No More SILOS!

We learn to put things in categories beginning as early as we can remember... stacks of big blocks separated from little blocks, science homework in a separate folder from history homework, bills that are due this week from bills not due until the end of the month, priorities at work, etc. All of this categorizing has proven to help us manage our lives more efficiently and conveniently. Therefore, it seems reasonable and natural to manage our services, professional efforts and students by creating categories. However, the more we segregate our efforts, the less powerful our efforts are in the lives of the students we all work together to impact. The more we build our service delivery models on students identified by “type,” the less responsive our services are related to the ever-changing, and often mysterious, multi-layered needs of students.

Breaking down silos has become a cliche in our profession these days, but it has persisted because educators realize that integrated and coordinated efforts are much more likely to produce desired outcomes. Yet, attempting to integrate effectively is often painfully difficult. The allure of owning our distinct part, establishing clear boundaries for our duties, and taking responsibility for only what is defined within our boundaries always has a strong pull. Let us challenge each other to resist defaulting to our silos when integrating seems so very inconvenient and just plain hard. Here’s why: students and families are a big messy bundle of beautiful strengths and needs... these characteristics are not separate for students, and students are indeed the target of our mutual efforts. They exist all intertwined and knotted up. So must we intertwine if we want what we are doing to have maximum value to students. Of course, if it is convenience that we are really after, then we can continue stacking our blocks.

For the Student Support Services Project, this means we are committed to functioning as an integrated team. We do what we can to influence policy and practice, and to provide comprehensive services to districts and state agencies, as a united representation of four disciplines: school social work, school nursing, school counseling and school psychology.
April is National Child Abuse Prevention Month

April is a time to recognize that we each play a part in promoting the social and emotional well-being of children and families in communities and schools. Please collaborate with your colleagues to promote this effort to keep children safe throughout the month and beyond. For information about the history of Child Abuse Prevention Month, the presidential proclamation, how to get involved and multilingual activity calendars you may visit https://www.childwelfare.gov/preventing/preventionmonth/.

One of our partner organizations in child abuse prevention efforts is Lauren's Kids, led by Lauren Book, M.S.Ed., Founder and CEO. The organization’s mission is to prevent sexual abuse through awareness and education, and to help survivors heal with guidance and support. We see our responsibility as student services professionals to work devotedly to reduce barriers to learning, which includes keeping children well and safe. We asked Lauren to submit the following article to help raise awareness and understanding during National Child Abuse Prevention Month. You may wish to learn more about abuse prevention and access free curricular resources provided by Lauren’s Kids at http://laurenskids.org/curriculum/.

Walk in My Shoes 2014: Why I Walk

Lauren Book, M.S.Ed., Founder and CEO, Lauren’s Kids

Yesterday marked day 8 and mile 200 of my 42-day, 1,500-mile “Walk in My Shoes” walk from Key West to Tallahassee to raise awareness about child sexual abuse and help survivors heal. I was holding the hand of a six-year-old survivor – a young lady I met when she was four, the same week her abuse came to light – and as we rounded the sixth mile of a 23-mile day, I heard a once-familiar voice.

“Lauren!”

I stopped. It was one of my former friends and classmates from high school who I had not seen since my abuse came to light.

She explained that she recently borrowed my memoir, It’s OK to Tell – which tells the story of my grooming, abuse, disclosure and healing journey – from a friend and felt like she had to come out to walk with me and apologize for missing the signs.

“We were in carpools together. I knew you, I knew your nanny, Waldy. I should have seen the signs. I should have helped you tell.”

We walked for a few miles, talked, and I explained that as a child, and my peer, I am not surprised that she had no idea. Waldy was a true and skilled child predator and had groomed my whole family, and those around us, for abuse by appearing to be trustworthy, kind and responsible.

But there were signs that I wish trusted adults in my life would have picked up on.

Many children who fall victim to sexual abuse fit into three behavioral patterns: acting out – anger, aggression, experimentation or abuse with drugs and alcohol; acting in – becoming a model student and child, getting to class early, making good grades, trying to ensure no one learns their secret; or sexualizing their behavior and becoming promiscuous.

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I acted in – always early to school, always making good grades, taking on volunteer commitments above and beyond what was expected of me. This made me feel in control, though I so clearly was not, and as though no one would have cause to look at me too closely, to notice the secret I was so desperately trying to keep.

But I wish an adult had noticed the bruises under my shirt, which were sometimes visible in gym class.

I wish someone had asked why I didn’t have any close friends, and why Waldy was always around.

I wish someone had noticed when she got sloppy and touched or talked to me like we were dating, or when she had me sit on her lap, even when I was too old to do so.

I wish someone had noticed that I was trying to hold it all together because I was so terrified that things would fall apart.

I wish someone had looked a little closer, knowing that my mother was mentally ill and my father, a prominent lawyer and lobbyist, worked all the time.

And so, as I walked with my former classmate, I made sure to tell her some of the signs of abuse: unexplained gifts, behavior indicators like anger, change in mood, change in grades, promiscuity or regressive behavior.

I made sure to tell her that most children are abused by someone they know, love and trust, and that most instances of abuse will not come to light until years later, if ever.

I told her to pay attention to the signs and to report suspected abuse – not only because it is the law, but also because where there is smoke, there is so often fire.

April is National Sexual Assault Awareness Month and National Child Abuse Prevention Month; I ask that you visit www.LaurensKids.org and www.DontMissTheSigns.org to brush up on the signs of abuse. Your intuition could truly save a child’s life.

To join me on my fifth annual “Walk in My Shoes” as I walk through your community, visit www.LaurensKids.org/2014walk.

2014 Proposed Legislation of Interest

The 2014 Legislative session began March 4th. Here are the bills the Student Support Services Project team keeping an eye on. You may find information on specific bills at Online Sunshine, [http://www.leg.state.fl.us/Welcome/index.cfm?CFID=303873035&CFTOKEN=25311969](http://www.leg.state.fl.us/Welcome/index.cfm?CFID=303873035&CFTOKEN=25311969).

**Senate Bills**

- SB 88 – Relating to School Attendance
- SB 212 – Relating to High School Graduation
- SB 304 – Relating to College & Career Readiness
- SB 574 – Relating to Establishment of Mental Health First Aid Training Program
- SB 690 – Relating to Involuntary Examinations of Minors
- SB 778 – Relating to Student Discipline
- SB 850 – Relating to Education (Collegiate HS – FCS Lead)
- SB 864 – Relating to Instructional Materials for K-12 Public Education
- SB 868 – Relating to Reigniting Education Achievement With Coordinated Help
- SB 902 – Relating to The Expansion of School Counseling Resources
- SB 1122 – Relating to Emergency Allergy Treatment
- SB 1212 – Relating to Behavior Analysts
- SB 1226 – Relating to Education (Graduation Requirements)
- SB 1264 – Relating to School Health
- SB 1586 – Relating to Pediatric Subacute Care Unit
- SB 1642 – Relating to Education Accountability
- SB 1668 - Relating to Child Welfare (Child Death Reporting)
- SB 1670 – Relating to Medically Complex Children
- SB 0690 – Relating to Involuntary Examinations Under the Baker Act

2014 Legislation & Rules
**House Bills**

HB 159 – Relating to Establishment of Mental Health First Aid Training Program

HB 497 – Relating to Involuntary Exams of Minors

HB 981 – Relating to Dual Enrollment

HB 1085 – Relating to Behavior Analysts

HB 1139 – Relating to the Expansion of School Counseling Resources

HB 1247 – Relating to Pediatric Subacute Care Unit

HB 1249 – Relating to School Health Services Program

HB 7031 – Relating to Education (Graduation Requirements)

HB 7071 – Relating to Advanced Practice Registered Nurses

HB 829 – Relating to Involuntary Examinations Under the Baker Act

HB 1111 – Relating to Community Schools Initiative

HB 1131 – Relating to Emergency Allergy Treatment

**Others**

KTS1 – Relating to Education

KTS3 – Relating to Middle Grades Education

CRJS1 – Relating to Juvenile Justice

SCHW11 – Relating to Advanced Practice Registered Nurses

HFS3 – Relating to Child Protection and Child Welfare Service

EDAS2 – Relating to Education Funding

**A Little Bit More About**

HB 7031 (Identical – SB 1226)

These bills propose revisions to clarify middle grades promotion and high school graduation requirements. In addition, the bills:

♦ revise the scholar diploma designation requirements

♦ remove references to previously repealed s. 1003.428, Florida Statutes (F.S.) (old high school graduation requirements) and s. 1003.429, F.S. (old 18-credit early graduation options)

♦ add references to s. 1003.4282, F.S. (new standard high school diploma requirements), s. 1003.4281, F.S., (early high school graduation) and s. 1002.3105(5), F.S. (new 18-credit high school graduation option)

**Rule Amendments**

**Diabetes Management**


**State Uniform Transfer of High School Credit**

Rule 6A-1.09941, F.A.C., has been amended effective March 25, 2014, to reflect changes from the 2013 Florida Legislative Session as a result of SB 1076. Section 1003.4282(8), F.S., was created to include uniform transfer of high school credit requirements beginning with the 2012–2013 school year.
Form of High School Diplomas and Certificates of Completion

Rule 6A-1.0995, F.A.C., has been amended effective March 25, 2014, to reflect changes from the 2013 Legislative Session. Section 1003.4285(1), F.S., was revised to add scholar and merit diploma designation requirements. Section 1003.4282(7), F.S., establishes new certificate of completion requirements in addition to those outlined in s. 1003.428(7)(b), F.S.

Upcoming Event

The Florida School Health Association 2014 Annual Conference, April 30–May 2, 2014, “Safe, Healthy and Successful Students”, Rosen Centre Hotel, Orlando Florida. A total of 15 continuing education hours will be offered. The tentative agenda and registration information are located at http://www.fsha.net/FSHA_conferences.htm.

PEER & MTS 3.0

The PEER application is gearing up for its next deployment featuring a redesign of the Progress Report module. The new design will decrease user clicks and help users track the overall picture of student progress. The next deployment also includes Spanish versions of the meeting notice documents!

MTS 3.0 application deployed an update on February 21 that included the four new SLP Evaluation procedure codes, replacing procedure code 92506 – SLP Evaluation by an SLP:

♦ 92521 – Evaluation of speech fluency
♦ 92522 – Evaluation of speech sound production
♦ 92523 – Evaluation of speech sound production with evaluation of language comprehension and expression
♦ 92524 – Behavioral and qualitative analysis of voice and resonance

The update also included updated entry and withdrawal codes to align with the Florida Department of Education (FDOE) data base manual, as well as a bug fix for all existing daily services, evaluations and administrations tables to be ordered in reverse chronological order, with the most recent date of service listed first.

PEER and MTS 3.0 applications are getting ready for a big move to the FDOE’s “single sign-on” application allowing users to access several departmental web tools with a single set of credentials. You will see these changes taking place in April and May of this year.

The Student Support Services Project Welcomes...

Anne Glass as the Medicaid consultant to the FDOE. She most recently worked for the FDOE in the Bureau of Exceptional Education and Student Services, serving as a program director. Anne has vast experience in the area of Medicaid in schools; having worked for the Agency for Health Care Administration in the schools program; the private sector assisting states and school districts in Medicaid billing; and she previously served as the Student Support Services Medicaid consultant for a number of years. Anne was a founding member of the National Alliance for Medicaid in Education.

Anne states, “I am excited about the opportunity to serve the FDOE and school districts in this role. I hope to bring the knowledge and experience gained in Florida and other states to the table to continue to build the strong systems and processes already in place and to serve school districts in their Medicaid claiming efforts.”

We welcome you to introduce yourself to Anne. She may be reached at aglass@usf.edu or 850-245-7838.
Letter of Introduction—Dr. Trevis C. Killen

School Social Work Consultant

Greetings,

My name is Dr. Trevis Killen and I am excited and honored to serve as the school social work consultant for the Student Support Services Project collaboration between the University of South Florida and the Florida Department of Education. Prior to joining the Student Support Services Project, I worked as a school social worker with the Houston County School District, which is located in middle Georgia. During that period, I was privileged to serve as the state president, state vice president, regional president and regional vice president of the School Social Workers Association of Georgia; and liaison to the School Social Work Association of America. Before securing employment with the Houston County School District, I worked for two years as a part-time institutional instructor with the Lanier Technical College, where I taught GED classes to detained youth and adults.

Recently, I completed the requirements for a Doctor of Education Degree in Educational Administration from Georgia Southern University. Additionally, I have acquired an Education Specialist Degree in School Counseling, Certificate in Educational Leadership and Master of Social Work Degree from the University of Georgia; and a Bachelor of Arts Degree in Psychology from Albany State University. In 2011, I completed the national SUPES (Superintendents) Academy training program.

In closing, I am absolutely thrilled to work as member of the Student Support Services Project, and I am eagerly awaiting the opportunity to explore “The Sunshine State.” Moreover, I am very excited to learn about the amazing work that school social workers and community stakeholders across Florida are doing to support students, families, schools and communities.

Sincerely,

Dr. Trevis C. Killen

Trevis joins the Student Services Team April 14, 2014!

Connections & Integrations

Early Warning Systems and School Improvement

In 2011–2012, approximately 25 percent of Florida’s high school students dropped out of the school system before graduating. Research indicates that the choice to drop out of school is not usually a hasty decision but rather the result of years of a slow process of disengagement. Recent research cited by the Florida Bureau of School Improvement shows that many students begin sending clear ‘warning signals’ years before dropping out of school and that some of these signals appear as early as elementary school.
In an effort to support the capacity of schools to provide a multi-tiered system of supports for all students, this year the Florida Bureau of School Improvement included specific Early Warning System indicator targets for elementary, middle and high schools in the state School Improvement Plan (SIP) template. These indicator data (outlined below) are included in the state SIP to assist schools with identifying students potentially at risk for disengaging from school and potentially dropping out.

Research also shows that most at-risk students could graduate if they were afforded the appropriate preventions, early interventions and supports. When an Early Warning System is employed by use of the indicator data with the problem-solving process, preventions, interventions and supports can be directly matched to student needs at the local school.

One contribution of local student services professionals (counselors, school psychologists, school nurses and social workers) is to support both students and staff to implement strategic Early Warning Systems in Florida schools.

To assist you in thinking about how your efforts support school improvement and student engagement, consider the following table of early warning indicators required within the SIP.

**Early Warning Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Elementary School</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Missed 10% or more of instructional time</td>
<td>Missed 10% or more of instructional time</td>
<td>Missed 10% or more of instructional time</td>
</tr>
<tr>
<td></td>
<td>In ninth grade with one or more absences within the first 20 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals &amp; Suspensions</td>
<td>Two or more behavior referrals AND/OR</td>
<td>Two or more behavior referrals AND/OR</td>
<td>Two or more behavior referrals AND/OR</td>
</tr>
<tr>
<td></td>
<td>One or more referrals with suspension defined in s. 1003.01. (5) F.S.</td>
<td>One or more referrals with suspension defined in s. 1003.01.(5) F.S.</td>
<td>One or more referrals with suspension defined in s. 1003.01.(5) F.S.</td>
</tr>
<tr>
<td>Course Failures</td>
<td>Not proficient in reading by third grade</td>
<td>Failed a mathematics course</td>
<td>In ninth grade with two or more failed courses in any subject</td>
</tr>
<tr>
<td></td>
<td>Failed an English Language Arts course</td>
<td>Failed courses in any subject</td>
<td>In ninth grade and failed to progress on time to tenth grade</td>
</tr>
<tr>
<td>Credits (units) GPAs (middle and high school)</td>
<td>Retained pursuant to s.1008.25(4)(c), F.S.</td>
<td></td>
<td>Grade point average less than 2.0</td>
</tr>
</tbody>
</table>

Effective Instruction & Intensifying Interventions

Student Support Services facilitated three internal FDOE professional development opportunities in the past couple of months related to effective instruction and intensifying interventions for students struggling with reading, mathematics or behavior. We are investing in this because we think it is crucial to continue to build internal understanding and capacity across offices and bureaus for supporting districts through shared learning experiences.

One of the events was a replica of the statewide professional development workshops focused on effective instructional design and implementation for students with intensive needs, of which well over 500 district and school leaders and instructional personnel have also attended in recent months. This workshop was provided and supported by the Problem-solving/Response to Intervention Project funded by the FDOE, and will be followed by a series of subsequent workshops in early summer that go more in-depth with application of what was learned during the first workshop. Approximately 40 FDOE staff in attendance were very engaged and positive in their evaluations. They have requested being included on the follow up training.
The other two events were focused on reading and math research. Several nationally recognized leaders in both areas of content were able to provide training and then engage in a discussion with us around Florida-specific issues. Again, approximately 30 participants representing expertise from curriculum, instruction, assessment, school improvement, language acquisition and exceptional education engaged in an all day focus on effective reading instruction and interventions and an all day focus on effective mathematics instruction and interventions.

A few of our strongest “take-aways” so far are:

♦ Learner diversity in every classroom is the norm; expect and plan for it
♦ Teachers are not givers of knowledge, but facilitators of learning
♦ All instruction and interventions must be adapted based on the variety of student needs
♦ Students need “choice and voice” to engage in the learning experience, which can be accomplished by building lessons based on universal design for learning principles
♦ The goal of intervention must be to close existing gaps, meanwhile preventing new gaps, and engaging students
♦ It’s the curricula and instructional delivery methods that have inherent barriers, not the learners
♦ Effective instructional design, planning for high probability and high intensity barriers up front, is key to engaging and effective lessons
♦ Interventions must be intensified by making instruction MORE explicit, MORE systematic and providing MORE guided practice, MORE corrective feedback, MORE time and MORE targeted content based on data reflecting student response indicating their learning needs
♦ If interventions efforts are disjointed from core instruction, they defeat the purpose because the ultimate purpose is success in core instruction leading to graduation and desired post-school outcomes within our diverse society
Why Attendance Matters: Chronic Absence & Student Achievement

Why does attendance matter?
Research on attendance provides compelling evidence that chronic absenteeism negatively impacts student achievement, even in the early grades. Students must be present and engaged in order to learn. Absence for any reason represents a loss in academic engaged time. Because academic engaged time is high predictor of achievement, educators have a vested interest in assuring positive attendance rates.

Nationally, chronic absence is defined as missing 10 percent or more of a school year for any reason (defined as 21 or more days in FL).

Missing more than 10 percent of instructional days is correlated with poor academic outcomes, irrespective of the reason for the absence.

Chronic absence in kindergarten and first grade is associated with lower reading and math proficiency in third grade and higher drop out rates in high school. The impact of chronic absenteeism is greater for students from low-income families who benefit the most from being in school and yet often exhibit higher rates of absenteeism.

What does Florida’s data tell us?
The Student Support Services Project recently analyzed district data on chronic absence for the Florida Legislature. The following graph illustrates chronic absence rates by level for the state (percent absent 21 or more days).

The Chronic Absenteeism Rate for Florida is 8.92% for K-12; chronic absence rates range from 2.1% to 29.6%.
How are Florida districts addressing chronic absence?

The Project surveyed districts with the highest and lowest rates of chronic absenteeism using the Attendance Works District Self Assessment Tool: Does Attendance Really Count in Our District? When compared to districts with high rates of absenteeism, districts with low rates were more likely to engage in the following practices: 1) integrate chronic absence in an early warning system; 2) adopt standard definition of chronic absence (missing > 10 percent of school days); 3) share data on multiple attendance measures for each school, grade and NCLB sub-population; 4) use school teams to review data, set attendance targets and take action steps; 5) educate parents and students about the importance of good attendance starting in Kindergarten & PreK.

Based on the survey response, the following critical attendance policies and practices were identified as needing improvement in districts with high and low rates of chronic absence: 1) providing professional development about early warning signs of academic risk and drop-out, including chronic absence, and how to address them; 2) requiring schools with high levels of chronic absence to address attendance in school improvement plans; 3) making improved attendance and reducing chronic absence a priority in district policy and budget; 4) using data on chronic absence to target and allocate district and community resources to reduce barriers to attendance; 5) applying disciplinary consequences for attendance that do not result in loss of instructional time and opportunity.

How can student services professionals promote attendance and foster student engagement?

Student services personnel play a critical role in assisting schools to engage students and address barriers to learning including attendance. Student services personnel can support school and district efforts to address chronic absenteeism by:

- Assisting schools to implement effective schoolwide approaches to recognizing good and improved student attendance and nurture a school culture that promotes student engagement (multi-tiered system of supports).
- Developing a data tracking system that monitors chronic absenteeism and provides regular reports on chronic absence levels by student, grade and sub-population (Early Warning System).
- Participating on school and district level teams that review trends in attendance, engage in data-based problem solving, implement action plans and evaluate results.
- Identifying and addressing systemic barriers to attendance, including a lack of engaging instruction or challenges such as poor transportation, lack of health care, etc.
- Providing interventions for chronically absent students combined as needed with case management or follow up with courts (school intervention team).
- Educating parents about the importance of attendance starting with pre-K.
- Applying disciplinary consequences for attendance that does not result in loss of academic engaged time.

For additional information and helpful resources on chronic absence, including data analysis tools, we recommend the following sites:

- Everyone Graduates Center [http://new.every1graduates.org/](http://new.every1graduates.org/)
The Jason Foundation, Inc.

Student services professionals are particularly passionate about suicide prevention efforts. We have heard your cries of concern over suicide rates. We believe that our collective passion and expertise integrated within a comprehensive, multi-tiered support system can yield the results we want: social, emotional, mental, physical and behavioral health for all students.

Our team recently met with representatives of the Jason Foundation, Inc. (JFI) to discuss suicide prevention goals, challenges and prevalence. We learned that JFI is a nationally recognized provider of suicide awareness and prevention training programs for educators, youth workers, parents and students. JFI is headquartered in Hendersonville, TN. All of its programs are offered at no cost.

Dayna Harpster, Southwest Florida Community Liaison for the JFI, agreed to share their perspective on suicide prevention efforts via the following article.

“Keyed In”

About an hour north of Fort Myers, where I work in marketing and social media for Park Royal Hospital, there’s a beach known to be a haven for fossilized shark teeth. I went once and found a paltry few of the shiny black treasures. I recently found out from a champion tooth finder in the area that all it takes to find a major haul is to be clearly focused, paying no attention to other objects in order to be “keyed in” to the shark teeth among the shells and rocks and everything else on the beach.

As I talk to people about JFI, for which the hospital’s parent company – Acadia Healthcare – advocates nationally, it reminds me of that beachcomber’s advice. Jason Flatt died by suicide in 1997 when he was 16. The non-profit founded by his father, Clark Flatt, and supported by Acadia seeks to prevent further tragedies among young people through curricula for various age groups and by advocating legislative passage of the Jason Flatt Act.

If you become keyed in to the topic of youth suicide, it’s amazing how many cases you hear about.

I’ve been raising the subject at health fairs and other events. It’s not a topic that comes up in everyday conversation. But when it does come up, you find it’s everywhere.

A diversity advocate at a local university told me recently that suicide is disturbingly common among the gay, lesbian, bisexual, transgender and questioning students he works with.

We know at Park Royal Hospital that any type of mental illness or drug abuse raises the risk factor for young adult suicide. We also know that a “reason” for this tragic act is often elusive. In every case, however, it devastates family, friends and loved ones.

Last week at a local community event, a 23-year-old woman who works in a southwest Florida dental office told me about three friends who died by suicide during her senior year of high school. One in particular was a close friend. She showed me a prom photo she
still has on her phone. The two of them look adorable and happy, which I guess proves how deceptive pictures can be.

Because according to the foundation, four out of five people who have died by suicide gave clear warning signs before the attempt. This means that 80 percent of suicides are preventable if the community is trained on what clues to look for and how to react.

Those are big IFs. But the toll suicide takes in Florida is big as well. It’s the third leading cause of death for people ages 10 to 24 in the state. (From the U.S. Centers for Disease Control Youth Risk Survey).

The Jason Foundation offers four staff development modules both online and by DVD. The topics of the modules range from a broad overview to more specific information regarding awareness and prevention of youth suicide. Although the staff development modules were designed specifically with educators in mind, they are not the only group that can benefit from the training. Coaches, counselors, social workers and any others who interact with young people can be made more aware of the problem of youth suicide. These modules offer information, tools and resources to help adults identify and assist at-risk youth. The purpose of the modules is not to train people to become “counselors” but to become a bridge to help.

To access the online training and for more information about resources offered by the Jason Foundation, you may visit http://jasonfoundation.com/.

Integrating Social, Emotional, Behavioral Supports:

Innovation in Volusia

Recognizing that universal screening is a cornerstone of Response to Intervention (RtI) and Multi-tiered Systems of Support (MTSS) frameworks, Volusia County Schools has launched a process to screen students who may be in need of behavioral and social-emotional interventions and supports. Beginning in the 2013–2014 school year, all elementary students (i.e., approximately 26,000 K-5) are screened on three broad domains during the four grading periods. The three domains are:

1. Student displays work/study skills needed to learn (this includes completing assignments, following directions, regular attendance/on-time for class and paying attention);
2. Student maintains positive interactions with peers and adults (this includes respect toward others, rarely having conflicts with others, and having a typical variety of friendships); and
3. Student demonstrates self-control and appropriate responses to typical events (this includes staying calm during stressful times and showing self-control)

An example of the district data summary in the third domain at the end of the first grading period this school year is as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of Students</th>
<th>District Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Satisfactory</td>
<td>21,940 (of 25,674)</td>
<td>86%</td>
</tr>
<tr>
<td>Tier 2: Needs Improvement</td>
<td>3,160 (of 25,674)</td>
<td>12%</td>
</tr>
<tr>
<td>Tier 3: Unsatisfactory</td>
<td>571 (of 25,674)</td>
<td>2%</td>
</tr>
</tbody>
</table>

When determining the purpose for Volusia’s screening, it was determined that a behavioral screening measure should accomplish the following:

♦ Identify students who may be in need of Tier 2 and Tier 3 supports
♦ Identify general problem areas in order to “drill down” to more specific concerns
♦ Be sensitive to both externalizing and internalizing behaviors
♦ Identify areas that can be remediated with research-based interventions
♦ Determine need for specific interventions and/or professional development at the district, school and classroom level

♦ Establish district and school norms

When considering a means to screen students, the report card as a tool to communicate the results and relationship to academic performance became the natural solution because 1) teachers were already rating students in areas of personal/social domains and conduct so there were no additional time commitments for teachers and 2) no additional cost was incurred by embedding items in the report card as a screening measure. Just as importantly, the electronic report card enables student services professionals and school teams to disaggregate the data to make meaningful student, class, schoolwide and system decisions.

Based on results of the report cards, student services professionals determine if data represent a need for further individual student supports or if data trends suggest a classwide, school or teacher issue. Resource mapping of supports and interventions have been aligned to the specific screening areas so that student services professionals can provide direct and indirect evidenced-based supports matched to the identified area of need. Furthermore, when behavioral data generated from report cards are presented with academic data during PLCs, educators more explicitly realize the importance and relevance of integrating academic and behavioral domains to improve educational outcomes.

For additional information, please contact Dr. Mary Alice Myers, assistant director of ESE and Student Services, Volusia County Schools at mmyers@volusia.k12.fl.us.

Interagency Agreements and Workgroups

Teamwork is essential for student services personnel. The Student Support Services Project models for districts and schools a comprehensive, effective and efficient teamwork approach to providing supports for all students. By leaving our silos and working together, we can eliminate learning barriers and provide a system of supports that significantly impact student achievement. A unique application of this teamwork model is our contribution to a number of statewide interagency agreements and workgroups which coordinate services and supports across multiple child serving agencies. By coordinating the flow of information across agencies, we benefit students who may otherwise be lost in a complicated system of rules and regulations.

Many of the interagency agreements have a specific focus and require fewer member agencies such as the agreement for developing protocols for information sharing under the recent FERPA provisions. Others are much more comprehensive and include numerous agencies such as the agreement to coordinate services for children served by more than one agency.

Whether large or small, state or local level, the unique perspective and skill set of student services personnel can provide a valuable contribution to interagency agreements and subsequent workgroups.
A few of our current interagency agreements are:

- Interagency Agreement to Coordinate Services for Children Served by More than One Agency
- Interagency Trauma Informed Care Workgroup
- Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System
- Protocol for Information Sharing with DCF and FDOE
- Independent Living Services Advisory Council
- State Substance Abuse & Mental Health Planning & Advisory Council of Florida
- School Health and Education Interagency Collaborative
- Fostering Achievement Fellowship
- Florida Reach
- State Young Child Wellness Council
- Child Welfare Interagency Collaborative
- Children’s Multidisciplinary Assessment Team