Frequently Asked Questions

RFA No. RMO SMH 071318

1. ***Can you please confirm that the CBO's "practice management system" merely refers to our electronic record keeping system?***

   The practice management system may refer to an electronic record keeping system. Additionally, it may include such elements as: billing, communicating with consumers, documenting clinical activity, tracking provider and practice performance, financial reporting, and gathering and submitting outcome and Continuous Quality Improvement data.

2. ***Are Community Based Organization applicants required to outreach to schools to initiate commitment and matching?***

   No. The Department of Behavioral Health will be conducting the outreach to schools for the initial on-boarding of the SY 2018-2019 implementation of the comprehensive expansion of school mental health services. Additionally, DBH will facilitate schools and providers in having the opportunity to come together to support the matching process.

3. ***What is a risk assessment that is conducted by the DBH Office of Fiscal Services?***

   The Risk Assessment reflects how much hands on guidance that the Department of Behavioral Health will have to provide in order for the applicant to meet the required deliverables of the RFA. Please see attached an example of the Risk Assessment template.

4. ***What are the steps for providers to facilitate and support families in getting children and youth enrolled in Medicaid when the child/youth is uninsured and Medicaid eligible?***

   One goes for Medicaid/Children's Health Insurance Plan (CHIP) insurance coverage: https://dchealthlink.com/

5. ***What are the steps for providers to facilitate and support families in getting children and youth enrolled in Medicaid when the child/youth is uninsured and undocumented?***

   Direct parent or guardian to DHS DC locations of the Economic Security Administration Service Centers for completion of Combined Application which is a paper application. Children who are immigrant or undocumented are able to receive insurance through the Immigrant Children's Program. Given that this Program does not have a behavioral health benefit, there is a DC law that requires the undocumented and immigrant children to receive there behavioral health services through the local dollars of the Department of Behavioral Health. All consumers, whether Medicaid or local-only, should have a code from the Economic Security Administration (ESA) identifying their program eligibility. Since ESA has codes for undocumented consumers, there is no category of consumer that should not receive a code from ESA. The only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

6. ***How do Mental Health Rehabilitation Services (MHRS) receive payment for MHRS services for uninsured/undocumented/immigrant children and youth?***

   Ninety percent (90%) of children enrolled in Medicaid are served by Managed Care Organizations (MCOs). Children in the Immigrant Children's Program are covered by an MCO. Consumers eligible for locally-funded MHRS are those individuals who are not eligible for Medicaid or Medicare or are not enrolled in any other third-party insurance program except the D.C. HealthCare Alliance, and fall below the limited income levels. All consumers, whether Medicaid or local-only, should have a code from the Economic Security Administration (ESA) identifying their program eligibility. Since ESA has codes for undocumented consumers, there is no category of consumer that should not receive a code from ESA. The only local reimbursable codes are 420, 470, 470Z, 010Q, 050Q, 012Q & 052Q.

7. ***What are the options for steps for providers to take to be able to provide mental health and behavioral services to children and youth who are privately insured?***

   A provider may become enrolled with different private insurance companies. Or, the provider may also seek a single case agreement with the insurance company.

8. ***What are examples of non-billable services provided within a School Mental Health Program?***

   Examples of non-billable school-based mental health services are those services that do not have a procedure code and may include such services as:

   - Teacher workshops
   - Parent workshops
   - Prevention manualized curriculums implemented with entire classrooms
   - Participation in early intervention team meetings
   - Participation in school climate and school culture initiatives and related meetings
   - Presentations at *Back to School Night*

9. ***What are examples of billable services provided within a School Mental Health Program?***

   Examples of procedure codes used for mental health services in a school setting include:

	Description
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)

10. Do the budget and budget narrative count toward the 10-page limit for this application?

As noted in the RFA, pg. 17(e), "Attachment F is the budget and budget narrative justification form. This form does not count towards the 10 page limit".

11. Do you have "fillable" versions of the forms?

The Word version of the attachments is located on the OPGS website, https://opgs.dc.gov/publication/comprehensive-expansion-school-based-mental-health

We are working to also have those on the DBH website and will provide that link to everyone once the posting has occurred.

12. What is the difference between Attachment G that is listed in the Table of Contents and the DBH Receipt that has the label of Attachment H?

Attachment H is actually Attachment G. The forms are one in the same.

13. What is an example of a supply that costs less than $5000 per unit?

An example of this budget item might be a laptop that the school mental health program clinician uses to enter data into a web-based practice management system used by the Community Based Organization.

14. We are unclear how to prepare a budget for this RFA without knowing how many/which schools we will be assigned to. We can estimate the personnel costs per FTE, but each school will have different needs and programmatic requirements, so non-billable activities, supplies, contractual agreements and such will differ depending on the needs of the school. How should we account for the different needs of the different schools when making the budget?

The budget delineates your rates and what you propose to buy based on your personnel capacity for a full-time clinician placement in a school. Think in terms of the full menu of prevention and early intervention activities that you will pull from to meet the individualized needs of the schools matched for your organization. Attached is an

example of the menu of curriculums that the DBH School Mental Health Program pulled from in SY17-18. When you choose your curriculums and menu of activities, also think about including the supplies generally needed to engage children and youth in the work as well as any supplies suggested by the specific curriculums in your menu. If you will be subcontracting for the prevention or early intervention work, then you will use the rate of that partnering organization.

This budget process is different than those you would typically submit in response to an RFA. This budget is meant to demonstrate a provider's understanding and readiness to participate in the School Mental Health Program expansion this upcoming school year. The budget should focus on delineating the costs of elements that the provider has experience or access to delivering that MAY be utilized in delivering a School Mental Health Program. This will facilitate the Department's ability to assess the provider's readiness in the first year. A final total is not necessary. The ultimate total budget for each provider will be determined after matching has occurred and the number of schools and students a provider is accepting responsibility for has been determined.

15. ***What's the best way to document, in the grant application, current school relationships?***

    This information may be included in section A.3 of the Program Narrative.

16. ***I'm wondering if pre-existing school relationships would be viewed favorably by the review committee and how they could impact CBO/School matching.***

    As noted in Section IX of the RFA, all applications will be objectively reviewed and scored against the provided key criteria.

17. ***How involved have DCPS and DCPCS school based administration been in planning for new CBOs to come into their schools?***

    DBH will conduct an on-boarding process with DCPS and DCPCS school based administration.

18. I am considering a specific staffing structure and would like to know if it would be acceptable.

The staffing structure is up to the organization and Section 2.b.10 of the RFA asks for the supervision structure, capacity, and practice.

19. Does DBH have a percentage of budgeted income in mind for the income associated with billable hours?

For this RFA, DBH does not have a percentage of budgeted income in mind.

20. The RFA states that a memorandum of agreement is required between the applicant and an LEA. Is it possible for the applicant to apply to provide services in a single DC public school, and therefore, establish an MOU with the school individually?

Given that the DC Public Charter Schools are their own Local Education Agency (LEA), a CBO is able to contact the LEA directly and inquire about their interest in developing a Memorandum of Agreement (MOA) with the CBO.

DCPS has a community mental health partnership vetting process that any CBO who wishes to provide mental health services in DCPS schools must complete. Per DCPS' Office of General Counsel, individual schools cannot complete an MOA with CBOs directly. The MOA must be completed at the district level in collaboration with the DCPS School Mental Health team. For more information, please contact: Ms. Rachel Bradley Williams, Interim Director, School Mental Health. Her email address: rachel.bradley-williams@dc.gov

21. What are the expectations for reporting to DBH -- frequency, any templates for reporting, the depth of information that would need to be reported?

The evaluation activities and frequency will be finalized in collaboration with the Evaluation vendor. Selected CBOs will be invited to participate in the development as well.

22. Could you please provide an example of the form of documentation you are asking for regarding documentation of paneling with Medicaid Managed Care Organizations for Appendix 11?

A letter from the Managed Care Organization that confirms the organization's paneling or an internal document that the organization uses to announce the insurance the organization is accepting serves as sufficient documentation.

23. What is the link to the postings on the Office of Partnerships and Grants of the RFA Title: Comprehensive Expansion of School-Based Mental Health?

https://opgs.dc.gov/publication/comprehensive-expansion-school-based-mental-health

24. Is there a subcontracting requirement or will we need to go through the waiver process?

There is no subcontracting requirement.

25. Is this RFA only for certified mental health entities in the District?

The RFA is inclusive of any Community Based Organization that meets the requirements.

26. What is the maximum amount we can request for a grant?

There is no maximum amount to request for this grant opportunity.

27. In looking at the budget, we notice that there is a section for "nonbillable activities." We are thinking of personnel assigned to a school who would do a variety of tasks and would normally list them under the "personnel" section. Could you tell whether you are looking for those personnel to be split between those two sections? We are unclear as to what is being looked for in the "nonbillable activities" section.

See the responses on pages 3-4 of FAQ document #1. The prevention and early intervention activities of the Comprehensive School Mental Health model do not have billable codes at this time. These are the activities that are being called for in the "nonbillable activities" section.

28. Are we restricted in any way to the percentages that are listed in the RFA? We are very willing to support the schools and teachers with other activities, but want to strike the right balance.

There is no restriction related to percentages. Please see RFA pg. 7, Section II, "The school-based behavioral services will be aligned with the behavioral health unmet needs/gaps within the school. And, the array of services may include prevention, early intervention and treatment." Please also see Question 2 of FAQ document #1.

29. We are wondering about how DBH would handle any billing/invoicing, and specifically whether that would need to be through iCams.

The grants are to support the prevention and early intervention services. These services are currently without billing codes in the District. If providing treatment services is within the unmet need within the school where the Community Based Organization is partnered, the provider will follow and utilize their practice management system for billing for treatment services. See FAQ document #1 for various responses related to supporting families in accessing insurance coverage.

30. We have noticed a distinction between the billable and non-billable services allowed during the grant period and our engagement in the matching schools. Once we place, through the grant, our newly salaried clinicians in the schools, are we also permitted to bill the insurance companies through which we are credentialed for the hours they are working individually with the students in Psychotherapy sessions?

Yes, the grant is to support the time and work the clinician completes that is not billable with current MHRS, FSMHC or MCO billing codes. If providing treatment services is within the unmet need within the school where the Community Based Organization is partnered, the provider will follow and utilize their practice management system for billing for treatment services. Please see RFA pg. 7, Section II, "The school-based behavioral services will be aligned with the behavioral health unmet needs/gaps within the school. And, the array of services may include prevention, early intervention and treatment."

31. The RFA talks about a Program Manager and supervisor – can they be the same person?

If the Program Manager and supervisor is the same person, be sure to fully describe the responsibilities and credentials of that person. Please also see RFA pg. 10 for implementation requirements.

32. Are there any stipulations against using graduate and professional students to conduct therapeutic services under the supervision of a licensed professional in good standing?

Please see RFA pg. 10 for implementation requirements. The clinicians are to be licensed clinicians.

33. Are offsite services such as tele-health visits permissible or is the preference towards face to face contact only?

Please see RFA pg.16 a (3), b(8) and b(9). Describe the full array of behavioral health services and supports that are offered by your organization that may be beneficial to the students and their entire family. Also, keep in mind that a school mental health program's clinician is embedded and integrated within the school culture, school team, and school community.

34. Will DBH consider partnering CBOs when offered services may be different but complimentary for a particular school or is it the responsibility of the CBO to attempt collaborations with each other in advance?

It is available for a CBO to subcontract with another CBO. Additionally, grant recipients will be actively involved in developing a robust and effective collaboration on the implementation of a Community of Practice. This will likely foster natural partnering across CBOs and schools.

35. We would like to know for Question 5: "Total Funding - The award represents a significant percentage of the total organizational funding for this grantee. A grant that represents a significant proportion of the funding for the organization presents a higher risk," in the Fiscal Risk Assessment Scoring Sheet, if this is referring to our 2017 total revenue; or, our 2018 Total Organizational Budget (Projected Revenue)?

Applicants that are solely dependent upon funding from DBH and only DBH typically foster a higher risk to the agency.

Such methods of proposing a modest percentage of your revenue to determine your overall proposed budget is clever and highly recommended. This method would strengthen your posture and reduce the risk to the agency. This method would reduce the possibility of an applicant comingling and supplanting funds which is disallowed.

Projected revenue from 2018 is preferred.

FISCAL RISK ASSESSMENT SCORING WORKSHEET
Office of Fiscal Services
Department of Behavioral Health

Name of Grant:	Comprehensive Expansion of School-Based Mental Health
Grant No. (RQ No.):	TBD
Name of Sub-grantee:	Name of CBO
Federal Tax ID No.	TBD
CFDA No.	93.243
Funding Authorization:	DC Code §7-1141.06(7)
Source of Funds:	DC Appropriated
Budget Period:	11/1/2018-10/31/2019
Award Period:	11/1/2018-10/31/2019
Assessment Conducted by:	TBD
Date of Review:	Wednesday, August 1, 2018

Budget Amount:	**TBD by CBO**
Award Amount:	**TBD by CBO**

The Mayor's City-Wide Grants Manual and Sourcebook and its associated Subrecipient Monitoring Manual requires each District agency to use a risk assessment tool to determine the level of risk (low, moderate or high) assignable to each of its grants based on prescribed factors. The results of the risk assessment will be used to determine: 1) how often and to what extent the grants will be monitored; and 2) the methods that will be used to review grantees (i.e., the level of monitoring to be performed).

The individual staff persons conducting this assessment will use the following factors in assessing risk:

	FACTORS			Scoring Rationale	Points
1	**Newness of the Program -** A new grant program, in its base year, presents a higher level of risk to the District and the federal government than a grant program in subsequent years (e.g. years 2, 3, 4 or 5).				
	PLACE X IN SELECTION BOX			*Yes, new grant program, in base year presents a higher risk*	*0*
		x	5 Score	*No, Existing programs are lower risk*	*5*
	Yes	No			
2	**Previous Experience -** A program that has had any previous grant and/or contract experience with the District or the federal government presents a lower risk.				
	PLACE X IN SELECTION BOX			*Yes, Program has previous experience*	*5*
	x		5 Score	*No, Program does not have previous experience*	*0*
	Yes	No			
3	**DC Business License -** The program has a current DC Business License.				
	PLACE X IN SELECTION BOX			*Yes, Program has a current DC Business License*	*5*
	x		5 Score	*No, Program does not have a current DC Business*	*0*
	Yes	No			
4	**Organizational Budget** - Program maintains a uniform organizational budget of expected revenues by source, and expenses by types of services.				
	PLACE X IN SELECTION BOX			*Yes, program maintains organizational budget*	*5*
	x		5 Score	*No, program does not maintain organizational budget*	*0*
	Yes	No			

FISCAL RISK ASSESSMENT SCORING WORKSHEET
Office of Fiscal Services
Department of Behavioral Health

5 **Total Funding -** The award represents a significant percentage of the total organizational funding for this grantee. A grant that represents a significant proportion of the funding for the organization presents a higher risk.

Percentage of Total Funding				
PLACE X IN SELECTION BOX				
	x			
≤20%	>20 < 40%	>41 <60%	>60% < 80%	>80% <100 %

4	Score

≤ 20%	5
>20 ≤ 40%	4
>40 ≤ 60%	3
>60% ≤ 80%	2
>80% ≤ 100%	1

6 **Governing Body Involvement** - The official meeting minutes document that the governing body performed required oversight duties and responsibilities including reviewing and approving: (a) current annual budget prior to the beginning of the organization's fiscal year, and (b) fiscal reports comparing budgets to actual expenditures.

Board Approved Budget		Board Approved Fiscal Reports	
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX	
	x		x
Yes	No	Yes	No

0	Sub Total

Yes - Board approved budget	5
No - Board did not approve budget	0
Yes - Board did approve fiscal reports	5
No - Board did not approved fiscal reports	0

7 **Internal Controls -** The grantee maintains internal controls which are adequate to protect organizational and client resources. The financial policies and procedures manual documents at least the following:

Process for Cash Receipts and Cash Disbursement		Process to Review and Approve Bank Reconciliations	
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX	
x		x	
Yes	No	Yes	No

25	Sub Total

Controlling accounts receivable		Management of Client Funds		Segregation of Duties	
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX	
x		x		x	
Yes	No	Yes	No	Yes	No

Yes, manual documents process for cash receipts and cash disbursement	5
No, manual does not document process for cash receipts and cash disbursment	0
Yes, manual documents process to review and approve bank reconciliations	5
No, manual does not document process to review and approve bank reconciliations	0
Yes, manual documents process for controlling accounts receivable	5
No, manual does not document process for controlling accounts receivable	0
Yes, manual documents procedure to manage client funds	5
No, manual does not document procedure to manage client funds	0
Yes, there is evidence of segregation of duties	5
No, there is no evidence of segregation of duties	0

FISCAL RISK ASSESSMENT SCORING WORKSHEET
Office of Fiscal Services
Department of Behavioral Health

8

Office of Tax and Revenue		Dept of Employment Services				
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX		10	Sub Total	
x		x				
Yes	No	Yes	No	*Certificate of Clean Hands as of 10/01/2018		

OTR - In compliance at time of initial request	5
OTR - Not in compliance at time of initial request	0
DOES - In compliance at time of initial request	5
DOES - Not in compliance at time of initial request	0

9 **Demonstrate the capacity to provide treatment and billing in school setting. Capable of providing school-based behavioral health services that are aligned with the behavioral health unmet needs/gaps within the school.**

Demonstrate the capacity to provide treatment and billing in school setting.		Capable of providing school-based behavioral health services that are aligned with the behavioral health unmet needs/gaps within the school			
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX		10	Sub Total
Yes	No	Yes	No		

Yes - Capacity to provide treatment and billing in school	5
No - Does not have the capacity to provide treatment and billing in school	0
Yes - Aligned with the behavioral unmet needs/gaps	5
No - Is not aligned with the behavioral unmet needs/gaps	0

10 **Clear Examples of Non-billable Interventions-** The grantee demonstrates their knowledge of what non-billable interventions are and how these interventions support the purpose of the grant.

A The grantee describes non-billable interventions and how the CBO will support an array of services which may include prevention, early intervention and treatment.

Demonstrate the knowledge and use of non-billable interventions within a school- based mental health program		Able to collect and report utilization data, outcome data, and satisfaction survey data	
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX	
	X	X	
Yes	No	Yes	No

Yes - Examples of Non-billable Interventions	3
No - Examples of Non-billable Interventions	0
Yes - Able to collect and report data	2
No - Not able to collect and report data	0

B Applicant has the supervisory capacity to supervise the clinical, prevention and early intervention services within the comprehensive school mental health model and the CBOs have the ability to hire licensed clinicians who are dedicated to providing culturally and linguistically competent services to children and their families.

Supervisory capacity to supervise the clinical, prevention, and early intervention services		CBO has the ability to hire licensed clinicians who provide services to children and their families.			
PLACE X IN SELECTION BOX		PLACE X IN SELECTION BOX		4	Sub Total
	X	X			
Yes	No	Yes	No		

Yes - able to provide supervisory capacity	3
No - not able to provide supervisory cpacity	0
Yes - CBO has the ability to hire licensed clinicians who provide services to children and their families.	2
No - CBO does not have the ability to hire licensed clinicians who provide services to children and their families.	0

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

SMHP APPROVED PROGRAMS

PREVENTION PROGRAMS

Good Touch/Bad Touch
Elementary and Middle Schools

An evidence-based primary prevention/education curriculum developed for pre-school - 6th grade students as a tool to teach children the skills needed to prevent or interrupt abuse. Good Touch/Bad Touch is endorsed by The National Mental Health Association Clearinghouse. *Healthy Boundaries* is available for students in 7th-8th grade and focuses on teaching students about abuse, sexual harassment, and bullying.

****Question, Persuade, and Refer (QPR)**
Elementary, Middle and High Schools

An evidence-based prevention program developed for individuals (e.g., teachers, staff members, etc) to learn how to recognize the warning signs of suicide, and to teach how to question, persuade, and refer an individual in crisis.

Love is Not Abuse
High Schools

An evidence-informed prevention program developed for high school students. Love is Not Abuse teaches youth about teen dating violence and the curriculum focuses on the 3 goals: increasing youths' understanding of dating violence and abuse, challenging misconceptions that support dating violence, and helping youth to identify help-seeking behaviors if they are in an abusive relationship.

Signs of Suicide (SOS)
Middle and High Schools

A SAMHSA approved, evidence-based program developed for middle school and high school students. SOS is a depression awareness and suicide prevention program that teaches students how to ACT (acknowledge, care and tell) when they or a friend experience symptoms of depression or suicide. Students are screened for depression and suicide risk and referred to appropriate services if needed.

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

Too Good for Violence
Elementary, Middle and High Schools

A SAMHSA approved, evidence-based violence prevention program that reduces aggression and improves student behavior for middle and high school students. Too Good for Violence emphasizes four areas including; conflict resolution, anger management, respect for self and others, and effective communication.

Teen Intervene
Middle and High School
An evidence based, time-efficient program for teenagers 12-19 suspected of experiencing mild to moderate problems associated with alcohol or other drug use; the program can also include parent or guardians. The Teen – Intervene program integrates the stages of change model, motivational interviewing and CBT. **The program is 3 sessions**

Coping Cats Program- "Keeping your Cool" The Anger Management Workbook - This revised edition of the workbook provides five empirically-supported anger management strategies that can be employed by both boys and girls, ages 10-17, to help them cope with a variety of anger-arousing situations. Whereas the original Keeping Your Cool Workbook relied heavily on sports-related situations, this new edition has a wider range of appeal, with new attention to gender and diversity issues. The workbook addresses not only the anger issues experienced by boys, but also the social aggression that characterizes the anger experienced by girls at that age. Attention is also paid to specific anger-arousing situations that are experienced by minorities.

"Keeping Your Cool Part Two"- For those who want to continue working with the adolescent on anger management skills, this workbook is a continuation of the work begun in the "Keeping Your Cool" Workbook. These additional 10 sessions of training exercises offer continued rehearsal and practice of the basic skills of anger management, and more thoroughly integrates termination exercises into the treatment format. (71 pages)

Stop and Think - Twenty therapy sessions provide opportunities to teach children to be less impulsive. Activities in the workbook teach children to recognize and identify their feelings and learn to be problem-solving "detectives" in a variety of situations. (129 pages) There is a therapist manual to accompany the workbook.

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

Teaching Problem Solving- This manual is designed to provide an easy-to-use *classroom approach to teaching problem-solving skills. The content, for use in* classrooms, is in sync with the content of the child-focused program, "Stop and Think".

Botvins Life Skills Training Program
Elementary, Middle, and High Schools

A SAMHSA approved, evidence-based substance abuse prevention program that addresses the most important factors leading children and adolescents to use drugs. The program teaches a combination of drug resistance skills, self-management skills, and general social skills, and can be implemented with children in 3rd to 12th grades.

Connect with Kids
Elementary, Middle, and High Schools

An evidence-informed program that improves student behavior in significant and important ways across multiple character skills, including teasing and bullying behaviors, cheating and lying, respect for classmates and teachers, violence prevention, and academic perseverance. The What Works Clearinghouse selected the program as an effective results oriented curriculum. The *Adventures* Series can be implemented with students in PreK – 3rd grades and the character education series targets elementary, middle, and high school students. Connect with Kids also produces videos on specific topics (e.g., bullying and depression) that can be used with middle and high school students.

Kimochis
Elementary

The Kimochis Educator's Tool Kit is a universal, school-based, social emotional learning curriculum designed to give children the knowledge, skills and attitudes they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively.

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

EARLY INTERVENTION PROGRAMS

Primary Project

A SAMHSA approved, evidence-based program targeting students in PreK through 3rd grade who may be displaying early school adjustment difficulties and may be "at risk" for additional socio-emotional difficulties. Students who are screened and meet specific criteria meet with a paraprofessional who provides direct services to the children.

Ask 4 Help – (k-5)

Yellow Ribbon's Elementary Ask for Help curriculum specializes in the ongoing development and reinforcement of the following protective factors in children and youth By the end of the curriculum, students will; Understand what feelings are (definitions) understand, recognize and express their own feelings and those of others, recognize what they need: the difference between needs and wants, differentiate between tattling and telling, know how to identify helps (trusted adults), know how to ask for help for themselves and for others. Books that go with the program - My Many Colored Days by Dr Seuss

Adventures in Poetry and Color Hailstones and Halibut Bones by Mary O'Neill
The Way I Feel by Janan Cain
The Gigantic Turnip by Aleksei Tolstoy and Niamh Sharkey
Tar Beach by Faith Ringgold
Cassie's Word Quilt by Fath Ringgold
A Bad Case of Tattle Tongue

Parent Café

Elementary, Middle and High Schools

An evidence informed parenting program which includes small group discussions among parents that promote individual self-reflection and peer-to-peer learning based on five research-based protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. Cafés are facilitated by a host in small groups where parents explore topics led by questions from the tool "Parent Café in a box."

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

TREATMENT PROGRAMS

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
Elementary, Middle, and High Schools

A SAMHSA approved, evidence-based program targeting youth between the ages of 10 and 15 years old who have experienced a violent or traumatic event. Students are screened for symptoms of depression and post-traumatic stress disorder and participate in a cognitive behavioral therapy focused group. The main goals of the group are to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support.

Bounce Back
K-4th grade

A SAMHSA approved, evidence-based program targeting youth between the ages of K and 4th grade who have experienced a violent or traumatic event. Students are screened for symptoms for post-traumatic stress disorder and participate in a cognitive behavioral therapy focused group. The main goals of the group are to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support.

Trauma-Focused Cognitive Behavioral Therapy
Elementary, Middle, and High Schools

A SAMHSA approved, evidence-based program targeting children and adolescents between the ages of 3 and 18 years old who may be experiencing symptoms related to trauma and/ or violence. The core components of Trauma-Focused Cognitive Behavioral Therapy include: psychoeducation, relaxation skills, affective modulation skills, cognitive coping, trauma narrative, in-vivo exposure, conjoint parent and child sessions, and enhancing personal safety.

Adolescents Coping with Depression (CWD-A)
Middle and High School

The Adolescent Coping with Depression is a SAMHSA approved evidence based program that is a cognitive behavioral group intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities. The program consists of 16 -2 hour sessions in mixed gender groups up to 10 adolescents.

Department of Mental Health
School Mental Health Program (SMHP)
Evidence Based Programs
SY 2017-2018

Incredible Years (Dina Dinosaur Group)
Elementary Schools

A SAMHSA approved, evidence-based program targeting children between the ages of 4 and 8 years old who may be experiencing aggressive or "disruptive" behaviors. The program focuses on teaching children social skills, problem solving skills and anger management strategies.