



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**

## **Baker County School District**

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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Kognito At-Risk Modules will be utilized to train all non-instructional personnel and as a supplement to instructional personnel/administrators in order to fulfil the requirements for all schools to become Suicide Prevention Certified Schools.

### Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
<b>1. Stipends</b> (Detailed # of personnel and stipend cost per person)	N/A		
<b>2. Materials</b> (Detail # of units x individual unit cost, plus shipping)	N/A		
<b>3. National Council (YMHFA) Training</b> (Detailed description of each training activity to include # of personnel and individual training costs)	BCSD will utilize funds to train two district mental health staff members to become YMHFAT trainers for the district. Cost to train district trainers is \$2,200 per person	\$2,200	\$4,400
	Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illness and substance use disorders in youth. This 6-hour training gives adults who work with youth the skills they need to reach out and provide initial support to children and adolescents (ages 6-18) who may be developing a mental health or substance use problem and help connect them to the appropriate care.  BCSD will also utilize funds to purchase 43 YMHFAT recertification seats.	\$29.95	\$1287.85
<b>4. Additional Kognito Modules</b> (Provide the name of training module and cost)	N/A		
<b>TOTAL 2021-2022 BUDGET:</b>			<b>\$5,687.85</b>

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**5. Additional narrative (optional): N/A**

N/A

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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.**

Baker County Middle School (grades 6-8) will decrease the number of incidents of abusive behaviors (129 for SY2021) by 10% through T1 & T2 mental health/behavior supports.

Baker County Middle School (grades 6-8) will reduce overall Baker Acts by 10% through continued YMHFAT/Kognito training to identify students in early crisis.

### 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><b>Zones of Regulation</b></p> <p>(<a href="https://www.zonesofregulation.com/index.html">https://www.zonesofregulation.com/index.html</a>)</p> <p>The Zones of Regulation framework and curriculum (Kuypers, 2011) teaches students scaffolded skills toward developing a metacognitive pathway to build awareness of their feelings/internal state and utilize a variety of tools and strategies for regulation, prosocial skills, self-care, and overall wellness. This includes exploring tools and strategies for mindfulness, sensory integration, movement, thinking strategies, wellness, and healthy connection with others.</p> <p>The Zones of Regulation provides a common language and compassionate framework to support positive mental health and skill development for all, while serving as an inclusion strategy for neurodiverse learners, those who have experienced trauma, and/or have specific needs in terms of social, emotional, and behavioral development.</p>	<p>School Mental Health Counselors and behavioral support personnel will administer the sessions in grades 6-8 will be specifically targeted to reduce abusive behaviors at the middle school level.</p> <p>Curriculum (18 lessons) will be taught to participants that will focus on identifying their feelings and levels of alertness, understand their feelings in context, utilizing effective regulation tools, problem solve positive solutions, understand how their behavior influence others' thoughts and feelings, and ultimately move towards independent regulation.</p> <p>School staff will work with students in small groups and regularly follow up with participant during the school year to monitor and support student utilization of strategies</p>	<p>Improve:</p> <p>Self-regulation and emotional control for middle school level. Students are taught to recognize their emotions and use strategies to manage them.</p> <p>10% reduction in abusive behavior incidents at the middle school level. This data will be collected from the number of discipline referrals in grades 6-8.</p> <p>10% overall reduction in district Baker Acts. This data will be collected from number of Baker Acts initiated in grades 6-8.</p>	<p>X</p>		



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<p><b>ASPEN Student Behavior Training</b></p> <p><a href="https://www.totempd.com/courses/aspn/">(https://www.totempd.com/courses/aspn/)</a></p> <p>This program trains entire school teams through a safe, positive, and meaningful method of preventing and responding to dangerous and aggressive student behavior. ASPEN is superior to every other student behavior training program out there because it is the <b>ONLY</b> program that infuses components of positive psychology into systems of tiered support and student behavioral analysis.</p> <p>Through a seven-module course, school teams will learn important methods for analyzing student behavior and responding to any aggressive student behavior. Totem gives schools the tools they need to teach and care for students in safe, understanding environments. Through ASPEN, school staff learn to understand student behavior and utilize optimistic teaming:</p> <p>Recognize and understand what causes aggressive student behavior.</p> <p>Replace outdated, inefficient practices and replace them with practices that work in numerous situations.</p> <p>Identify the ways MTSS is currently working, and build</p>	<p>School behavior support personnel will train strategic school staff utilizing the seven modules that include the following:</p> <p>Module 1: The Roots of Aggression</p> <p>Module 2: Stuff That Does Not Work</p> <p>Module 3: Preventative Systems</p> <p>Module 4: Happy Kids Don't Punch You in the Face</p> <p>Module 5: Principles of ABA</p> <p>Module 6: Optimistic Teaming</p> <p>Module 7: The Acronym of Safety</p> <p>This program will be utilized to address students in crisis across the schools. Training and support will be provided in grades 6-8 at the middle school level. The framework of this program will provide a plan for behaviors in the general education classroom, intervention classrooms, and self-contained classes.</p>	<p>Improve:</p> <p>Staff reactions and response to escalated behaviors.</p> <p>Safe handling of out-of-control behaviors.</p> <p>Prevention of out-of-control behaviors leading to Baker Acts. This will result in a 10% overall reduction in district Baker Acts. This data will be collected from number of Baker Acts initiated in grades 6-8.</p> <p>Application of Positive Psychology in schools will result in a 10% reduction in abusive behavior incidents at the middle school level. This data will be collected from the number of discipline referrals in grades 6-8.</p>		X	X
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<p>upon it with Totem student behavior training.</p> <p>Use positive psychology methods and Applied Behavioral Analysis (ABA) principles to address aggressive student behavior.</p>					
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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><b>EverFi Mental Wellness Basics</b></p> <p><a href="https://everfi.com/">(https://everfi.com/)</a></p> <p>The EverFi Mental Wellness Basics Program focuses on the following supports:</p> <p>Supporting students in identifying threats to mental health early, and taking measures to increase factors that protect mental health.</p> <p>Introducing students to the experiences of others in order to develop awareness and empathy, reduce stigma, and provide facts on the prevalence</p>	<p>School Mental Health Counselors and behavioral support personnel will provide support implementing EverFi at the middle school grades.</p> <p>This program will be implemented in homeroom in grades 6-8. Lesson modules include introduction to mental health, understanding mental health disorders, healthy coping skills, and getting help. Lessons are integrated into curriculum and activities provided to homeroom classes. Pre and Post tests will be used to determine student understanding</p>	<p>Improve:</p> <p>Student self-management and relationship skills.</p> <p>Responsible decision making</p> <p>10% reduction in abusive behavior incidents at the middle school level. This data will be collected from the number of discipline referrals in grades 6-8.</p> <p>10% overall reduction in district Baker Acts. This data will be collected from number of Baker</p>	<p><b>X</b></p>		

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<p>and symptoms of mental health conditions.</p> <p>Fostering a mental health mindset to help students develop feelings of self-efficacy and skills that promote and model advocacy for self and others.</p>		Acts initiated in grades 6-8.			
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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	1:406	1:406
School Social Worker	1:2457	1:2457
School Psychologist	1:2457	1:2457
Other Licensed Mental Health Provider	1:1228	1:1228

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>Improving staffing ratios will allow for the delivery of a full range of services and effective school-community partnerships. Each school site will have an assigned licensed mental health counselor or intern. This individual will provide regular support to their assigned school and ensure the following:</p> <p>Students referred for a mental health screening are assessed within 15 days of referral;</p> <p>School-based mental health services are initiated within 15 days of identification and assessment;</p> <p>Employing effective, positive school discipline that: (a) functions in concert with efforts to address school safety and climate; (b) is not simply punitive (e.g., zero tolerance); (c) is clear, consistent, and equitable; and (d) reinforces positive behaviors.</p> <p>Integrating learning supports (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive, cohesive approach that facilitates multidisciplinary collaboration.</p> <p>Implementing multi-tiered systems of support (MTSS) that encompass prevention, wellness promotion, and interventions that increase with intensity based on student need, and that promote close school-community collaboration.</p> <p>Improving access to school-based mental health supports by ensuring adequate staffing levels in terms of school-</p>

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	<p>employed mental health professionals who are trained to infuse prevention and intervention services into the learning process and to help integrate services provided through school-community partnerships into existing school initiatives.</p> <p>In addition, when working with our students, community support partners will ensure that mental health services for students are initiated within 30 days of referral.</p>
<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>District and school-based MTSS team meetings will be held quarterly to map out necessary resources to address T1,2,3 needs and determine where direct mental health staff can be most effectively utilized</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><b>Mental Health Counselors</b></p> <p>Assist in the design, implementation, and follow-up of behavioral management programs for students to remediate behavioral and social problems.</p> <p>Provide individual and group counseling to students on a regular basis to include socialization activities.</p> <p>Assist other professionals with student crisis intervention.</p> <p>Plan and confer with classroom teachers concerning any behavioral, social or personal problems affecting the students.</p> <p>Assist in the development and delivery of in-service activities regarding techniques for remediating behavioral, social or personal problems of students.</p> <p>Participation in School and District Threat Assessment Team.</p> <p><b>Case Manager</b></p> <p>Participate in other Child Study Teams where high-risk students are typically reviewed and staffed (e.g., Truancy teams, MTSS teams focusing on behavior, DJJ articulation meetings, etc.).</p>

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	<p>Participate with SEDNET on governing boards coordinating services for children who have or are at risk for emotional or behavioral disabilities.</p> <p>For students who are referred to the Case Manager, in collaboration with the student, his or her family, his or her primary care provider, and any other agency working with the family (DCF worker, Community Based Care Agency, Parole Officer, etc.) identify gaps in services, identify barriers to receiving needed services, remove barriers, and facilitate the efficient and timely provision of all needed services.</p> <p>Facilitate the maximization of the Mental Health Assistance Allocation by ensuring all students have health insurance coverage, including assisting parents with enrolling their children in Florida Medicaid or subsidized health insurance policy.</p> <p>For all students and families who received support through the Case Manager, regularly and closely monitor those services to ensure there are no interruptions or changes in care and, if so, to minimize the time that the student or family is without care.</p> <p>Develop and maintain records of contact and services provided for all referred students and families. Provide regular reports to the School Safety Specialist and Threat Assessment Team. Facilitate the development of an annual report to the Florida Department of Education on the expenditures of the mental health allocation and the services that were provided to students.</p> <p>Communicate and collaborate among schools, districts, communities and state agencies, colleges/universities and the Federal Children’s Medical Services representatives to provide maximum services related to health and safety programs.</p> <p>Maintain a close working relationship with District and community personnel relative to the assigned area to ensure information exchange, coordination and support for the decision-making process and to gather feedback concerning service to foster continuous quality improvement.</p>
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	<p><b>Registered Behavior Technicians</b></p> <p>Collect information from parents and teachers through interviews and consultations as it relates to student learning and behavior difficulties.</p> <p>Analyze evaluation data and formulate hypotheses and conclusions relating to learning and behavioral issues.</p> <p>Conduct informal and formal observations of students as part of the evaluation process.</p> <p>Participate in the development of appropriate interventions and strategies to assist individual students in academic growth and school adjustment.</p> <p>Utilize knowledge of behavioral principles to develop and assist in the implementation of specific behavioral management plans for individual students, classrooms, and schools.</p> <p>Support School and District Threat Assessment Team.</p> <p>Monitor the implementation of behavior plans.</p> <p>Provide consultation on an ongoing basis to teachers, parents and other school personnel to resolve students' learning and behavioral problems.</p> <p>Act as a liaison with public and private agents who work with students, e.g., doctors and counselors, as needed.</p> <p>Provide training and assistance in intervention techniques and strategies designed to improve student success in the school setting.</p> <p><b>Community Partners</b></p> <p>Baker County School District will continue to contract with Meridian Behavioral Healthcare for mental health counselors to support both traditional and alternative Education Program. The counselors will spend 3 to 5 days per week at the schools. Priority for services will be for students identified by school and district staff who need support beyond the traditional school day.</p>
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	<p>The contract with Meridian Behavioral Healthcare for psychiatric consultations will provide psychiatric consultations to serve students identified through the MTSS process or District Threat Assessment Teams. This contract will allow for the coordination of mental health treatment services for students identified through the district's MTSS or threat assessment team.</p> <p>Community support partners will ensure that mental health services for students are initiated within 30 days of referral.</p> <p>Baker County School District will also continue collaboration with the Community Action Team (CAT) to refer eligible students and support current students in order to decrease the number of out-of-home placements and increase student well-being.</p> <p>District and CAT team staff will quarterly to discuss student progress/needs.</p> <p>Baker County School District will access the Mobile Response Team (MRTs) at the school level.</p> <p>School and district-based staff will collaborate with the MRT program to increase staff and parent awareness of this resource.</p> <p>MRT will be utilized with students that are experiencing mental health crises at school and district sites.</p> <p>District and MRT staff will collaborate a minimum of once per month to discuss student progress/needs</p> <p>Baker County School District will continue to partner with the Baker County Prevention Coalition (BCPI) to provide prevention training in targeted risk areas such as substance abuse, tobacco/electronic cigarettes/Juul, and alcohol abuse.</p> <p>Direct classroom instruction is offered through middle and high school health classes via Life Skills Curriculum.</p>
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	<p>Tobacco and substance abuse classes will be facilitated through BCPI for students that receive civil citations for these infractions.</p> <p>Indirect support is also provided via sponsorship of the Students Working Against Tobacco (SWAT) program.</p> <p>Baker County School District’s process of coordinating mental health services with a student’s primary mental healthcare provider and other mental health providers will be coordinated through the district’s case manager.</p> <p>Case manager will receive information from providers if a student has been determined to be a threat to self or others in order for schools to effectively meet the needs of students.</p> <p>Case manager will also communicate with healthcare and other providers to assist with families coordinating supports regarding mental health.</p> <p>Communications between Baker County School District and other providers will be conducted in a secure manner.</p> <p>Community partners will participate with district personnel in mental health and prevention meetings.</p>
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**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:
Meridian Latifa Ranganadan, MS, MBA, LMHC Vice President, Outpatient Services - North	Meridian Behavioral Healthcare Inc.	Clinicians, Screenings, Outreach, Prevention, CAT Service, MRT Services	Mental Health Allocation



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### Certification

This application certifies that the Baker 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
	N/A

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.

*Sherrie Raulerson*  
Signature of District Superintendent

Sherrie Raulerson  
Printed Name of District Superintendent

8/2/2021  
Board Approval Date

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### 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

\_\_\_\_\_  
Printed Name of Charter School Administrator

\_\_\_\_\_  
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	

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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	

## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3

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			1	2	3