



FLORIDA DEPARTMENT OF
EDUCATION
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2022-2023 Mental Health Application

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

(Student Leadership Academy)

Sarasota County

Deadline for submission to ShareFile
on or before August 1, 2022

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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.

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.

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

Section A: YMHA Training Plan

| |
|--|
| 1. What is the percentage of employees currently trained and certified in YMHA? |
| <ul style="list-style-type: none">100% of Employees trained and certified as of 06/23/2022 |
| 2. Explain the training goal(s) for the upcoming 2022-2023 school year. |
| <ol style="list-style-type: none">All staff will be trained and/or recertified, as needed, by 05/30/23. |
| 3. In addition, the annual goal for the 2022-2023 school year is to train: |
| <ul style="list-style-type: none">100% of employees as of 05/30/2023 |
| 4. Explain the training goal(s) for the next 3-5 years. |
| <ol style="list-style-type: none">Maintain YMHFA certification and 100% trained staff.Include PD to maintain and enhance staff awareness and training.Recertify staff every 3 years from their initial training. |
| 5. What is the procedure for training new personnel to the district? |
| Trainings will be offered to train any new staff within six months of hire by YMHFA staff members and/or district trainer. |
| 6. Explain how the district will utilize the following three YMHA programs: |
| <ul style="list-style-type: none">Youth Mental Health First Aid (YMHFA) |
| Train every staff member Referenced during discussions regarding students Incorporating the common language in messaging, professional development, and school handout. |
| <ul style="list-style-type: none">YMHFA Recertification |
| Every three years staff will attend a six-hour training session. |
| <ul style="list-style-type: none">Kognito At-Risk Modules (at all three levels: elementary, middle, high school) |
| These modules will not be available for the 22-23 SY. |

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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) | | \$ | \$ |
| 2. Materials (Detail # of units x individual unit cost, plus shipping) | | \$ | \$ |
| 3. National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs) | Provided by the state for the train-the-trainer session. | \$0 | \$0.00 |
| 4. Additional Kognito Modules (Provide the name of training module and cost) | Not applicable | \$0 | \$0.00 |
| TOTAL 2022-2023 BUDGET: | | | \$ 0.00 |

5. Additional narrative (optional): N/A

The Student Leadership Academy (SLA) will provide evidenced-based mental health services based on the following plan adhering to a tiered system of support. Data will be collected at all tiers to guide intervention and assess program effectiveness. Data will be reviewed by the School Wide Support Team (SWST). The SLA SWST team is focused on the review of student academic and social-emotional needs to determine appropriate resources and student supports. Data will include BASC-3 BESS results, intervention data, classroom data, discipline data, climate surveys, and district provided Early Warning System Indicators. Community organizations will be included at all levels whenever possible to support student and staff mental health, including professional development.

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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.

The increased availability of providers, combined with professional learning opportunities, will lead to 100 % of students with serious mental health concerns [identified by the Columbia-Suicide Severity Rating Scale (CSSRS) as “high-risk self-harm or suicidal ideation” as well as students who have made “Serious” and “Very Serious Substantive” threats], receiving documented intervention through a Multi-Tiered System of Support (MTSS) as measured by a district fidelity tool by June 2022.

Provide Collaborative Proactive Solutions (CPS), an evidenced based professional learning framework, for all School Psychologists with a 100% participation rate to increase a comprehensive, evidence based, mental health support system during the 2022-2023 school year. A pre- and post-assessment of learning will be used to guide on-going professional development.

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 |
| BASC-3 BESS | BASC-3 BESS is designed to assist schools determine the behavioral and emotional strengths and weaknesses of students. The measure consists of items relating to four dimensions including, <i>Adaptive Skills, Externalizing Problems, Internalizing Problems, and School Problems</i> . The BASC-3 BESS is easily administered and does not require formal training. A rating scale will be completed by each student in a whole class context in which students will concurrently provide responses to items presented by a teacher. The total time for administration to a whole class is typically 15 minutes. The <i>Total Score</i> is typically used to identify those students with and at-risk for developing behavioral, emotional, and academic problems. | The BASC-3 BESS will be used as a universal screening tool (completed once a year during semester 2) to identify students at-risk for behavioral and emotional risk. Data will guide targeted intervention as well as schoolwide SEL instruction. BASC-3 BESS Results will be reviewed by the School Wide Support Team. | X | | |
| Character based education and reward system - focus on behaviors: <i>Effort, Attitude, Grit, Leading with Integrity, Embracing Differences, and Service Others</i> (EAGLES acronym represents school mascot) | Implemented by administration and classroom teachers - focus is on campus-wide character development to help students cultivate social-emotional skills, emotional intelligence, and a stronger identity and purpose in school and in the world. | Improve Social and Emotional Skills throughout the SLA campus - Measured by teacher reports, behavioral data, and PBIS ticket distribution (with weekly tangible rewards). Reviewed at School Wide Support Team | X | | |
| The <i>Second Step Middle School</i> bundle with Principal Toolkit | The <i>Second Step Middle School</i> bundle with Principal Toolkit allows educators to reinforce social-emotional skills school-wide. With the Principal Toolkit, social-emotional learning moves beyond the classroom as staff use assembly and announcement scripts, staff meeting agendas, and other tools to reinforce skills and encourage positive behavior. Back in the classroom, the evidence based <i>Second Step</i> lessons promote self-regulation, emotion management, problem solving, and responsible decision-making. This bundle contains one classroom kit for each classroom from 6-8, plus one copy of the Principal Toolkit. Recognized by Collaborative for Academic, Social, and | Improve social emotional skills and peer interactions - Measured by teacher report and parent input. Reviewed at School Wide Support Team meetings as needed. | X | | |

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| | | | | | |
|---|--|--------------------|--|--|---|
| Character Strong | <p>Emotional Learning (CASEL).</p> <p>Character Strong focuses on character development in order to help students cultivate social-emotional skills, their emotional intelligence, and help them develop a stronger identity and purpose in school and in the world.</p> | | | | |
| Cultures of Dignity | <p>Cultures of Dignity “Owning Up” helps teachers and counselors give students the tools they need to own up and take responsibility—as perpetrators, bystanders, and targets—for unethical behavior and to treat themselves and others with dignity.</p> | | | | |
| Digital Citizenship | <p>The Digital Citizenship Program addresses top concerns for schools and educators, prepares students to make smart choices online and in life, supports teachers with training and recognition, and engages the whole community through family outreach.</p> | | | | |
| Development of evidence-based prevention policies and practices and student clubs | <p>Operation Prevention (a comprehensive, science-based program for ages 8-18 to address substance abuse).</p> <p>Suicide Prevention (Youth Suicide and Self-Harm Prevention Guide).</p> <p>Anti-Bullying and Unity Week.</p> <p>Random Acts of Kindness Week.</p> <p>Builders Club (affiliated with Kiwanis International) to develop leadership potential, foster the development of strong moral character and encourage loyalty to school, community, and nation.</p> <p>SLA Renaissance focuses on students’ sense of pride in academics and social achievements, continuous improvement, citizenship, positive behavior, strong attendance, and service for our community.</p> | | | | |
| Behavior Assessment System for | Results of the BASC-3 guide targeted | The BASC-3 will be | | | X |

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|--|---|--|---|--|--|
| Children and Adolescents, Third Edition (BASC-3) | intervention and provides specific strategies to address Externalizing Problems, Internalizing Problems, and School Problems. | completed for students who are presenting with Elevated Risk concerns on the BASC-3 BESS. | | | |
| National Alliance on Mental Illness - Ending the Silence | 50-minute session for middle school students (virtual or in person) | Change student's knowledge and attitudes towards mental health conditions and toward seeking help. | X | | |
| A presentation that helps middle and high school aged youth learn about the warning signs of mental health conditions and what steps to take if themselves or a loved one is showing symptoms of a mental health condition | One-hour presentation for school staff (in person) One-hour presentation for families (adults, in person) | Increase staff members knowledge of warning signs, statistics, how to help students, and how to help families. Increase parent knowledge of warning signs, statistics, how to help their children, and how to work with school staff. | | | |

Section D: Direct Employment

Table 2: MHAA Plan Direct Employment

| Position | Current Ratio as of August 1, 2022 | 2022-2023 Proposed Ratio by June 30, 2023 |
|--|------------------------------------|---|
| School Counselor | 0:306 students | 1:315 of students |
| School Social Worker | 1:306 student | 1:315 of students |
| School Psychologist | 1:306 students | 3:315 of students |
| Other Licensed Mental Health Provider | 2:306 students | 2:315 of students |

| 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. | Mental health service providers will facilitate small groups targeting self-regulation and social skills and for students requiring higher levels of support, provide telehealth services. |
| 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. | If during the SWST meetings an increased need is established, then SWST will reach out to the telehealth provider to increase the number of licensed mental health clinicians. |

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| | |
|--|---|
| 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 providers will collaborate with community-based partners to meet the mental health needs of students. School based and community support allows for wrap around 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

| Mental Health Provider: | Agency: | Services Provided: | Funding Source: |
|---|----------------|--|---|
| Licensed Providers | Telement | Telehealth virtual therapy | MHA and General Fund |
| School Psychologists/ School Social Workers/ BCBA | Telement | CAARS, Safety Planning, Threat assessment, group/ individual therapy as needed | MHA and General Fund |
| Community Resource Officer | Venice PD | Substance use prevention; bullying; community safety; cyber bullying | Safe Schools Allocation & General Funds |
| Instructor | Selah Freedom | Child trafficking prevention education | General Funds |

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

| Allocation Expenditure Summary | Total |
|---|--------------|
| Unexpended Mental Health Assistance Allocation funds from previous fiscal years: | \$0.00 |
| School expenditures for mental health services provided by staff who are employees of the Student Leadership Academy: | \$75,000.00 |
| School expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers: | \$20,000.00 |
| Other expenditures (see below): | \$3,000.00 |
| Total MHAA expenditures: | \$98,000.00 |

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

| Type: Narrative description with detailed cost | Total Amount |
|---|---------------------|
| Second Step or comparable SEL program. | \$3,000.00 |
| | |
| | |
| | |
| | |
| Total Other Expenditures: | \$3,000.00 |

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District Certification

This application certifies that the **Sarasota 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 |
|----------------------|----------------------------|
| 0102 | Student Leadership Academy |

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

Charter School Administrator Signature: _____

Governing Board Approval Date: _____

APPENDIX

Resources for Program Implementation

1. Evidence-Based Program and Description

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows:

Module 1: Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

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

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

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

- [Selecting 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](#)
- [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>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.</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. EBP and Description | 2. EBP Implementation | 3. Outcome Measures | 4. MTSS | | |
|---------------------------|--------------------------|------------------------|------------|---|---|
| | | | 1 | 2 | 3 |
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| 1. EBP and Description | 2. EBP Implementation | 3. Outcome Measures | 4. MTSS | | |
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| | | | 1 | 2 | 3 |
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| 1. EBP and Description | 2. EBP Implementation | 3. Outcome Measures | 4. MTSS | | |
|---------------------------|--------------------------|------------------------|------------|---|---|
| | | | 1 | 2 | 3 |
| | | | | | |
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| 1. EBP and Description | 2. EBP Implementation | 3. Outcome Measures | 4. MTSS | | |
|---------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|
| | | | 1 | 2 | 3 |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |