


FDOE Update – FASP Annual Conference 2017


Dr. David Wheeler, School Psychology Consultant
[Student Support Services Project USF](#)
[Bureau of Exceptional Education & Student Services/FDOE](#)



FLORIDA DEPARTMENT OF
EDUCATION
 fldoe.org

www.FLDOE.org

1



FLORIDA DEPARTMENT OF
EDUCATION
 fldoe.org

Learning Objectives

- Analyze disproportionality data and discuss implications for comprehensive coordinated early intervening services.
- Distinguish appropriate from inappropriate procedures for school-initiated Baker Acts.
- Describe the relationship between early warning indicators and Adverse Childhood Experiences (ACEs) & implications for screening.
- Identify three neuromyths with instructional implications.

www.FLDOE.org

2



Agenda

- Student Support Services Project
- NASP Practice Model
- State of the State for Children & Youth in FL
- Legislation & Policy
 - Comprehensive Coordinated Early Intervening Services (CCEIS)
 - Task Force on Involuntary Examination and implications for school mental health
- Evidence-based Intervention Resources
- Neuromyths



Student Support Services Project

Our **VISION** is a comprehensive, fully integrated multi-tiered system of supports that meets the needs of the full range of learners.

Our **MISSION** is to provide expertise and leadership for supporting the academic, social, emotional, physical, and behavioral development of all students.

<http://sss.usf.edu>

The Guiding Tools for Instructional Problem Solving - Revised (GTIPS-R)

What is GTIPS-R?
 The Florida Department of Education promotes the use of a multi-tiered system of support (MTSS) as a framework to address the learning needs of all students. GTIPS-R is a guide to facilitate data-based problem solving required at all levels of the educational system (e.g. district to individual student). This latest revision includes digital tools and updated terminology reflecting current federal and state research findings, policies, and guidance. It provides detailed information to assist districts and schools with a data-based problem-solving process that includes: collecting student performance data, answering guiding questions, documenting decision making, and evaluating outcomes. It also supports educators in making instructional decisions that reflect multifaceted variables such as quality instruction, intervention, and assessment to address the learning and behavioral needs of all students.

What is in GTIPS-R?

How can GTIPS-R be used?

Program/Department: Use within a program/department as a means of creating a common language and understanding, then communicating that understanding throughout the system.

District: Use as the foundation for efforts to standardize concepts and practices across departments and levels of the system, both horizontally and vertically.

School: Use as a tool to calibrate thinking and practice across a school building to assure all individuals engaged in problem solving do so from a common foundation, recognizing the importance of a healthy system of instruction and supports, with demonstrated effectiveness at all tiers.

Teams: Smaller groups may find GTIPS-R helpful in building an initial understanding of instructional problem solving, then using it to grow knowledge, skills, and practice over time.

Individuals: Will find it useful as a self-study reference to maintain consistent decision making over time.

Where can GTIPS-R be found?
[Online Interactive Format](#)
[Downloadable PDF](#)

http://www.florida-rti.org



Guidance to School Districts for Enrolling Students Displaced by Hurricane Maria

As a result of the devastating effects of Hurricane Maria, students and families from Puerto Rico, the U.S. Virgin Islands and other areas of the Caribbean have relocated to Florida. To ensure displaced students are able to continue their education, many school districts have already begun enrolling them and the Florida Virtual School has offered to accept 20,000 displaced students. Florida Commissioner of Education Pam Stewart has been in contact with Puerto Rico Secretary of Education Julia Kelleher, and she expressed her great appreciation for Florida's support.

Due to the devastation left in the wake of these record-setting storms, some of these families may not have immediate access to the records that are typically required to enroll in school. Given these highly unusual circumstances, the Florida Department of Education has waived certain rules and regulatory provisions to enable districts to more seamlessly enroll displaced students. This document is a compilation of guidance; school district personnel should direct questions to the contacts for each section listed below.

I. Waivers

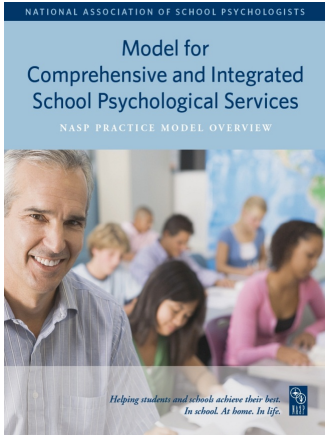
A [supplemental order](#) was issued by Commissioner Stewart on October 6, 2017. To the extent student records are unavailable as a result of Hurricane Maria, the following State Board of Education rules and related Florida Statutes are waived to allow school districts to enroll these displaced students in school without the necessary and customary documentation:

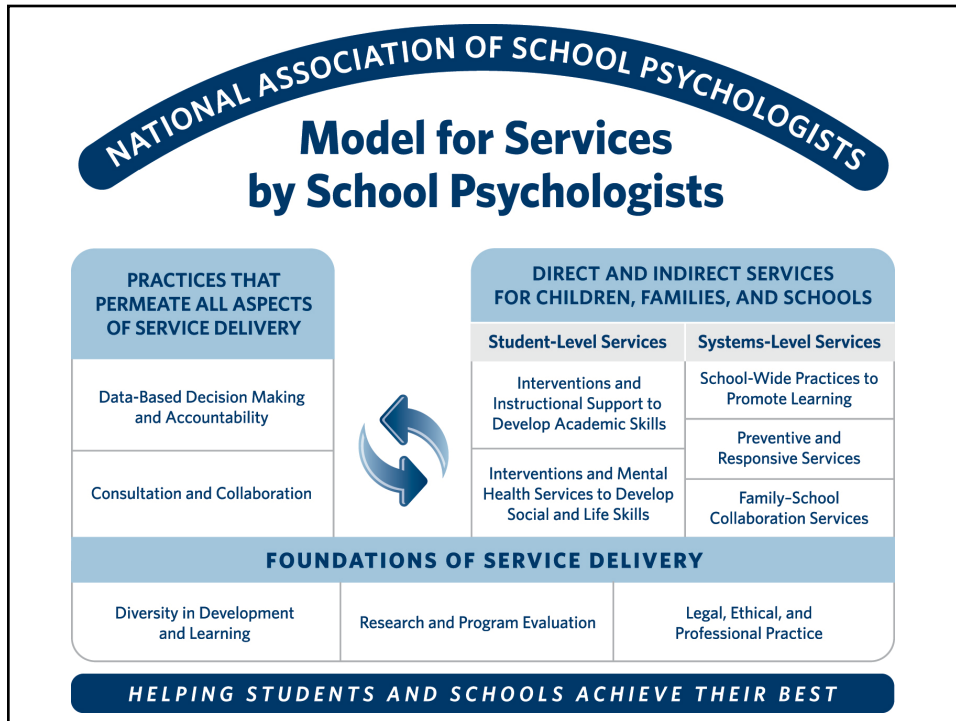
- Rules 6A-1.0985 and 6A-1.09941, Florida Administrative Code, to the extent necessary to allow Florida public school districts to admit such students where such records are unavailable to the parent or guardian of the student.
- Section 1003.21, Florida Statutes, to the extent it requires proof of age for attendance eligibility where such records are unavailable to the parent or guardian of the student.
- Section 1003.22, Florida Statutes, requiring presentation of a certification of a school-entry health examination where such records are unavailable to the parent or guardian of the student. Such statute shall be waived for initial enrollment of students.

The following State Board of Education rules and related Florida Statutes are waived to allow school districts to employ displaced teachers without the necessary and customary documentation for Educator Certification. The department is authorized, upon receiving a request from a school superintendent or his or her authorized designee or from a Florida nonpublic school with a state-approved professional education competence program to:

- Waive the application fee(s) for an initial educator certificate, pursuant to Section 1012.56(1), Florida Statutes, and Rule 6A-4.0012(1)(a), Florida Administrative Code, with requests not to exceed three (3) subject area coverages or endorsements, and
- Waive the requirement to provide official transcript(s) documenting receipt of a bachelor's or higher degree from an accredited or approved institution, pursuant to Section 1012.56(2)(c), Florida Statutes, and Rule 6A-4.0012(3), Florida Administrative Code, if the educator provides unofficial transcript(s) and, if applicable, copies of valid teaching certificate(s) issued by another state or U.S. territory.

NASP Practice Model





NASP Practice Model Implementation Guide

Home > Standards & Certification > NASP Practice Model

NASP Practice Model
IMPLEMENTATION GUIDE

Helping schools help students thrive. In school. At home. In life.

NASP
NATIONAL ASSOCIATION OF School Psychologists

*Amantia Kalamoni Shabdi
Katharine Minko
Eric Bacon
Katherine C. Casan*

*John Kelly
Shonda Armstrong
Amy Smith*

Using This Guide

This guide is designed to help move toward the implementation of the NASP Practice Model by setting goals that best meet the needs of your school building, district, or state. The suggestions and resources within can be adapted to your school's specific context.

More

III. Organization & Management

Six organizational principles are


IV. Evaluating Services

Embedding principles of the NASP Practice Model in the evaluation of school psychological personnel and

V. Advocacy Steps

Consistent adoption of these standards ensures the public that students can access needed services wherever they

10




**FLORIDA DEPARTMENT OF
EDUCATION**
fldoe.org

Education Report Card

11

www.FLDOE.org



**Florida Department of Education
Bureau of Exceptional Education and Student Services**

2017 SEA Profile

**Pam Stewart
Commissioner**

Introduction

PK-12 Population:	Number Disabled:	Percent Disabled:
2,816,824	377,153	13%

The SEA profile, along with similar district profiles, is intended as a tool for use in planning for systemic improvement in exceptional education programs. The profile contains a series of data indicators that describe measures of educational benefit, educational environment, prevalence, parent involvement and provides information about state level targets in Florida's State Performance Plan/Annual Performance Report (SPP/APR). Required under the Individuals with Disabilities Education Act (IDEA), the SPP/APR for 2013-2018 contains historical data and targets for 16 indicators along with a State Systemic Improvement Plan (SSIP). During the six-year period, Florida will annually submit progress reports for each indicator as well as the SSIP. As part of the process, Florida publicly reports data for both the state and each local education agency.

Data in the SEA profile are presented for the state. Where appropriate and available, comparative data for general education students are included. Indicators in **bold** are part of the State Performance Plan/Annual Performance Report.

Data presented as indicators of educational benefit (Section One)

- **Federal uniform high school graduation rate**
- Standard diploma graduation rate
- **Federal dropout rate for students with disabilities**
- Postschool outcome data

Note: Statewide assessment data for both preschool and school age students are published separately.

Data presented as indicators of educational environment (Section Two)

- Students with disabilities ages 6-21 by placement setting
- **Children with disabilities ages 3-5 by placement setting**
- **Part C to Part B transition**
- Secondary Transition IEPs
- **Students with disabilities suspended/expelled for more than 10 days in a school year**

Data presented as indicators of prevalence (Section Three)


- **Evaluations completed within 60 days**
- Student membership by race/ethnicity
- **Risk ratios of racial/ethnic groups identified as disabled**

Data presented as an indicator of parent involvement (Section Four)

- **Survey of parent perceptions**

SEA Profile, Page 1





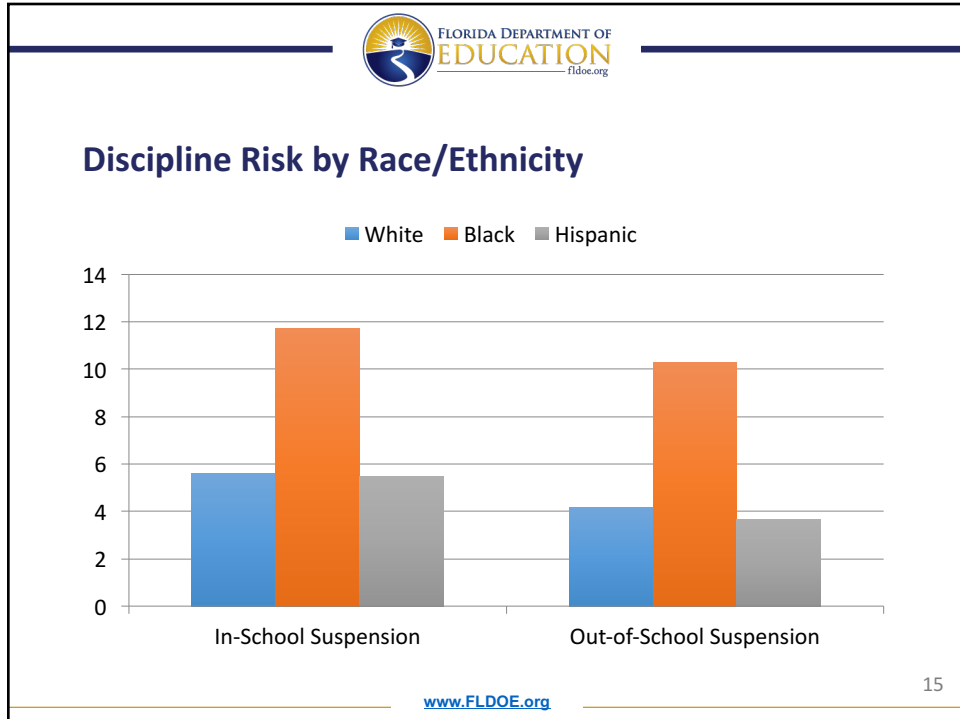
FLORIDA DEPARTMENT OF
EDUCATION
 fldoe.org

PK-20 Education Information Portal

<https://edstats.fldoe.org/SASPortal/main.do>

14

www.FLDOE.org



- HOME
- SCHOOL & DISTRICT SEARCH
- DETAILED DATA TABLES
- DATA ANALYSIS TOOLS
- SPECIAL REPORTS
- STATE AND NATIONAL ESTIMATIONS
- ADDITIONAL RESOURCES
- FAQ/USER GUIDE
- OFFICE FOR CIVIL RIGHTS (OCR)
- Looking for the 2015-16 CRDC?

CRDC

Civil Rights Data Collection

WIDE-RANGING EDUCATION ACCESS AND EQUITY DATA COLLECTED FROM OUR NATION'S PUBLIC SCHOOLS

Summary of Selected Facts
View data tables and graphs for an individual school or district

Detailed Data Tables
Explore and analyze data across schools or districts

Data Analysis Tools
• Explore discipline data across schools, districts and/or states
• Analyze trends in students characteristic data for schools or districts

Special Reports for Schools and Districts
• English Learner (EL) Report
• Discipline Report
• Educational Equity Report

State and National Estimations
Download state and national CRDC data estimations (available for multiple CRDCs)

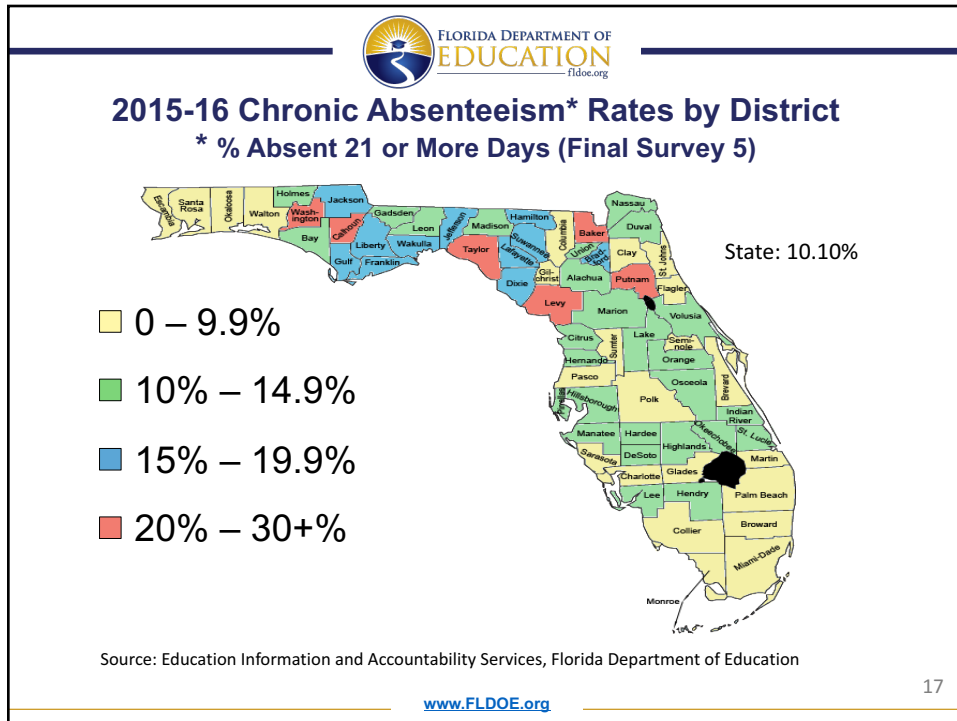
DID YOU KNOW?

The CRDC includes data about:

- Enrollment
- Demographics
- Preschool
- Math & Science Courses
- Advanced Placement
- SAT & ACT
- Discipline
- School Expenditures
- Teacher Experience

2013-14 CRDC collected data for the first time on:

- Chronic Student Absenteeism
- Availability of free or partial-payment preschool
- Educational access in justice facilities
- Civil rights coordinators
- Sworn law enforcement/school resource officers
- Access to distance education courses, credit recovery, and dual enrollment/dual credit programs



Reasons for Chronic Absenteeism Among Secondary Students

Survey Summary Report

Amber Humm Brundage, Jose M. Castillo & George M. Batsche
8/9/2017

Florida's Problem Solving & Response to Intervention Project
A collaborative project between the Florida Department of Education and the University of South Florida

Student Quantitative Responses by Category

Reason	Percentage
Health Related	92.6
Transportation	53.0
Personal Stress	41.8
Preferred Activity Outside of School	41.0
Value of School	38.8
School Stress	34.8
School Climate	32.2
Safety/Conflict	21.2
Adult Responsibility	17.0
Legal System Involvement	15.6
Housing/Material Instability	13.6
Suspension	10.5

Reasons for Attendance (4859 responses)

Top Responses	
Motivator	Instances Mentioned
Value of Education (Desire to learn, future goals, to get an education)	3080
Peer Relationships	1973
School Activities (clubs, sports, extra-curriculars)	723
Required- Unspecified (I have to)	186
Classes (Content area or elective)	176
Parent Support (Parent expectation/support for attendance)	174

Source: Brundage, A., Castillo, J., Batsche, G. (2017). *Reasons for Chronic Absenteeism (RCA) Among Secondary Students: Survey Summary Report*. Florida's Problem Solving/ Response to Intervention Project . University of South Florida.

Supports to Improve Attendance (4525 responses)

Top Responses	
Supports	Instances Mentioned
Level of Difficulty/ Strictness (Less homework, more fair rules, lenient dress code)	501
Illness Prevention	467
Engaging Environment (More interesting/ fun, more hands-on)	462
Improved Climate/Relationships (Nicer peers/adults, less drama, less bullying)	400
School schedule (Later start time, shorter classes, more time to pass between classes)	359
Academic Support (Tutoring, better teachers, help from teachers)	289
Unsure (I don't know, not sure)	288



Legislation and Policy



Every Student Succeeds Act (ESSA) – FL Plan

- Assessment and Accountability (Title I, Part A)
- Migrant Students (Title I, Part C)
- Neglected, Delinquent, or At-Risk Students (Title I, Part D)
- Supporting Effective Instruction (Title II, Part A)
- English Language Learners (Title III, Part A)
- Student Support and Academic Enrichment Grants (Title IV, Part A)
- 21st Century Community Learning Centers (Title IV, Part B)
- Rural and Low-Income School Program (Title V, Part B, Subpart 2)
- McKinney-Vento Homeless Assistance Act (Title VII, Subpart B)

www.FLDOE.org

23



ESSA & School Psychologists

- Assessment & Accountability
 - Must include SISP in designing school improvement plan
- Schools in Need of Improvement
 - Must conduct needs assessment, implement learning supports, & address resource inequity
 - Improvement plan must outline how SISP involved
 - Improvement plan may fund School Mental Health services
- Improving School Climate/Safety & Access to Comprehensive Learning Supports
 - Must report school climate and school safety data
 - ESSA identifies MTSS, PBS/PBIS, SMBH, TIC practices, school-community partnerships, PD, as potential comprehensive learning supports

www.FLDOE.org

24



Alternate Assessments for Students with the Most Significant Cognitive Disability (s. 1111(b)(2)(D))

- Total number using alternate assessment cannot exceed 1% of number of students in state taking the assessment.
- Ensures that parents are clearly informed how achievement will be measured and impact on obtaining a HS diploma.
- Promotes involvement of students with most significant cognitive disabilities in the general education curriculum.
- Promotes appropriate accommodations to increase number of students with SCD participating in academic instruction and assessments for grade level enrolled.
- Does not preclude a student with a significant cognitive disability from attempting to completed the requirements for a regular high school diploma.

www.FLDOE.org

25



What is a Significant Cognitive Disability? Most?

- IQ and/or disability classification alone does not determine significant cognitive disability
 - Not limited to a particular disability category
 - IQ in lower range necessary but not sufficient
- Must not be identified solely on basis or previous low poor academic achievement, ELL status, or need for accommodations.
- Limited to 1% of student population
- Two primary elements
 - Cognitive/intellectual functioning
 - Adaptive functioning
- Other considerations (see *Assessment Planning Resource Guide for IEP Teams*)

www.FLDOE.org

26



Departmental Guidance on Significant Cognitive Disability

- [DPS 2014-208](#): Statewide Assessment for Students with Disabilities
- [Assessment Planning Resource Guide for IEP Teams](#) Revised - 2016

Questions to Guide the Decision-Making Process to Determine How a Student With Disabilities Will Be Instructed and Participate in the Statewide Standardized Assessment Program	YES	NO
1. Does the student have a significant cognitive disability?		
2. Even with appropriate and allowable instructional accommodations, assistive technology, or accessible instructional materials, does the student require modifications, as defined in Rule 6A-6.03411(1)(z), F.A.C., to the grade-level general state content standards pursuant to Rule 6A-1.09401, F.A.C.?		
3. Does the student require direct instruction in academic areas of English language arts (ELA), mathematics, social studies, and science based on Access Points in order to acquire, generalize, and transfer skills across settings?		

www.FLDOE.org

27



Disproportionality & Comprehensive Coordinated Early Intervening Services (CCEIS)

§300.646 and §300.647



www.FLDOE.org

28



Disproportionality in IDEA

- Significant disproportionality (§ 300.646 & § 300.647)
 - Comprehensive coordinated early intervening services (CCEIS)
 - Based on risk ratio threshold
- Disproportionate representation of racial and ethnic groups due to inappropriate identification (§ 300.600)
 - Indicators 9 & 10
 - Based on risk ratio threshold **and** determination that disproportionate representation is the result of inappropriate identification



Coordinated Early Intervening Services (CEIS)

- Early intervening services...
 - Services provided to non-identified students who need additional academic and behavioral supports.
 - Broad range of services that include educational and behavioral evaluations, services, and supports, and professional development.
- Coordinated early intervening services (CEIS)
 - **Voluntary** for students not currently identified in K-12
 - Districts can use up to 15% of IDEA allocation.
- Comprehensive coordinated early intervening services (CCEIS)
 - **Mandatory** if district identified as having significant disproportionality (ages 3-5 and K-12)
 - Districts must use 15% of IDEA allocation.



Disproportionality – State Responsibility

- Establish a standard methodology for determining disproportionality (with input from stakeholders).
- Collect and examine data to determine if significant disproportionality based on race & ethnicity is occurring:
 - **Identification** of children with disabilities
 - **Placement** in particular educational settings
 - Incidence, duration, and type of **disciplinary removals** from placement, including suspensions and expulsions
- Provide for review of policies, practices, and procedures.
- Require LEAs with significant disproportionality to reserve 15% for the provision of comprehensive coordinated early intervening services (CCEIS).



Risk Ratio Analyses

Categories (14)	Race/Ethnicity (7)
Identification (TOTAL SWD, InD, EBD, SLD, SI/LI, OHI, ASD)	White
In-school suspensions < 10 days	Hispanic/Latino of any race
In-school suspensions > 10 days	Black or African American
Out-of-school suspensions < 10 days	Asian
Out-of-school suspensions > 10 days	American Indian or Alaska Native
Total disciplinary removals	Native Hawaiian/Pacific Islander
SWD inside regular class < 40% of the day	Two or more races
SWD in separate schools or facilities	



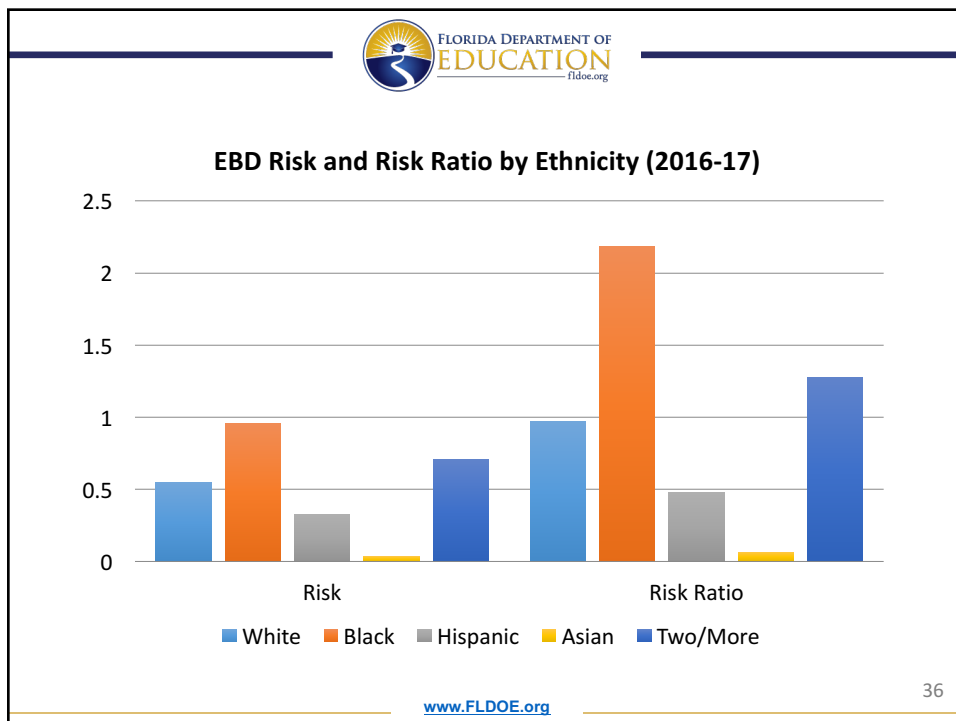
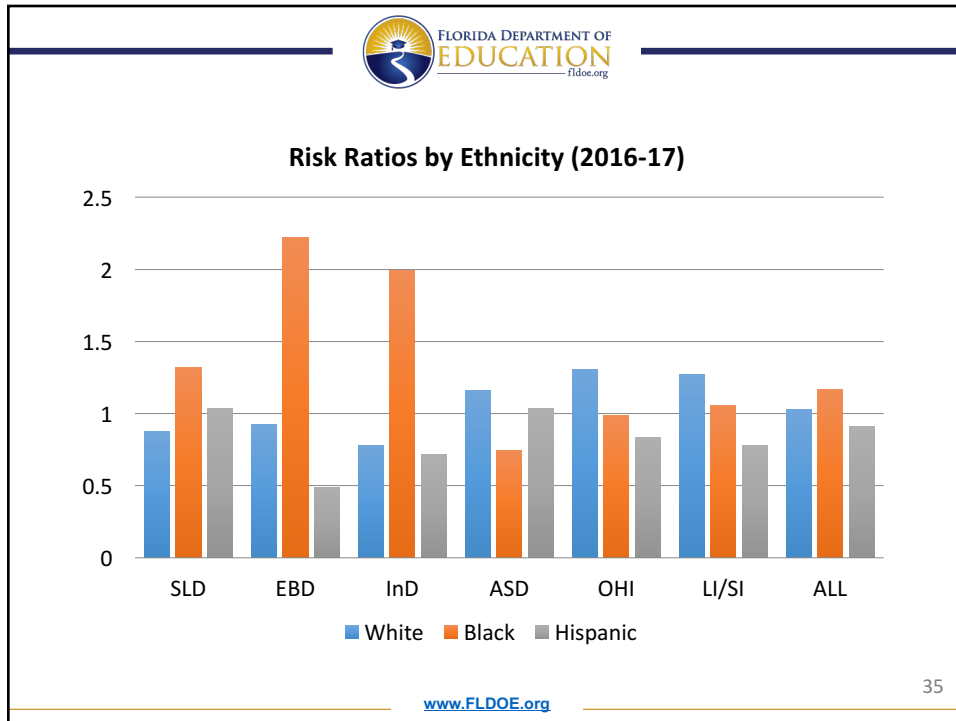
Disproportionality – District Responsibility

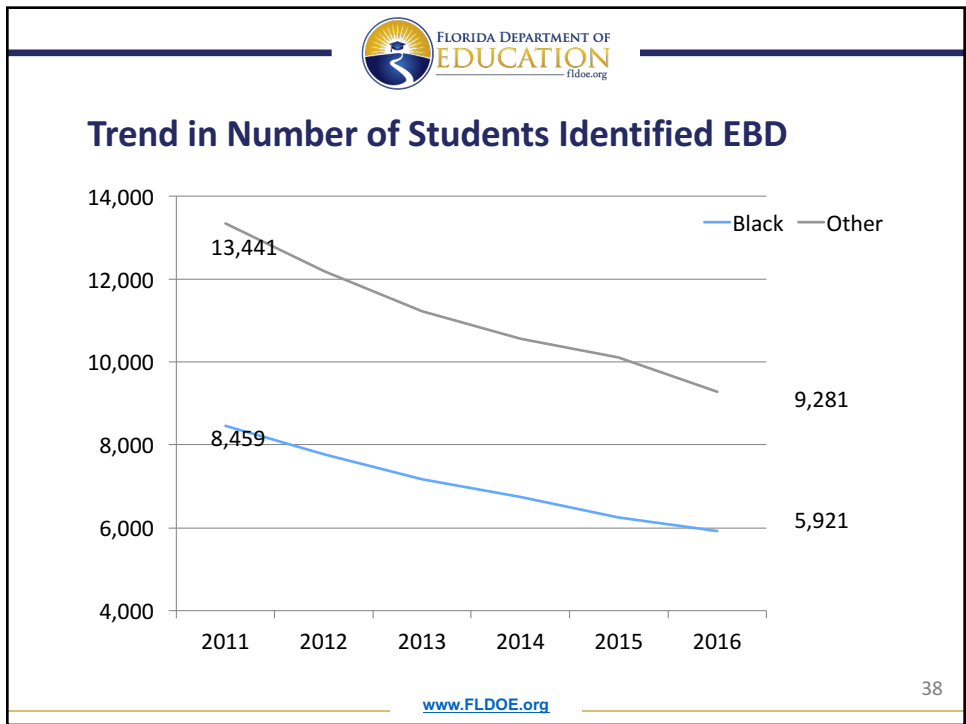
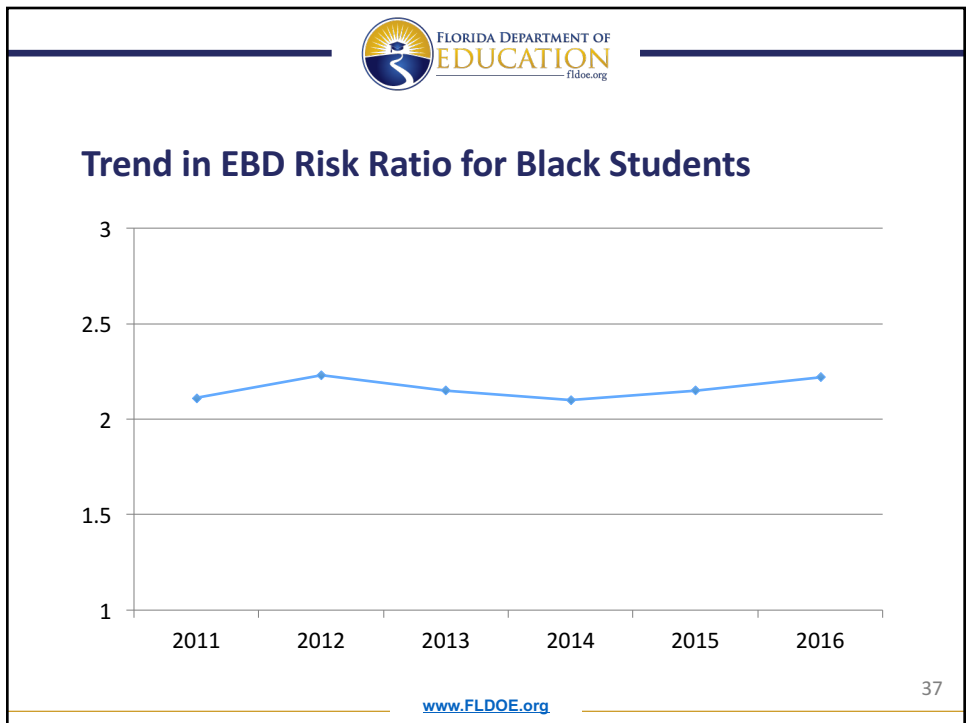
- Identify and address root causes of disproportionality.
- Address a policy, practice, or procedure identified as contributing to significant disproportionality.
 - Prohibits state or district from developing policies, practices, or procedures that violate IDEA and child find,
- Use 15% of IDEA allocation to address disproportionality
 - Allows portion of CCEIS funds to be used for children with disabilities.



State-determined standard methodology for determining significant disproportionality (CCEIS):

- Reasonable risk ratio threshold
- Reasonable minimum cell size – risk for group (numerator in the risk ratio calculation)
- Reasonable minimum n-size – risk for all other groups (denominator in the risk ratio calculation)
- Flexibility – Multiple years (up to three)
- Flexibility – Reasonable progress (amount must be specified)







Analyzing disproportionality data & causes

- Disaggregate data by race, sex, and age
 - Consider risk and risk ratio
 - Systemic vs. localized
- Identify root cause(s)
 - Lack of access to good (scientifically-based) instruction
 - Economic, cultural, or linguistic barriers
 - Inappropriate use of disciplinary removals
 - Lack of access to appropriate diagnostic screening
 - Differences in academic achievement levels
 - Under-identification of one or more ethnic groups
- Develop and implement coordinated early intervention services (tiered supports) that address root causes.



Success Gaps Toolkit



School Improvement Plan (1001.42(18(a), F.S.

- Grade of 'D' or 'F'
- Significant gap in achievement on statewide, standardized assessments for one or more student subgroups
- Not significantly increased percentage of students passing statewide, standardized assessments
- Not significantly increased percentage of students demonstrating learning gains
- Significantly lower graduation rates for a subgroup when compared to the state's average.

SIP template <https://www.floridacims.org>



Early Warning Systems (s. 1001.42(18)(b) F.S.)

- Implement an early warning system to identify students who need additional support to improve academic performance and stay engaged in school in grades K-8.
- Establish a school-based team to monitor the early warning system (may include a school psychologist)
- Determine, in consultation with the parent, appropriate intervention strategies based on data from the EWS for each student who exhibits two or more indicators, unless the student is already being served by an intervention.



Requirements for Early Warning System

- Indicators
 - Attendance below 90%
 - One or more in-school or out-of-school suspensions
 - Course failure in ELA or math for any grading period
 - Level 1 on FSA (ELA or math) or substantial reading deficiency
- Track data on the number of students exhibiting two or more early warning system indicators & the number of students by grade level who exhibit each early warning indicator.
- Description of all intervention strategies employed to improve the academic performance of students identified by the early warning system.



Task Force on Involuntary Examination of Minors (HB 1121)

www.FLDOE.org

45

Table 1: Involuntary Examinations: Fiscal Years 2001/2002 to 2015/2016 – All Ages & Children

Fiscal Year	All Ages		Children (< 18)	
	Involuntary Examinations	% Increase to FY 2015/2016	Involuntary Examinations	% Increase to FY 2015/2016
2015-2016	194,354	Not Applicable	32,475	Not Applicable
2014-2015	187,999	3.38%	32,650	-0.54%
2013-2014	177,006	9.8%	30,355	6.98%
2012-2013	163,850	18.62%	26,808	21.14%
2011-2012	154,655	25.67%	24,836	30.76%
2010-2011	145,290	33.77%	21,752	49.30%
2009-2010	141,284	37.56%	21,128	53.71%
2008-2009	133,644	45.43%	20,258	60.31%
2007-2008	127,983	51.86%	19,705	64.81%
2006-2007	120,082	61.85%	19,238	68.81%
2005-2006	118,722	63.71%	19,019	70.75%
2004-2005	114,700	69.45%	19,065	70.34%
2003-2004	107,705	80.45%	18,286	77.59%
2002-2003	103,079	88.55%	16,845	92.79%
2001-2002	94,574	105.50%	14,997	116.54%

The increase in the numbers of involuntary examinations was greater than the Florida population increase during this time. Because population estimates for fiscal years were not available, population increases were calculated for the calendar years closest to the fiscal years reported.



Task Force on Involuntary Examination (HB 1121)

- Analyze data on the involuntary examination of minors
- Research root causes of trends in Baker Act of minors
- Identify and evaluate options for expediting examinations for minors
- Identify recommendations for encouraging alternatives to and eliminating inappropriate initiations of involuntary examinations



Involuntary Examination – Data

- 72% of Baker Acts of minors are community initiated (Baker Act Annual Report 2015/16).
- Schools account for small percentage of Baker Acts (22% in 2015-16).
- Law enforcement initiates ~60% of Baker Acts statewide; most of school-initiated Acts are done by law enforcement.
- Inverse relationship with juvenile arrests.
- High percentage of youth Baker Acted multiple times (29%)

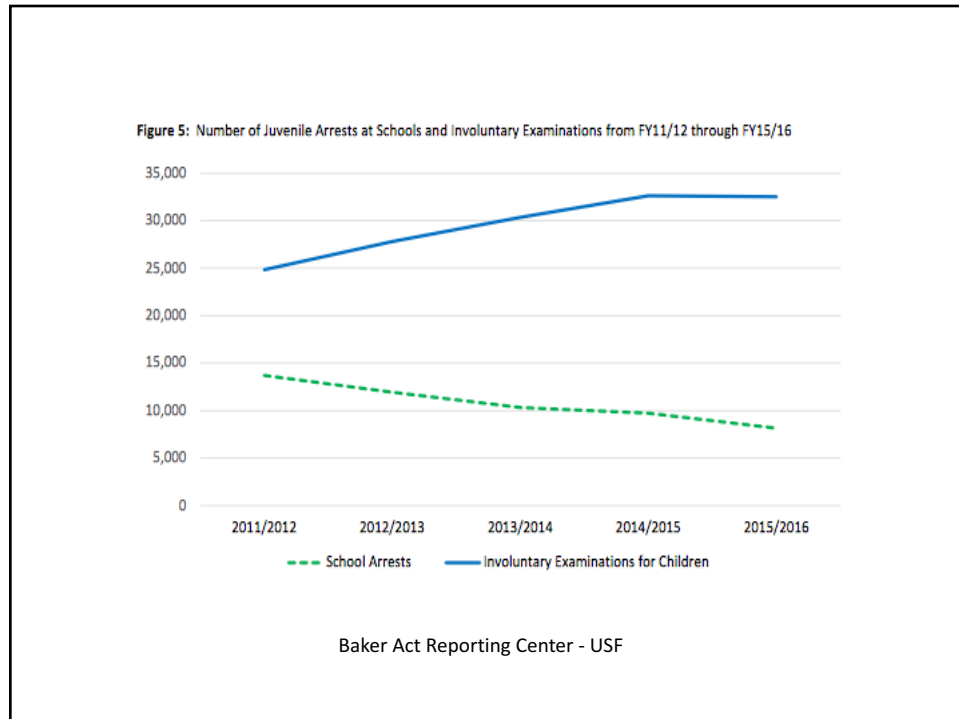


Involuntary Examination – Data

- Considerable variation by geographic location/county.
- 90% of Baker Acts determined to meet criteria per receiving facilities (per receiving facility response to question on Stakeholder survey)
- 60% of respondents to survey indicated no significant change in number of Baker Acts of Minors – 38% no change, 23% decrease – 2 out of 5 DCF Regional Directors.
- Majority of Baker Acts involve harm to self (~60%) or combination of harm to self and harm to others (> 90%); less than 10% are “Harm to Others” alone.

Table 2: FY 15/16 Location Prior to Involuntary Examinations

Location	Yes		No		Not Reported	
	#	%	#	%	#	%
32,475 Involuntary Examinations for Children (< 18)						
School	7,154	22.03%	21,583	66.4%	3,738	11.51%
DCF Custody	1,323	4.07%	27,353	84.23%	3,799	11.70%
Department of Juvenile Justice Custody	493	1.52%	28,228	86.92%	3,754	11.56%
160,483 Involuntary Examinations for Adults						
Assisted Living Facility (ALF)	4,214	2.63%	136,322	84.94%	19,947	12.43%
Jail	2,241	1.40%	138,447	86.27%	19,795	12.33%
Nursing home	1,030	0.64%	139,446	86.89%	20,007	12.47%



Mental Health & Schools: Legislation and Policy

- Every Student Succeeds Act (ESSA) – Federal Legislation
 - Multi-tiered supports
 - Mental health
 - School-based mental health services providers
- Individuals with Disabilities Education Act (IDEA)
- Student personnel services, [1012.01\(2\)\(b\)](#), F.S.,
- Youth Suicide Awareness and Prevention Training – s. [1012.583](#), F.S. <http://sss.usf.edu/resources/topic/suicide/index.html>
- Bullying prevention policies & procedures (s. [1006.147](#), F.S.)
- Early Warning System s. [1001.42\(18\)\(b\)](#), F.S.
- Full-service schools s. [402.3026](#), F.S.



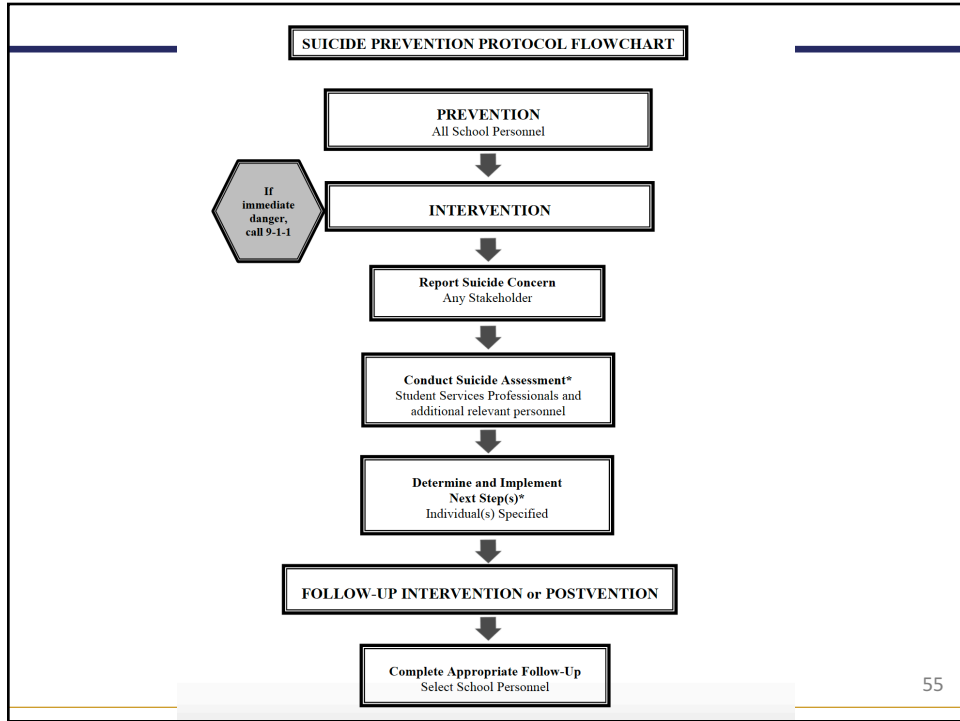
Baker Act & Schools: Legislation and Policy

- Parent notification requirement in s. [1002.20\(3\)\(l\)](#) and [1002.33\(9\)\(q\)](#), F.S. – requires school boards to develop policies and procedures for providing immediate parental notice when a Baker Act is initiated.
- Policy decisions are made at the local level unless the FDOE has been given statutory authority to develop statewide policy (s. 1001.33, F.S.).
- Baker Act Policies & Procedures are addressed locally in the District Bylaws and Policies document and in suicide prevention protocols & procedures.



Suicide Prevention/Baker Act Procedures

- Student safety is primary consideration!!
- Suicide concern reported to administrator & student services personnel.
- Qualified school personnel conduct risk assessment (certified or licensed mental health services provider).
- Take action corresponding to the level of risk.
 - **For moderate or high risk, only release student to parent or law enforcement.**
- Contact parent and involve in monitoring and follow-up.
- Involve law enforcement to initiate Baker Act when needed.
- Follow-up with student & family.
- Postvention procedures for completed suicides.



Suicide Assessment Five-step Evaluation and Triage SAFE-T

1 IDENTIFY RISK FACTORS <small>Note those that can be modified to reduce risk.</small>	2 IDENTIFY PROTECTIVE FACTORS <small>Note those that can be enhanced.</small>	3 CONDUCT SUICIDE INQUIRY <small>Suicidal thoughts, plans, behavior and intent</small>	4 DETERMINE RISK LEVEL/INTERVENTION <small>Determine risk. Choose appropriate intervention to address and reduce risk.</small>	5 DOCUMENT <small>Assessment of risk, rationale, interventions, and follow-up.</small>
--	---	--	--	--

Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change, for inpatients, prior to increasing privileges and at discharge.

- RISK FACTORS**
 - Current/past psychiatric diagnoses: especially mood disorders, psychotic disorders, alcohol/substance abuse, Cluster B personality disorders. Co-morbidity and recent onset of illness increase risk.
 - Key symptoms: anhedonia, anisomnia, hopelessness, anxiety/panic, global insomnia, command hallucinations
 - Suicidal behavior: history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
 - Family history of suicide, attempts or Axis I psychiatric diagnoses requiring hospitalization.
 - Precipitating stressors: triggering events leading to humiliation, shame or despair (i.e., loss of relationship, financial or health status—real or anticipated); Ongoing medical illness (esp. CNS disorders, pain); History of abuse or neglect; Intoxication
 - Access to weapons
- PROTECTIVE FACTORS** *Protective factors, even if present, may not counteract significant acute risk*
 - Internal: ability to cope with stress, religious beliefs, frustration tolerance, absence of psychosis
 - External: responsibility to children or beloved pets, positive therapeutic relationships, social supports
- SUICIDE INQUIRY** *Specific questioning about thoughts, plans, behaviors, intent*
 - Ideation: frequency, intensity, duration—in last 48 hours, past month and worst ever
 - Plan: timing, location, lethality, availability, preparatory acts
 - Behaviors: past attempts, aborted attempts, rehearsals (lying rooms, loading guns), versus non-suicidal, self-injurious actions
 - Intent: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; explore ambivalence: reasons to die vs. reasons to live
 - *Homicide Inquiry: when indicated, esp. postpartum, and in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above.*
- RISK LEVEL/INTERVENTION**
 - Assessment of risk level is based on clinical judgment, after completing steps 1-3
 - Reassessment as patient or environmental circumstances change

RISK LEVEL	RISK / PROTECTIVE FACTORS	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnosis with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give local/national emergency info*
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give local/national emergency info*

(*This chart is intended to represent a range of risk levels and interventions, not actual determination)
- DOCUMENT**
 - Document: Rationale for risk level, the treatment plan to address/reduce the current risk (i.e., medication, setting, E.C.T.), contact with significant others, consultation) and follow instructions, if relevant

RESOURCES

- Download this card and additional resources at www.ipsi.org or at www.ipsi.org/SAFE-T
- Revised by implementing The Joint Commission 2007 Patient Safety Goals or www.jointcommission.org
- SAFE-T was adapted from the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Thoughts
- <http://www.psychiatry.com/SAFE-T>

ACKNOWLEDGEMENTS

- *Originally conceived by Douglas Jacobs, MD, and developed in a collaboration between the University of Maryland and the Suicide Prevention Resource Center
- *This material is based upon work supported by the California Home and Mental Health Services Administration (SAMHSA) under Grant No. 10756M7362. Any opinions and/or conclusions herein are those of the author and do not necessarily reflect the views of SAMHSA
- DEVELOPED BY DOUGLAS JACOBS, MD

COPYRIGHT 2007 BY SCREENING FOR MENTAL HEALTH, INC.
ALL RIGHTS RESERVED. PRINTED IN THE UNITED STATES OF AMERICA.
FOR NON-COMMERCIAL USE



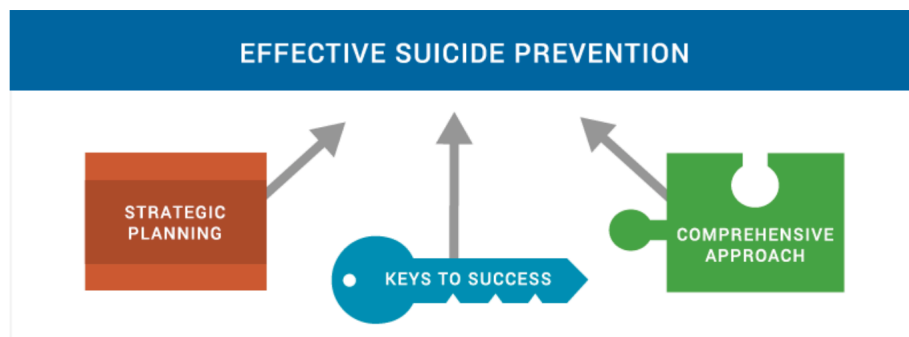
Recommendations

- Emphasize prevention and early intervention – focus on improving supports and reducing completed suicides.
- Implement systematic mental health screening to identify students who need mental health services & supports.
- Increase access to & funding for mental health services within schools and communities.
- Adopt a standard risk assessment protocol
 - SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) <http://www.shiacmh.org/docs/safe-t.pdf>.
- Provide crisis intervention training for school- and community-based mental health providers.
- Foster collaboration and coordination between school and community mental health resources.

www.FLDOE.org

57

Effective Suicide Prevention Model - SPRC





School Health Performance & Evaluation System (SHAPE)

- Free interactive system to improve school mental health accountability, excellence, & sustainability
- Self-assess your school mental health system's quality & sustainability
- Supports strategic team planning
- Access to school mental health resources
- <https://theshapesystem.com>

www.FLDOE.org

59

Maryland Behavioral Health Online Training <https://mdbehavioralhealth.com>

SCHOOL OF MEDICINE

Behavioral Health

[Home](#) [About Us](#) [Online Training](#)



• • •

MDBehavioralHealth.com is an online training site hosted by the Department of Psychiatry at the University of Maryland School of Medicine. Developed in partnership with the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, the site provides training to individuals interested in supporting the behavioral health of youth and their families.

The online training allows individuals to work at their own pace. They can download materials, take the training, view video tips from experts, and explore related links, all from one central site.

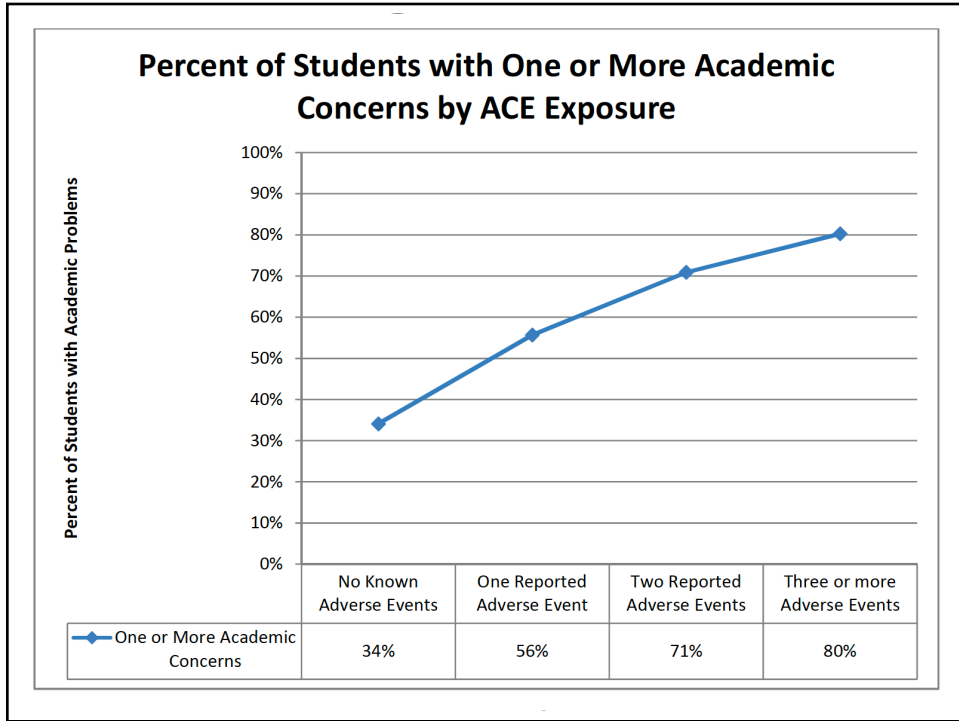



Early Warning Systems and Adverse Childhood Experiences (ACEs)



Adverse Childhood Experiences and Developmental Risk in Elementary Schoolchildren

- 45% of students experienced at least one ACEs; 21% experienced two or more.
- Number of ACE events correlates with Free and Reduced lunch eligibility.
- Number of ACEs but is not related to gender, race, or special education status.
- Exposure to even one of ACEs identified in this study increases risk of poor child outcomes.
- Dose effect for ACEs – development risk increases with numbers of ACEs on all four dimensions of development.





FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Odds Ratios for Problems w/ Increasing ACEs - Spokane Childhood ACEs Study

	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
Three or More ACEs N =248	3	5	6	4
Two ACEs N=213	2.5	2.5	4	2.5
One ACE N=476	1.5	2	2.5	2
No Known ACEs =1,164	1.0	1.0	1.0	1.0

64

www.FLDOE.org



ACEs Study Takeaways

- Adverse event exposure predicts academic risk (early warning system indicators) and chronic health problems.
- Parental divorce/separation the most common adverse childhood experience (36%).
- ACEs correlated with poverty and EWS indicators.
- Use early warning system (EWS) indicators as proxy for ACEs (especially severe behavioral problems and chronic absenteeism).
- Implications for multi-tiered system of supports and trauma-informed practices.
- Implications for special education eligibility and individual educational plans.

www.FLDOE.org

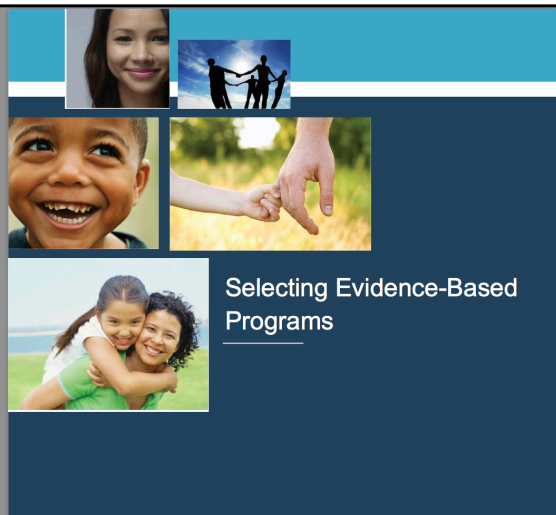
65




Evidence-based Practices

www.FLDOE.org

66



Selecting Evidence-Based Programs




Selecting Evidence-based Programs

- Identifying the EBPs scope
- Determining readiness to implement EBPs
- Where to look for EBPs
- Selecting an EBP
- Tracking the EBP impact
- Monitoring EBP fidelity and quality improvement methods



THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE
FOR CHILD WELFARE

Information and Resources for Child Welfare Professionals

Home
Program Registry
Implementation
Find Programs

Twitter
Facebook

About Us
FAQs
Glossary
Contact CEBC
Email Alerts

Welcome to the CEBC:

California Evidence-Based Clearinghouse for Child Welfare

The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.




View Programs

- Searchable database of child welfare related programs.
- Description and information on research evidence for specific programs.



Select and Implement Programs

- Guidance on how to make critical decisions regarding selecting and implementing programs
- Tools and materials to provide support for choosing, implementing and sustaining a program.



FOR HEALTHY YOUTH DEVELOPMENT

ABOUT US
ASSESS NEEDS
BLUEPRINTS CRITERIA
VIEW ALL PROGRAMS
PROGRAM SEARCH
NOMINATE PROGRAM
RESOURCES




MATCHING PROGRAMS TO CHILDREN'S NEEDS

DISCOVER ASSESSMENT TOOLS TO HELP YOU GET IT RIGHT

LET'S BEGIN! >>


Blueprints Programs = POSITIVE YOUTH DEVELOPMENT

BLUEPRINTS PROGRAMS WHO WE ARE




BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT helps you easily identify evidence-based programs that help young people reach their full potential. Get ahead of serious challenges that influence children's success with programs that have the highest standards for promoting prosocial behavior, academic success, emotional well-being, physical health and positive relationships. [More about evidence-based programs here.](#)


EVIDENCE-BASED PROGRAMS REVIEWED BY BLUEPRINTS PREVENT:




BULLYING IN SCHOOLS
YOUTH VIOLENCE
TEEN SUBSTANCE ABUSE
ANTISOCIAL, AGGRESSIVE BEHAVIOR
CHILDHOOD OBESITY
SCHOOL FAILURE
DELINQUENCY
YOUTH DEPRESSION/ANXIETY

LEARN MORE ABOUT BLUEPRINTS VIEW VIDEOS





WHY USE BLUEPRINTS



HOW BLUEPRINTS HELPS

35

PracticeWise

This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2017 – April 2018 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. This report updates and replaces the "Blue Menu" originally distributed by the Hawaii Department of Health, Child and Adolescent Mental Health Division, Evidence-Based Services Committee from 2002–2009. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the [AAP website](#).

Blue Menu of Evidence-Based Psychosocial Interventions for Youth

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention, Attention Training, CBT and Music Therapy, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Mindfulness, Relaxation, Stress Inoculation	Contingency Management, Group Therapy	Behavioral Activation and Exposure, Biofeedback, Play Therapy, PMT, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Client Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Peer Pairing, Psychoeducation, Relationship Counseling, Teacher Psychoeducation
Attention and Hyperactivity Behaviors	Biofeedback, Contingency Management, PMT, Self Verbalization, Working Memory Training	Behavior Therapy and Medication, Behavioral Sleep Intervention, CBT, CBT and Medication, CBT and PMT and Medication, CBT with Parents, Education, Motivational Interviewing (MI) /Engagement and PMT, Physical Exercise, PMT and Classroom Behavior Management and Executive Functioning Training, PMT and Medication, PMT and Problem Solving, PMT and Teacher Psychoeducation, Relaxation and Physical Exercise, Social Skills and Education, Social Skills and Medication	Biofeedback and Medication	PMT and Parent Responsibility Training, PMT and Social Skills, Relaxation, Self Verbalization and Contingency Management, Social Skills	Attention Training, Client Centered Therapy, CBT and Anger Control, CBT and PMT, Executive Functioning Training, Family Therapy, Parent Coping/Stress Management, Parent Psychoeducation, Play Therapy, PMT and Self-Verbalization, Problem Solving, Psychoeducation, Self Control Training, Self Verbalization and Medication, Skill Development
Autism Spectrum Disorders	CBT, Intensive Behavioral Treatment, Intensive Communication Training, Joint Attention/Engagement, PMT, Social Skills	Imitation, Peer Pairing, Theory of Mind Training	None	Massage, Peer Pairing and Modeling, Play Therapy	Attention Training, Biofeedback, Cognitive Flexibility Training, Communication Skills, Contingent Responding, Eclectic Therapy, Executive Functioning Training, Fine Motor Training, Modeling, Parent Psychoeducation, Physical/Social/Occupational Therapy, Sensory Integration Training, Structured Listening, Working Memory Training
Delinquency and Disruptive Behavior	Anger Control, Assertiveness Training, CBT, Contingency Management, Multisystemic Therapy, PMT, PMT and Problem Solving, Problem Solving, Social Skills, Therapeutic Foster Care	CBT and PMT, CBT and Teacher Training, Communication Skills, Cooperative Problem Solving, Family Therapy, Functional Family Therapy, PMT and Classroom Management, PMT and Social Skills, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis	Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing	CBT and Teacher Psychoeducation, Exposure, Physical Exercise, PMT and Classroom Management and CBT, PMT and Self-Verbalization, Stress Inoculation	Behavioral Family Therapy, Catharsis, CBT with Parents, Education, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, Play Therapy, PMT and Peer Support, Psychodynamic Therapy, Self Verbalization, Skill Development, Wraparound
Depressive or Withdrawn Behaviors	CBT, CBT and Medication, CBT with Parents, Client Centered Therapy, Family Therapy	Attention Training, Cognitive Behavioral Psychoeducation, Expression, Interpersonal Therapy, MI/Engagement and CBT, Physical Exercise, Problem Solving, Relaxation	None	Self Control Training, Self Modeling, Social Skills	CBT and Anger Control, CBT and Behavioral Sleep Intervention, CBT and PMT, Goal Setting, Life Skills, Mindfulness, Play Therapy, PMT and Emotion Regulation, Psychodynamic Therapy, Psychoeducation
Eating Disorders	CBT, Physical Exercise and Dietary Care and Behavioral Feedback	Family-Focused Therapy, Family Systems Therapy, Family Therapy with Parents Only	None	Physical Exercise and Dietary Care	Behavioral Training and Dietary Care, CBT with Parents, Client Centered Therapy, Dietary Care, Education, Family Therapy, Family Therapy with Parent Consultant, Goal Setting, Psychoeducation, Yoga

© 2017 PracticeWise, LLC Page 1

Coaches' Corner **Advanced Search**

National Center on INTENSIVE INTERVENTION
at American Institutes for Research

Resources ▾ Tools Charts ▾ Implementation Support ▾ Instructional Support ▾ About Us ▾

Home >

Behavioral Intervention Tools Chart

This tools chart presents information about behavioral intervention programs. The following four tabs include information and ratings on the technical rigor of the studies

- Study Quality
- Study Results
- Program Information
- Additional Research

The chart reviews studies about the intervention programs. As a result, you may see the intervention appear more than one time and receive different ratings.

Legend

- Convincing evidence
- ◐ Partially convincing evidence
- Unconvincing evidence
- Data unavailable

^{*} Effect Size is statistically significant for at least one measure

^u Effect Size is based on unadjusted means

^a Effect sizes are available for measures that were equivalent on the pretest.

View Chart Resources

FILTER RESULTS

Target behaviors Internalizing Externalizing

Grade level Pre-K Elementary Middle School High School



Neuromyths & Educational Practice

www.FLDOE.org

73

Neuromyth	Correct Answer	General Public	Educators	High Neurosci
Individuals learn better when they receive information in their preferred learning style.	FALSE	93	76	78
Children have learning styles that are dominated by particular senses.	FALSE	88	71	69
A common sign of dyslexia is reading letters backwards.	FALSE	76	59	50
Listening to classical music increases children's reasoning ability.	FALSE	59	55	43
Children are less attentive after consuming sugary drinks and/or snacks.	FALSE	59	50	39
Some of us are "left-brained" and some are "right-brained" and this helps explain differences in learning.	FALSE	64	49	32
We only use 10% of our brain.	FALSE	36	33	14
Children must be exposed to enriched learning experiences by age 3 or learning capacities will be lost.	FALSE	35	39	38
Exercises that rehearse coordination of motor-perception skills can improve literacy.	FALSE	79	80	72



www.FLDOE.org

[Student Support Services Website](#)



www.FLDOE.org

75