2021-2022 Mental Health Application

Part I: Youth Mental Health Awareness Training Plan
Part II: Mental Health Assistance Allocation Plan

(Insert District Name)

Citrus County

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

The application must be submitted to the Florida Department of Education (FDOE) ShareFile 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.

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.
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 60% of employees trained and certified as of 6/30/21.

2. Explain the training goal(s) for the upcoming 2021-2022 school year.

   The district goal is to have an additional 600 staff members receive initial Youth Mental Health First Aid (YMHFA) training during the 2021-2022 school year. This would result in a total of 87% of active staff trained. In addition, our goal is to recertify all active staff members which is currently 182 staff members.

3. In addition, the annual goal for the 2021-2022 school year is to train:

   27% of employees as of 7/15/22.

4. Explain the training goal(s) for the next 3-5 years.

   2021-2022: Train 600 staff members with initial YMHA; recertify 182 active staff members
   2022-2023: Train all remaining staff members and new staff members with initial YMHFA (approximately 290 staff members); recertify active staff members (approximately 465 staff)
   2023-2024: Train all new staff members with initial YMHFA; recertify active staff members (approximately 465 staff)

5. What is the procedure for training new personnel to the district?

   Youth Mental Health First Aid (YMHFA) is built into the preplanning week for new teachers to ensure new teachers are trained in a timely manner. In addition, YMHA is scheduled before the school year for support staff, food service staff, and transportation staff. YMHFA is scheduled twice monthly to ensure any new staff that are hired after the school year begins are scheduled for training. These same practices will continue in future years to ensure staff are trained in a timely manner.

6. Explain how the district will utilize the following three YMHAT programs:

   - **YMHFA**
     The district continues to train all school district staff in Youth Mental Health First Aid (YMHFA). Three formats will be used: 1. All face to face training; 2. Hybrid - Two hour online module and four hour face to face; 3. All Virtual - Two hour online module and four hour video training with a trainer. Funding sources include YMHAT and Mental Health Assistance Allocation.

   - **YMHFA Recertification**
     In the 2021-2022 school year, Citrus County Schools will begin using the online YMHFA recertification course for staff in their third year of initial YMHFA training. This will ensure previously trained staff remain active. Recertification costs will be funding by the Mental Health Assistance Allocation.

   - **Kognito At-Risk Modules (at all three levels: elementary, middle, high school)**
     Citrus County Schools will not be using the Kognito At-Risk Modules for the 2021-2022 school year.
Section B: YHHAT Projected Budget

<table>
<thead>
<tr>
<th>Categories</th>
<th>Detailed Description, number of activities within each category</th>
<th>Cost Per/Each</th>
<th>Total Projected Budget by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Stipends</strong></td>
<td>YMHFA in person training Instructional Stipends/Benefits - qty. 100</td>
<td>$105.57/staff member to attend training</td>
<td>$11,640.88</td>
</tr>
<tr>
<td>2. <strong>Materials</strong></td>
<td>Youth Mental Health First Aid Books - qty. 175</td>
<td>$18.95/each (175 books/$18.95 = $3316.25)</td>
<td>$3,316.25</td>
</tr>
<tr>
<td>3. <strong>National Council (YMHFA) Training</strong></td>
<td>Recertification YMHFA Seats - qty. 101</td>
<td>$28.95/each (101 seats/$28.95 = $2923.95)</td>
<td>$5,774.00</td>
</tr>
<tr>
<td>4. <strong>Additional Kognito Modules</strong></td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL 2021-2022 BUDGET:** $20,731.13

5. Additional narrative (optional):

Category 1 - Stipends: This funding will provide stipends to staff to attend face-to-face training for YMHFA on non-contracted time.
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.
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.

| Increase the number of services LifeStream Behavioral Center provides students and families by 5% from July 1, 2021 – June 30, 2022. The approximate increase of 5% is 180 services to students and/or families compared to the 2020-2021 school year. This is aligned to Cognitive Behavior Therapy EBP. Additional district program goals are attached in the Citrus County Schools 2021-2022 Mental Health Assistance Allocation Plan. |

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
## Table 1: District Program Implementation

<table>
<thead>
<tr>
<th>1. EBP and Description</th>
<th>2. EBP Implementation</th>
<th>3. Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanford Harmony</td>
<td>The district implements Sanford Harmony with all KG-5th grade students in all elementary schools. Classroom teachers implement the Meet Up/Buddy Up along with weekly classroom lessons and activities that promote empathy, understanding, and respect. These lessons are delivered to students during the school day. In addition, Sanford Harmony includes a parent communication component to connect school and home.</td>
<td>Elementary students will participate in lessons that promote empathy, understanding, and respect. To increase positive peer relationship and social/emotional skills through the lesson themes of: - Being my best self - Valuing each other - Communicating with each other - Learning from each other - Supporting our community Outcomes will be measured by end of year parent and teacher surveys and office discipline referrals.</td>
</tr>
<tr>
<td>Sanford Harmony Social Emotional Learning (SEL) is a social and emotional learning program for Pre-K-6 grade students and teachers. Harmony fosters knowledge, skills, and attitudes students need to develop healthy identities, create meaningful relationships, and engage productively by providing SEL learning resources, tools, and strategies. Harmony is aligned with the Collaborative for Academic, Social, and Emotional Learning (CASEL) competencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-Connect</td>
<td>The district implements School-Connect with all middle school students in all middle schools. Classroom teachers implement lessons that promote stress/anger management, impulse control, goal-setting, self-motivation, organizational skills, empathy, and relationship building which are all essential to proactive and responsible decision-making. In the 2021-2022 school year, some middle schools will also be implementing portions of specific lessons as a targeted intervention delivered by staff in small groups.</td>
<td>To increase positive peer relationship and improve students' social/emotional skills through the lesson themes of: - Stress/anger management - Impulse control - Goal-setting - Self-motivation - Organizational skills - Empathy - Relationship building Outcomes will be measured by end of year parent, student, and teacher surveys and office discipline referrals.</td>
</tr>
</tbody>
</table>
Zones of Regulation

The Zones of Regulation framework and curriculum 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. 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 various learners, students of trauma, and/or students with social, emotional, and behavioral development needs.

Zones of Regulation is used by many elementary schools and classrooms teachers with whole groups and/or small groups of students. The lessons and activities include exploring tools and strategies for mindfulness, sensory integration, movement, thinking strategies, wellness, and healthy connection with others. The Zones of Regulation creates a systematic approach to teach regulation by categorizing all the different ways we feel and states of alertness we experience into four concrete colored zones. Integrating in cognitive behavior therapy, students build skills in emotional and sensory regulation, executive functioning, and social cognition. The framework is designed to help move students toward more independent regulation while also honoring and respecting each student and their unique self.

Positive Behavior Intervention and Supports (PBIS)

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, three-tiered framework to improve and integrate all of the data, systems, and practices affecting student behavior outcomes daily. The PBIS framework helps to improve behavioral and academic outcomes by improving school climate, preventing problem behavior, increasing learning time, promoting positive social skills, and delivering effective behavioral interventions and supports.

Many schools in the district implement the PBIS framework for a Multi-Tiered System of Support (MTSS) for behavior. This framework involves all levels of staff at schools including support, instructional, and administrative. The PBIS framework uses strategies that:
- Teach students how to achieve expected outcomes
- Prevent problem behaviors from taking place
- Provide relevant incentives for students to demonstrate desired behaviors
- Use of consequences that are aligned to the function of the student’s behavior

To increase students' emotional and sensory regulation, executive functioning, and social cognition.

Outcomes will be measured by end of year parent and teacher surveys and office discipline referrals.

To increase students' social/emotional skills through improved school climate and promoting positive social skills.

Outcomes will be measured by end of year parent, student, and teacher surveys, office discipline referrals, and mental health service provider progress monitoring tools.

Additional narrative may be added [here](#)
Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

<table>
<thead>
<tr>
<th>Position</th>
<th>Current Ratio as of August 1, 2021</th>
<th>2021-2022 Proposed Ratio by June 30, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselor</td>
<td>1:434</td>
<td>1:434</td>
</tr>
<tr>
<td>School Social Worker</td>
<td>1:1168</td>
<td>1:1085</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>1:1519</td>
<td>1:1519</td>
</tr>
<tr>
<td>Other Licensed Mental Health Provider</td>
<td>1:3037</td>
<td>1:2531</td>
</tr>
</tbody>
</table>

Direct employment policy, roles and responsibilities

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.

With the allocation, Citrus County Schools employs eight school social workers and six contracted therapists to reduce the staff-to-student ratio. In the 2021-2022 school year, the school social worker ratio will be specifically reduced at middle school level.

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).

The district is pursuing an increase of salaries for school psychologists in order to attract additional school psychologists. The district is pursuing staff to support behavior enabling school counselors to increase the amount of time providing mental health services to students.

Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.

School based mental health staff provide whole group, small group, and individual services directly to students. School based mental health staff refer students with higher levels of needs to community based partners for more intensive mental health support.

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

<table>
<thead>
<tr>
<th>Mental Health Provider:</th>
<th>Agency:</th>
<th>Services Provided:</th>
<th>Funding Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters &amp; Licensed Therapist</td>
<td>LifeStream Behavioral Center</td>
<td>Direct and Indirect</td>
<td>MHAA</td>
</tr>
<tr>
<td>Masters and/or Licensed Therapist</td>
<td>The Centers/Eccelsia</td>
<td>Direct and Indirect</td>
<td>Not district funded</td>
</tr>
<tr>
<td>Masters and/or Licensed Therapist</td>
<td>IMPACT Counseling &amp; Consulting</td>
<td>Direct and Indirect</td>
<td>Not district funded</td>
</tr>
<tr>
<td>Masters and/or Licensed Therapist</td>
<td>PACE Center for Girls Counseling</td>
<td>Direct</td>
<td>Not district funded</td>
</tr>
</tbody>
</table>
2021-2022 Mental Health Application

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

<table>
<thead>
<tr>
<th>Allocation Expenditure Summary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended Mental Health Assistance Allocation funds from previous fiscal years:</td>
<td>$ 156,997.04</td>
</tr>
<tr>
<td>School district expenditures for mental health services provided by staff who are employees of the school district:</td>
<td>$ 552,987.00</td>
</tr>
<tr>
<td>School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:</td>
<td>$ 150,000.00</td>
</tr>
<tr>
<td>Other expenditures (see below):</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>Total MHAA expenditures:</strong></td>
<td>$ 859,984.04</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type: Narrative description with detailed cost</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended funds from previous years will fund (five items below total $156,997.04)</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Program Specialist: $76,867.17</td>
<td></td>
</tr>
<tr>
<td>Mental Health/Social Emotional Learning Curriculum: $33,000.00</td>
<td></td>
</tr>
<tr>
<td>Professional Development (stipends, recertification seats, textbooks, substitutes, etc.): $43,794.01</td>
<td></td>
</tr>
<tr>
<td>Professional Development Supplies (consumables): $1335.86</td>
<td></td>
</tr>
<tr>
<td>Travel: $2,000.00</td>
<td></td>
</tr>
<tr>
<td>District expenditures for mental health services provided by staff: School Social Workers ($552,987.00)</td>
<td></td>
</tr>
<tr>
<td>Four FDOE Certified, three working toward FDOE Certification, one not yet hired</td>
<td></td>
</tr>
<tr>
<td>District expenditures for mental health services provided by community agencies: Therapists ($150,000.00)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Other Expenditures:** $ 0.00

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2021-2022 Mental Health Application

District Certification

This application certifies that the Citrus 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.

<table>
<thead>
<tr>
<th>School (MSID) Number</th>
<th>Charter School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

Sandra "Sam" Himmel

Printed Name of District Superintendent

7/13/21

Board Approval Date
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 District Superintendent

__________________________
Governing Board Approval Date:
APPENDIX
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 Evidence-Based Programs
- 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
## 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

**Blueprints** 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

<table>
<thead>
<tr>
<th>1. EBP and Description</th>
<th>2. EBP Implementation</th>
<th>3. Outcome Measures</th>
</tr>
</thead>
</table>
| **Example 1** **Bounce Back**  
Bounce Back based on the [Cognitive Behavioral Intervention for Trauma in Schools (CBITS)](https://cbits.bcwu.ca) 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.  
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.  
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 and a modified trauma narratives approach. |  
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.  
The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student’s parent. | Improve:  
Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported) and emotional/behavioral problems (parent reported).  
In terms of risk and protective factors, improve on measures of social adjustment (child reported). |

<table>
<thead>
<tr>
<th>MTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
### Example 2
**Support for Students Exposed to Trauma (SSET)**
A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.

<table>
<thead>
<tr>
<th>1. EBP and Description</th>
<th>2. EBP Implementation</th>
<th>3. Outcome Measures</th>
<th>4. MTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents can support the children practicing the skills at home. 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. The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</td>
<td>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. To increase skill-building techniques to reduce current problems with: - anxiety or nervousness - withdrawal or isolation - depressed mood - acting out in school - impulsive or risky behavior</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**SSET** 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. Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation. The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on:

- common reactions to trauma
- relaxation techniques
- coping strategies
- learning to approach difficult situations
- developing a trauma narrative
- problem solving
<table>
<thead>
<tr>
<th>1. EBP and Description</th>
<th>2. EBP Implementation</th>
<th>3. Outcome Measures</th>
<th>4. MTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monique Burr Foundation for Children - Teen Safety Matters</td>
<td>The district implements Teen Safety Matters with all middle school students in all middle schools. The instruction is provided by a local community agency during the school day. For the 2021-2022 school year, the program will be expanded to include Child Safety Matters in elementary schools for students in the 4th grade. The instruction will be provided by a local community agency during the school day.</td>
<td>To increase students' social/emotional and safety skills through strategies that recognize and prevent bullying and abuse. Outcomes will be measured by end of year parent, student, and teacher surveys, and office discipline referrals.</td>
<td>☑️</td>
</tr>
<tr>
<td>Mendez Foundation - Too Good (Too Good for Drugs and Too Good for Violence Programs)</td>
<td>The district implements the Too Good programs in a variety of levels and methods. The district implements Too Good for Drugs with 6th grade school students in middle schools. The instruction is provided by a local community agency during the school day. In addition, the instruction includes targeted interventions for students in small groups provided by a local community agency during the school day. For the 2021-2022 school year, the program will be expanded to include Too Good for Drugs in select elementary schools for 3rd-5th grade students. In addition, the instruction will include targeted interventions for students in small groups. All tiers of instruction will be provided by a local community agency during the school day.</td>
<td>To increase students' social/emotional skills and drug and alcohol safety through strategies that recognize and prevent substance use and abuse. Outcomes will be measured by end of year parent, student, and teacher surveys, office discipline referrals, and mental health service provider progress monitoring tools.</td>
<td>☑️</td>
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<tr>
<td>1. EBP and Description</td>
<td>2. EBP Implementation</td>
<td>3. Outcome Measures</td>
<td>4. MTSS</td>
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<td><strong>Second Step</strong></td>
<td>The district implements the Second Step programs as a targeted intervention based on student need for elementary and middle school students. The program is implemented by instructional staff, school counselors, school psychologists, and/or school social workers. In addition, some elementary schools implement the Bullying Prevention Unit with select grade levels of students. The instruction is provided by school counselors, school social workers, and/or school psychologists.</td>
<td>To increase students’ social/emotional skills by strengthening students’ ability to learn, manage emotions, and solve problems. Outcomes will be measured by mental health service provider progress monitoring tools.</td>
<td>✓ ✓ ✓</td>
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<td><strong>Cognitive Behavior Therapy</strong></td>
<td>Cognitive Behavior Therapy techniques are infused into numerous social/emotional programs and individual/group counseling sessions. This instruction and services are provided by school counselors, school social workers, and school psychologists.</td>
<td>To increase students’ social/emotional skills by increasing their ability to recognize problematic thoughts and reframing them into more productive thoughts. Outcomes will be measured by mental health service provider progress monitoring tools.</td>
<td>✓ ✓ ✓</td>
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<td>1. EBP and Description</td>
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<td>3. Outcome Measures</td>
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<td>Everyday Speech SEL Complete Guided Therapy</td>
<td>Everyday Speech SEL Complete Guided Therapy is used by school psychologists in individual or small group sessions at both the elementary and secondary level. Lesson sequences are chosen to meet specific student needs. The program was designed to specifically target special education students, but it is applicable to general education students as well.</td>
<td>To increase students' social/emotional skills to improve the behavioral health and functioning of students. Outcomes will be measured by mental health service provider progress monitoring tools.</td>
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<tr>
<td>Positive Psychology Interventions</td>
<td>Positive psychology interventions are used by school psychologists, school social workers, and school counselors in individual or small group sessions in grades 3rd-12th. The intervention is a structured 10-session program developed by Dr. Shannon Suldo.</td>
<td>To increase students' the mental health of students by focusing on character strengths and healthy relationships. Outcomes will be measured by mental health service provider progress monitoring tools.</td>
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</tbody>
</table>

**Notes:**
- Positive psychology interventions are designed to increase the mental health of students by focusing on gratitude, kindness, character strengths, optimistic thinking, hope, and healthy relationships. Research has shown that these interventions contribute to improved academic and social outcomes for students in grades 3rd-12th. Includes evidence-based assessment tools, methods to involve teachers and parents, fidelity checklists, and parent/teacher notes.
- Guided Therapy is a program for grades KG-12th that is designed to build social and emotional skills to improve the behavioral health and functioning of students. The program provides direct instruction, video modeling, role-playing, games, and other activities to teach and develop key social-emotional learning concepts and skills. These include understanding of emotions in self and others, self-regulation strategies, social problem solving, perspective taking, situational awareness, and communication skills.