



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

WASHINGTON

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

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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 80 % of employees trained and certified as of 07/26/2021
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
<p>Tier 1: All teachers, paraprofessionals, bus drivers, maintenance, food service, and office staff will be provided basic skills in Youth Mental Health First Aid, Trauma Informed Care, Suicide Prevention, Mandatory Reporting, and Restorative Discipline.</p> <p>Tier 2: Training will occur for all school counselors and administrators in the area of Suicide Awareness, Threat Assessment, and Behavior Intervention. The district will work closely with North West Florida Health Network (formerly Big Bend), as well as other service providers to assist in communication to provide seamless services to students. Students identified as at risk through district early warning assessments will meet with LMHC, CBA, and/or guidance on a regular basis.</p> <p>Tier 3: District Threat Assessment team (to include LMHC, Mental Health Coordinator, ESE Coordinator, School Resource Officer, School Psychologists, Director of Assessment and Accountability, Principal and Guidance Counselor) will participate in continuous training to collaborate with schools in meeting students' needs. In addition, the Threat Assessment Team will assist in providing training (either direct or arranging trainers) for faculty and staff.</p>
3. In addition, the annual goal for the 2021-2022 school year is to train:
<p style="text-align: center;">20 % of employees as of 06/01/2022</p>
4. Explain the training goal(s) for the next 3-5 years.
<p>Washington County School District will achieve and maintain or exceed 95% of all district employees (teachers, paraprofessionals, bus drivers, maintenance, food service, and office staff) to be trained and certified in Youth Mental Health First Aid (YMHFA) by reviewing employee turnover and offering training opportunities during pre-planning of each school year, at the semester change in January, and during post-planning days at the end of May.</p>
5. What is the procedure for training new personnel to the district?
<p>At the start of each school year and semester, the Youth Mental Health First Aid Training is offered to all new faculty and staff. Ideally, this training is offered on a paid workday. However, if we are faced with time constraints, we offer the training outside of the paid workday by providing a stipend to all participants. In the event new teachers require the training, we will pay for substitutes so they can attend the training.</p>
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> • YMHFA <p>Washington County School District will use funding to provide substitutes or stipend pay for teachers/staff to attend Youth Mental Health First Aid training. When possible, YMHFA training will occur on inservice days to avoid interruption in instruction.</p>

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<ul style="list-style-type: none"> • YMHFA Recertification <p>As district employees complete the YMHFA training and certification, their information is placed in a spreadsheet along with date of course, instructor, and confirmation that the documentation has been placed in our local professional development database. As employees approach the 3 year certification deadline, renewal opportunities will be communicated and offered during pre-planning, at semester change, and during post-planning.</p>
<ul style="list-style-type: none"> • Kognito At-Risk Modules (at all three levels: elementary, middle, high school) <p>NA</p>

Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
1. Stipends (Detailed # of personnel and stipend cost per person)	Trainers: District stipend pay (approx. 6 trainers delivering 3 sessions each)	131.87	263.74
2. Materials (Detail # of units x individual unit cost, plus shipping)	Supplies for YMHFA Training (6 sessions, 12 trainees) Includes participant manuals and training supplies (post it notes, highlighters, pens, handouts, etc.)	13.87	998.64
3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)	Trainees: District stipend pay (2 sessions, approx. 10 trainees each)	131.87	2637.40
	Substitutes for teachers to attend YMHFA training if needed during a school day (approx. 8)	107.65	861.20
4. Additional Kognito Modules (Provide the name of training module and cost)	NA	NA	NA
TOTAL 2021-2022 BUDGET:			4,760.98
5. Additional narrative (optional):			

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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.

Washington County School District will ensure efficient identification and timely follow up of school-based student services personnel providing direct services to students. We aim to identify 20% of our students using the Early Warning Signs indicators, efficiently referring to the MTSS team for problem solving and possible evaluation, and documenting findings so appropriate and timely follow up is ensured. A monthly (or as needed) evaluation of the EWS indicators will identify students with one or more co-occurring mental health or substance abuse diagnosis. Guidance counselors and LMHCs will closely adhere to the expectation that school based mental health services are initiated within 15 days of the referral and community based mental health services are initiated within 30 days of the referral.

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><u>Everfi</u> Students will participate in prevention and awareness activities. Everfi is a digital resource that introduces middle and high school students to mental health education. Stigma associated with mental health can have serious negative impacts on help-seeking behaviors, and many mental health conditions and symptoms can be significantly lessened through prevention.</p> <p>Students in Grades 6-12 will participate in mental wellness activities in this digital program focusing on supporting students in identifying threats to mental health early, introducing students to the experiences of others in order to develop awareness and empathy, reduce stigma, and provide facts on the prevalence and symptoms of mental health conditions; and 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>	<p>School administration and teachers will oversee the scheduling of Everfi. The best fit may be in a homeroom or health setting, but each school will have the autonomy to oversee its method of delivery. Guidance counselors and LMHCs will work closely together to monitor completion rates encouraging positive supports for classes, groups, or individuals who are complete.</p>	<p>Participation in the Everfi program will:</p> <ul style="list-style-type: none"> -Help students identify threats to mental health (student reported by using direct reporting, FortifyFL, or another anonymous reporting tool) -Assist students in developing awareness and empathy to mental health needs (student reported) -Foster a mental health mindset by helping equip students with skills to promote and model advocacy for self and others. (student reported) -20% of students will be identified through the Early Warning Signs data collection and review each month or as needed. Washington county uses FOCUS as our MIS system. 	<p>x</p>		

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1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p>Students identified through the EWS review or MTSS process will participate in <u>small group instruction/support</u> on topics of need with guidance counselors, school psychologist, and or LMHCs.</p>	<p>Supports will be provided to students in areas included, but not limited to, anger management, coping skills, anxiety, self-advocacy, de-escalation strategies, grief counseling, etc.</p>	<p>The implementation of this EBP will improve anger outbursts and discipline referrals for identified students (school reported), emotional regulation (student reported), anxiety symptoms (student reported, and emotional/behavioral problems (parent reported).</p> <p>-20% of students will be identified through the Early Warning Signs data collection and review each month or as needed. Washington county uses FOCUS as our MIS system.</p>		x	
<p>Students will work one-on one with a guidance counselor, school psychologist, Licensed Mental Health Counselor (LMHC) and/or an agency within the multi-agency agreement (Big Bend Community Based Care) - typically once a week to provide therapy in specified areas of need.</p>	<p>Therapy will vary based on each student's need, but may include: Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and/or direct instruction for Social Skills and Problem Solving Strategies. Students will receive services to assist in mental health and/or substance abuse treatment. The district will work with any agency already assisting the student and their family with mental and/or substance abuse treatment to provide wrap around care.</p>	<p>Time spent by school-based student services personnel to provide direct services will increase. Documentation of services and duration provided will be collected and reported to the District each semester.</p>			x

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 : 425	1 : 425
School Social Worker	0	0
School Psychologist	1 : 3400	1 : 3400
Other Licensed Mental Health Provider	4 : 850 (2 paid with allocation)	4 : 850 (2 paid with allocation)

Direct employment policy, roles and responsibilities	Description
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.	Washington County will continue to employ 2 Licensed Mental Health Counselors using the Mental Health Allocation. The remaining 2 are funded through another grant through 2022. These LMHCs are assigned to schools but will be expected to work closely with families in both the home and school in order to assist in the provision, diagnosis, and treatment of mental health needs.
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).	Access to Licensed Mental Health Counselors employed by the District increase the amount of time that direct mental health services are provided. Referrals to the LMHC are done within the MTSS process. The parent consent is on the MTSS consent form and initiates the assessment and possible need for services. In the event of a crisis, the assessment is done immediately. Referrals to outside agencies are done on the agency's form and a copy is maintained at the school. School based mental health services are initiated within 15 days and referrals to community based mental health services are initiated within 30 days.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	Therapy will be provided by guidance counselors, school psychologist, and/or LMHCs may include Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and/or direct instruction for Social Skills and Problem Solving Strategies. Students will receive services to assist in mental health and/or substance abuse treatment. The district will work with any agency already assisting the student and their family with mental and/or substance abuse treatment to provide wrap around care or complete a referral to an outside provider if needed.

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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:
LMHC BSW MSW	North West Florida Health Network (Big Bend)	Provides counseling services to students on campus as well as in the home. They work collaboratively with schools to assist students.	Outside funding source
LMHC BSW	Anchorage Children’s Home	Provides counseling services to students on campus as well as in the home. They work collaboratively with schools to assist students.	Outside funding source
LMHC BSW MSW	Florida Therapy	Provides counseling services to students on campus as well as in the home. They work collaboratively with schools to assist students.	Outside funding source
LMHC BSW	Panhandle Therapy Services (pending board approval 8/9/21)	Provides counseling services to students on campus as well as in the home. They work collaboratively with schools to assist students.	Outside funding source
LMHC BSW MSW	Mobile Response Team (MRT)	Provides immediate assistance to a student and their family, as well as, monitoring for 72 hours.	Outside funding source
Technical Assistance Personnel	Gaggle	IT program that filters students’ email and google documents or any attempt to access an inappropriate site using their school email. Gaggle notifies district and school personnel of suicidal, homicidal, sexual or drug related information. Email and phone outreach are made to assigned district personnel who involve school administration who initiate investigation.	Mental Health Allocation: 17,000.00

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Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$45,782.59
School district expenditures for mental health services provided by staff who are employees of the school district: (2 district-based clinicians (LMHC) at an average of \$96,000 each *Amount includes benefits)	\$193,077.26
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	0
Other expenditures (see below):	\$42,530.74
Total MHAA expenditures:	\$281,390.59

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

Type: Narrative description with detailed cost	Total Amount
Professional Development and Training required to maintain licensure	\$9,830.00
Resource materials for Licensed Mental Health Counselors	\$8,000.00
Annual Navigate360 Platform subscription (Threat Assessment Platform using CSTAG methodology)	\$7,762.50
Annual Gaggle license (IT program that filters student email and google documents to notify district and school personnel of suicidal, homicidal, sexual or drug related information)	\$17,000.00
Total Other Expenditures:	\$42,530.74

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Certification

This application certifies that the Washington 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

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

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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>Example 1 Bounce Back Bounce Back based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) 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 and 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>Example 2 <u>Support for Students Exposed to Trauma (SSET)</u> A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	<p><u>SSET</u> 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"> • common reactions to trauma • relaxation techniques • coping strategies • learning to approach difficult situations • developing a trauma narrative • problem solving 	<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"> • anxiety or nervousness • withdrawal or isolation • depressed mood • acting out in school • impulsive or risky behavior 	X	X	

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

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			1	2	3