Counselors Association: Membership &amp; Conference; Restoring Hope Conference</li><li>• 45 Mental Health Liaisons allocated Professional Development \$400 ea. to attend the conference of their choice; the district does not want all 45 liaisons to be away from their school at the same time so we are affording them the opportunity to attend the conference with the best resources for their student population; <math>45 \times 400 = \\$18,000</math></li></ul> |  |
|--|--|

## 2021-2022 Mental Health Application

<p>Site Licenses:</p> <ul style="list-style-type: none"> <li>• Edgenuity @ \$87,500</li> <li>• Other mental health support site licenses, such as: CANVA, Adobe Pro, Photoshop, etc. @ \$4,000</li> <li>• Youth Mental Health First Aid – Training Units for 2 hour mandatory pre-course. Lake Co. Schools will train 1,500 staff in 2021-2022 <ul style="list-style-type: none"> <li>○ \$23.95 per unit x 1,500 trainees = \$35,925</li> <li>○ &lt;\$7,089.90&gt; of unit costs will be paid from our YMHFA Mini Grant</li> <li>○ Balance of \$35,925 - \$7,089.90 = \$28,835.10</li> </ul> </li> <li>• Relias – Lake Co. Schools has approximately 250 certification renewals for YMHFA to be recertified in 2021-2022. We currently have 118 recertification tokens, leaving a deficit of 132 tokens. <ul style="list-style-type: none"> <li>○ 132 Recertification Tokens x \$29.95 ea. = \$3,953.40</li> </ul> </li> </ul>	<p>\$124,288.50</p>
<p>Cellular Service:</p> <ul style="list-style-type: none"> <li>• 4 Mental Health Liaisons cell service @ \$165 per month x 12 months = \$1,980</li> </ul>	<p>\$1,980.00</p>
<p>Printing:</p> <ul style="list-style-type: none"> <li>• Mental Health Pocket Folder - 4,500 (Qty 100 X 45 Schools)</li> <li>• YMHFA Participant Guides: \$10.50 ea. X 1,000 = \$10,500</li> <li>• Mental Health Awareness Brochures - \$4,000</li> </ul>	<p>\$57,560.00</p>
<p>Supplies: Items may include (but not be limited to):</p> <ul style="list-style-type: none"> <li>• \$13,000: Mental Health Specialists For Printing, Binding, Workbooks, Training Materials, And Other Supplies As Needed To Support The Schools And Promote Mental Health Awareness In, Not Only The Schools, The Community.</li> <li>• \$3,138.84: Mental Health Awareness Month - promotional materials for all schools</li> <li>• \$45,000: Budget Will Support 45 Schools - to offset the printing cost the schools incur printing Liaison materials (\$1,000 Budget Per School)</li> <li>• \$9,000: Budget Provides \$200 for each Mental Health Liaison To Purchase Resource Materials As Needed For Their School Program</li> </ul>	<p>\$70,138.84</p>



## 2021-2022 Mental Health Application

<p>Technology Related Supplies:</p> <ul style="list-style-type: none"> <li>• Technology Supplies: Laptop budget for repair or replacement. This budget supports 13 Social Workers, 4 Mental Health Specialists, 2 School Psychologists, 1 Administrative Coordinator, 2 ESE Behavior Support Teachers, and 1 Mental Health Liaison. It is prudent to plan for laptop refresh as some of the laptops are greater than 3 years old and the liaisons are new allocations. Additionally, the ESE Behavior Support Teachers and the Mental Health Liaison are new allocations that will require technology. 23 laptops @ \$1,500 ea = \$34,500</li> <li>• Lease of Copier for Mental Health Specialists providing resources to all 45 schools: \$850 per month x 12 months = \$10,200</li> <li>• Monitor Budget: To add desktop monitors to be used in conjunction with laptops: \$320 ea x 23 = \$7,360</li> </ul>	\$52,060.00
<p>Books:</p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> Edition Manuals for Youth Mental Health First Aid. Each YMHFA trainee will receive a manual. We will train 1,500 staff in 2021-2022 <ul style="list-style-type: none"> <li>○ 1,500 books x \$18.95 ea = \$28,425</li> </ul> </li> </ul>	\$28,425.00
<p>Substitutes:</p> <ul style="list-style-type: none"> <li>• Most YMHFA trainings will be held during teacher work days or PD days, however we will host two daytime trainings per month. For instructional staff attending these “workday” training classes we will reimburse the school for the cost of the Substitute Teacher. <ul style="list-style-type: none"> <li>○ 2 Trainings per Month x 20 instructional staff = 40 instructional staff requiring a substitute teacher.</li> <li>○ 40 substitute teachers x 8 trainings (2 per month from Sept – May) = 320 substitute reimbursements</li> <li>○ 320 substitute reimbursements x \$120 pay per day = \$38,400</li> </ul> </li> </ul>	\$38,400.00
FEFP – Charter School allocation of Mental Health budget	\$326,452.00
<b>Total Other Expenditures:</b>	<b>\$732,683.97</b>

## 2021-2022 Mental Health Application

### Certification

This application certifies that the \_LAKE COUNTY\_ School Board approved the district's Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

School (MSID) Number	Charter School Name
9018	Alee Academy
9028	Altoona School
9031	Imagine South Lake Charter
0531	Lake Technical School
0541	Mascotte Elementary
0261	Minneola Charter
9027	Pinecrest Four Corners
9041	Pinecrest Lakes Charter
9061	Pinecrest Lakes Middle/High
9039	Pinecrest Tavares
0149	Round Lake Charter
0631	Spring Creek Charter

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

\_\_\_\_\_  
Signature of District Superintendent

\_\_\_\_\_  
Printed Name of District Superintendent

\_\_\_\_\_  
Board Approval Date

## 2021-2022 Mental Health Application

### Charter School Certification

This application certifies that the \_\_\_\_\_ Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

Charter School Administrator Signature: \_\_\_\_\_

Governing Board Approval Date: \_\_\_\_\_

# APPENDIX

### Resources for Program Implementation

#### 1. Evidence-Based Program and Description

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows: **Module 1:** Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- [Selecting Evidence-Based Programs for School Settings](#)
- [Preparing to Implement Evidence-Based Programs in School Settings](#)
- [Implementing Evidence-Based Programs in School Settings](#)

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the [Evidence-Based Practices Resource Center](#) that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- [Selecting /oEBPs](#)
- [Evidence-Based Module Series](#)

#### 2. Assessment Resources

[The SHAPE System Screening and Assessment Library](#) includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- [School Mental Health Screening Playbook](#)
- [Desrochers, J., & Houck, G. \(2013\). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools](#)

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### 3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

[Co-Occurring Mental Health or Substance Use Diagnoses](#) Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

[Blue Prints](#) This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

**Table 5: District Program Implementation Examples**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><b>Example 1</b>  <a href="#">Bounce Back</a>                      Bounce Back based on the <a href="#">Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</a> is comprised of 10 one-hour group sessions, two to three individual sessions, and one to three parent education sessions that last over a three-month period.</p> <p>Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies, and emotional regulation and coping skills.</p> <p>These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations <b>and</b> a modified trauma narratives approach.</p>	<p>School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities, and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.</p> <p>The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student’s parent.</p>	<p>Improve:                      Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported), and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		X	

**2021-2022 Mental Health Application**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>Parents can support the children practicing the skills at home.</p> <p>The School Social Worker and Family Therapist will help each child develop a “My Story” trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child’s story.</p> <p>The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</p>				
<p><b>Example 2</b>  <a href="#"><u>Support for Students Exposed to Trauma (SSET)</u></a>                      A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	<p><a href="#"><u>SSET</u></a> is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.</p> <p>Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation.</p> <p>The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on:</p> <ul style="list-style-type: none"> <li>• common reactions to trauma</li> <li>• relaxation techniques</li> <li>• coping strategies</li> <li>• learning to approach difficult situations</li> <li>• developing a trauma narrative</li> <li>• problem solving</li> </ul>	<p>Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support</p> <p>To increase skill-building techniques to reduce current problems with:</p> <ul style="list-style-type: none"> <li>• anxiety or nervousness</li> <li>• withdrawal or isolation</li> <li>• depressed mood</li> <li>• acting out in school</li> <li>• impulsive or risky behavior</li> </ul>	X	X	