State Board of Education Mental Health Committee: Activities and Recommendations

October 24, 2017

Michele Guyton, Ph.D.
State Board Member

Stephanie Iszard
State Board Member

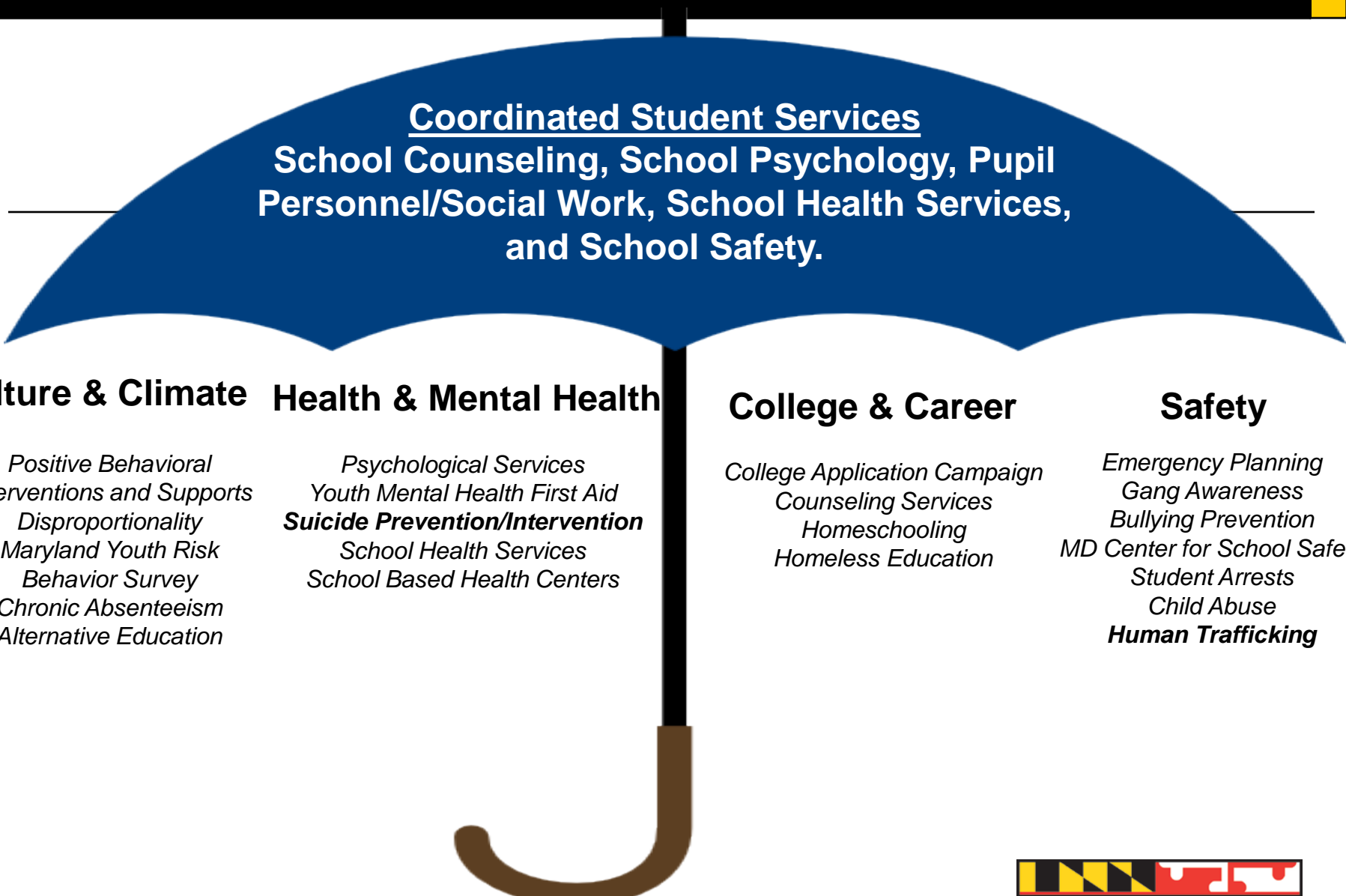**Karen B. Salmon, Ph.D.**
State Superintendent of Schools

Walter Sallee and Deborah Nelson, Ph.D.
Student Services and Strategic Planning

Presentation Objectives

- ☐ Provide an overview of the Mental Health Committee's activities.

- ☐ Present recommendations to the State Board.

- ☐ Discuss and identify future goals and plans for the Mental Health Committee.

Background

- In June 2016, the State Board approved the formation of a study group (Committee) to explore student mental health issues and best practices for supporting students and Local Educational Agencies (LEAs).

- Two focus areas emerged from initial Committee meetings: suicide prevention and human trafficking.

- In July 2016 MSDE's Division of Student, Family, and School Support (DOSFSS) presented information to the State Board regarding current MSDE initiatives being implemented across the State to address suicide and human trafficking prevention.

- The Committee met with various State partners to discuss existing efforts and recommendations for specific actions that may be considered by MSDE and the State Board.

MARYLAND STATE DEPARTMENT OF
EDUCATION
PREPARING WORLD CLASS STUDENTS

Coordinated Student Services
School Counseling, School Psychology, Pupil Personnel/Social Work, School Health Services, and School Safety.

Culture & Climate

Positive Behavioral Interventions and Supports
Disproportionality
Maryland Youth Risk Behavior Survey
Chronic Absenteeism
Alternative Education

Health & Mental Health

Psychological Services
Youth Mental Health First Aid
Suicide Prevention/Intervention
School Health Services
School Based Health Centers

College & Career

College Application Campaign
Counseling Services
Homeschooling
Homeless Education

Safety

Emergency Planning
Gang Awareness
Bullying Prevention
MD Center for School Safety
Student Arrests
Child Abuse
Human Trafficking

Student Services and Strategic Planning Branch

MARYLAND STATE DEPARTMENT OF
EDUCATION 4
PREPARING WORLD CLASS STUDENTS

Suicide

□ Death caused by self-directed injurious behavior with the intent to die as a result of the behavior.

□ In Maryland, suicide is the 2nd leading cause of death for students 10 to 14 years of age and the 3rd leading cause of death for students 15 to 24 years of age.

Centers for Disease Control (2014); American Foundation for Suicide Prevention (2015). *Suicide: Maryland 2015 Facts and Figures.*

Human Trafficking

□ The exploitation of a person through force, fraud, or coercion for the purpose of forced labor, commercial sex, or both.

  ■ *For youth under the age of 18, there is no requirement to prove that force, fraud, or coercion has been used to secure a victim's actions.*

□ Maryland's central location has facilitated its development as a pass-through state and destination for human traffickers.

□ In a 2014 survey by the Maryland Human Trafficking Task Force Victim Services Committee, 124 victims in the State were under the age of 18.

United States Department of Education, Human Trafficking in America's Schools, 2015

Goals of the Committee

□ Expand upon MSDE's existing efforts to bring greater awareness and visibility to student mental health issues, particularly suicide and human trafficking.

□ Develop a comprehensive, multi-pronged approach to enhance the effectiveness of programs and services provided to students, staff, and families.

Overview of Activities

- Conducted a needs assessment among LEAs to identify current programs and practices.

- Collaborated with national, State, and local experts.

- Reviewed Maryland's statutes, regulations, and policies.

- Examined national examples of State Board approaches to addressing mental health.

- Identified evidence-based practices.

Identified Priorities

- Increase awareness and visibility (Awareness).

- Provide statewide guidance, professional development, and technical assistance/support (Guidance).

- Gather and maintain relevant local and statewide data on the effectiveness of programs and practices to evaluate effectiveness (Evaluation).

- Encourage/facilitate coordination and collaboration among local school systems, state agencies, policy makers, and community partners (Coordination and Collaboration).

- Identify policy gaps and opportunities to strengthen existing regulations to ensure the necessary supports at the State and local levels (Policy/Regulations).

MARYLAND STATE DEPARTMENT OF EDUCATION
PREPARING WORLD CLASS STUDENTS

Suicide Prevention

Recommendations and Proposed Actions

Recommendation 1:

- *Acknowledge, recognize, and facilitate State and local school system awareness of mental health concerns of youth, including signs and symptoms, impact of trauma on the development of mental health issues, and the link to youth suicide risk, evidence-based programs, and resources.*

  - **Proposed Action 1.1:** *Host a conference for school system coordinators and other stakeholders to promote mental health awareness, prevention, and early intervention, particularly in the area of suicide prevention.*

  - **Proposed Action 1.2:** *Develop a statewide public relations plan around mental health support and services, particularly suicide prevention that include public service announcements to increase awareness and websites that include information and resources for support.*

Recommendation 2:

☐ ***Provide continuous updated statewide guidance and comprehensive training for staff (to include educators, administrators, student services personnel) around student mental health, with an initial focus on suicide prevention, to increase knowledge and skills of supporting students at-risk for suicide.***

- ***Proposed Action 2.1:*** *Develop and share a database of mental health speakers and experts to present on the topic of mental health, trauma, and suicide prevention issues to local school system staff.*

- ***Proposed Action 2.2:*** *Finalize a Resource Guide of Maryland School Mental Health and Wellness Programs and distribute to local Superintendents, Directors of Student Services, School Counselors, School Psychologists, and other relevant school staff regarding best practices.*

Recommendation 3:

- *Develop mechanisms to determine the impact of suicide prevention programs.*

  - *Proposed Action 3.1:* *Identify measures that can be used by school systems to determine the effectiveness of suicide prevention programs on youth who are at risk for suicide.*

  - *Proposed Action 3.2:* *Determine suicide prevention evidence-based programs and identify the extent of usage by local school systems. The list may include programs such as Kognito, Signs of Suicide, the Adverse Childhood Experiences Survey, the Yellow Ribbon Campaign, and Botvin LifeSkills.*

Recommendation 4:

- ***Explore and share with local school systems external funding opportunities (grants, foundation, and corporate support) to leverage partnerships with state agencies and national organizations to promote coordination of youth suicide prevention efforts.***

  - ***Proposed Action: 4.1:*** *Collaborate with the MSDE Director of Grants Administration to identify and share opportunities for federal, state, and local funding.*

  - ***Proposed Action 4.2****: Identify funding opportunities for schools to implement evidence-based programs for suicide prevention.*

  - ***Proposed Action 4.3:*** *Collaborate with partner agencies to determine opportunities to leverage funding for professional development in local school systems.*

  - ***Proposed Action 4.4:*** *Examine the state's required health standards and tools that support the instructional implementation of student mental health (suicide prevention).*

Recommendation 5:

- ***Develop regulations and policies to support school staff in delivering uniform and equitable services to students with mental health concerns, particularly students at risk for suicide.***

  - **Proposed Action 5.1:** *Develop regulations for State Board review and approval to implement House Bill 920 Primary and Secondary Education – Certificated School Personnel – Training Requirement.*

  - **Proposed Action 5.2:** *Adopt a model policy, which contains suicide risk protocols and procedures for assessing students at-risk for suicide and post-vention support for those returning to school.*

MARYLAND STATE DEPARTMENT OF
EDUCATION 15
PREPARING WORLD CLASS STUDENTS

Recommendation 5 (cont'd):

☐ ***Develop regulations and policies to support school staff in delivering uniform and equitable services to students with mental health concerns, particularly students at risk for suicide.***

■ **Proposed Action 5.3:** *Request local school systems to submit suicide risk protocols and procedures for assessing students at risk for suicide and students returning to school (post-vention) from mental health crisis treatment, psychiatric hospitalization, or traumatic experiences.*

■ **Proposed Action 5.4:** *Explore alternative pathways for certification of school psychologists to provide more school-based resources for facilitating policies and procedures designed to support students with psychological and emotional challenges.*

Human Trafficking Prevention

Recommendations and Proposed Actions

Recommendation 6:

☐ ***Promote collaboration and alignment among mental health awareness efforts (e.g., public service announcements, websites, etc.) within the MSDE and across the State in order to emphasize the link between mental health, trauma, and human trafficking.***

■ **Proposed Action 6.1:** *Develop a training plan to identify strategies for expanding training in human trafficking to local school systems and staff.*

■ ***Proposed Action: 6.2:*** *Include human trafficking prevention and reporting as part of annual local school staff professional development training on mandated reporting.*

Recommendation 7

☐ ***Consult and collaborate with state-level agencies, school staff, and partners to develop guidance for local school systems around comprehensive child abuse policy, procedures, and training which include human trafficking. Additional guidance may be required for talking with Child Protective Services, communicating with parents, and/or students about concerns.***

■ ***Proposed Action 7.1:*** *Create guidance for local school systems on identifying signs of human trafficking, strategies for prevention, and mandated reporting requirements.*

■ ***Proposed Action 7.2:*** *Adopt a model policy, which contains human trafficking protocols and procedures for assessing students at-risk for human trafficking, and post-vention support for those returning to school.*

MARYLAND STATE DEPARTMENT OF
EDUCATION
PREPARING WORLD CLASS STUDENTS

Recommendation 8:

☐ ***Ensure that uniform evaluation measures are used to monitor the effectiveness of training.***

  ■ ***Proposed Action 8.1:*** *Collaborate with state-level agencies, and other partners to explore the development of a standardized train-the-trainer model for implementation that includes an evaluation component that would assess the effectiveness of training outcomes.*

  ■ ***Proposed Action 8.2****: Develop professional development materials with an evaluation component.*

Recommendation 9:

☐ *Facilitate coordinated and collaborative efforts among agencies on human trafficking prevention.*

- **_Proposed Action 9.1:_** *Develop linkages with law enforcement and other agencies for case coordination to identify and maximize supports to students at risk for trafficking or who are being trafficked.*

- **_Proposed Action 9.2:_** *Utilize partnerships to provide training and technical assistance to school staff to identify resources needed to expand training.*

MARYLAND STATE DEPARTMENT OF
EDUCATION
PREPARING WORLD CLASS STUDENTS

Recommendation 10:

☐ ***Ensure that local procedures for reporting child abuse are updated to include human trafficking.***

- ■ ***Proposed Action 10.1:*** *Share resources on human trafficking reporting with local school systems.*

- ■ ***Proposed Action 10.2:*** *Collect evidence from local school systems that human trafficking is included with the review of child abuse reporting procedures.*

Mental Health Committee Report

**Presented by the
Mental Health Committee of the
State Board of Education**

October 24, 2017

Larry Hogan
Governor

Karen B. Salmon, Ph.D.
State Superintendent of Schools

Table of Contents

Acknowledgements

Acknowledgement and gratitude are due to Dr. Michelle Guyton, Ms. Stephanie Iszard, Ms. Laurie Halverson, Dr. Miya Simpson, and the Maryland State Board of Education Mental Health Committee. This report is the result of hard work, dedication, valuable input, and commitment to ensuring that school staff, students, and families in the State of Maryland have access to effective, evidence-based practices, programs, and supports for mental health. Dr. Karen B. Salmon, State Superintendent of Schools, was instrumental in convening and supporting the work of the committee. Dr. Sylvia Lawson, Mary Gable, Walter Sallee, and Deborah Nelson have provided countless hours of leadership to the team. The committee is especially grateful to Deborah Nelson for coordinating speakers and ensuring that national, State, and local experts were available to present to the committee (refer to Appendix A). The completion, timeliness, and comprehensiveness of this report would not have been possible without the active participation, involvement, and dedication of the committee.

Background

In July 26, 2016, the Maryland State Department of Education's (MSDE's), Division of Student, Family, and School Support (DOSFSS) presented to the Maryland State Board of Education (State Board) an overview of current MSDE initiatives being implemented to address youth suicide and human trafficking. The State Board meeting presentation resulted in a request from Board member, Dr. Michele Guyton, to form a Mental Health Committee to further explore the issue of mental health, with a particular focus on youth suicide and human trafficking in Maryland public schools and to identify specific actions that might be taken by the Board and the MSDE to collaboratively address both concerns.

The Mental Health Committee engaged in several activities to obtain a deeper understanding of mental health issues and their impact on school-aged students in Maryland which included: meeting with national, State, and local presenters to explore research and evidence-based practices regarding student mental health, particularly youth suicide and human trafficking; conducting a needs assessment to determine local school system practices in the areas of suicide prevention and human trafficking prevention; and reviewing current statutes, laws, policies, and regulations related to these issues.

Committee meetings resulted in the identification of key recommendations that are critical to ensuring that mental health services and supports for students have a multi-agency, collaborative, and coordinated approach designed to maximize outcomes that minimize risk, build the capacity of staff to accurately identify and match students to resources, update policies to be consistent with law and statutes, and evaluate the effectiveness of programs and practices.

A Mental Health Framework for Exploring Youth Suicide and Human Trafficking Prevention

Incidents of suicide and human trafficking among school-aged youth are becoming increasingly prevalent at the state and national level. The MSDE's Division of Student, Family, and School Support (DOSFSS) is tasked with addressing issues of school culture and climate, school safety, college and career services, and health and mental health. Suicide prevention and human trafficking prevention fall under the larger umbrella of coordinated student services (i.e., school counseling, school psychology, school health services, and school safety). This organizational structure ensures that the state-level coordinated student services framework can be applied within the context of local school systems and school-based student services teams to maximize outcomes for students, staff, and families (refer to Appendix B).

Defining the Issues

Suicide: The Centers for Disease Control and Prevention define suicide as *death caused by self-directed injurious behavior with the intent to die as a result of the behavior.* A suicide *attempt* is a *non-fatal, self-directed, potentially injurious behavior with the intent to die as a result of the behavior, although the outcome might not be an injury.* Suicidal *ideation* is *thinking about, considering, or planning suicide.*

According to the American Foundation for Suicide Prevention, suicide is the second leading cause of death for students aged 10-14, and the third leading cause of death for students aged 15 to 24 in Maryland. Between the years of 2009-2013, the Maryland Behavioral Health Administration reports that there were 336 deaths by suicide for youth ages 10 to 24 in Maryland.

Human Trafficking: In a 2015 document entitled, *Human Trafficking in America's Schools*, the United States Department of Education defined human trafficking as *the exploitation of a person through force, fraud, or coercion for the purpose of forced labor, commercial sex, or both.* However, according to the Araminta Freedom Initiative (Araminta), for youth under the age of 18, there is no requirement to prove that force, fraud, or coercion has been used to secure a victim's actions. In a 2014 survey by the Maryland Human Trafficking Task Force Victim Services Committee which documented the human trafficking victims assisted in Maryland, 124 victims were under the age of 18.

Assessing the Prevalence and Need for Youth Suicide and Human Trafficking Prevention in Schools

The first task and major driver of the committee was the development and distribution of a state-level needs assessment for suicide prevention and human trafficking prevention in Maryland public schools. The needs assessment was conducted in an effort to gain a deeper understanding of the current local school system practices for addressing suicide prevention and human trafficking prevention. The Director of Student Services or designee completed a needs assessment on suicide prevention practices and a needs assessment on human trafficking prevention. Both needs assessments were designed to capture programs, strategies, and supports in the following areas:

1. Prevention—strategies and programs designed to reduce incidences of suicide and/or human trafficking among students;
2. Intervention—strategies, programs, and supports designed to prevent a suicidal student from taking his or her own life intentionally and/or designed to recover a student suspected of being involved in human trafficking; and
3. Postvention—strategies and programs that provide support and assistance for families, students, and educators affected by a suicide attempt, completed suicide and/or by human trafficking.

Each school system was asked to provide the following information: 1) programs used by the school system, 2) a brief description of the programs, 3) data collected to determine program effectiveness, 4) resource needs, 5) existing community partnerships, and 6) challenges experienced in addressing the issues and/or program implementation. Responses were collected and analyzed from the 24 school systems.

In reviewing both the suicide prevention needs assessment and human trafficking needs assessment data, the following findings were noted:
- Suicide prevention programs and strategies were more commonly identified as being used by school systems than suicide intervention or postvention programs and strategies.
- Human trafficking programs and strategies were less likely to be used by the local school systems.
- Some local school systems reported not having any human trafficking strategies in place at the prevention, intervention, or postvention level.
- Local school systems identified student service personnel (i.e., school psychologists and counselors) as critical providers for prevention, intervention, and postvention strategies and programs for both suicide and human trafficking.
- Community partnerships were mentioned frequently as a primary mechanism for obtaining additional training resources and supports for local school systems.

- Local school systems provided inconsistent responses to the item requesting data collected on suicide prevention and human trafficking prevention training. The most common form of data collection noted was the number of participants trained. The lack of consistent data made it challenging to ascertain the effectiveness of current training strategies and programs for both suicide prevention and human trafficking prevention.

Meetings and Discussions with Community Partners

The Mental Health Committee (committee) developed meeting objectives and a meeting schedule that would allow for a focused examination of key issues. A major goal of the committee was to collaborate with national, State, and local experts in the areas of suicide prevention and human trafficking prevention (Appendix A). In addition to content expertise, presenters were asked to share their perception of needs in Maryland and to propose recommendations for the State Board and the MSDE that would enhance the effectiveness of programs and services provided to students, staff, and families.

Youth Suicide Prevention Findings, Recommendations, and Proposed Actions

There were several activities conducted by the committee in order to better understand the needs of the local systems in providing effective programs and supports for students at risk for suicide. Although the primary focus was on suicide prevention, there was a recognition that evidence-based prevention programs, must be supplemented with best practices in suicide intervention and postvention in order to maximize the outcomes for students. National and local presenters in this area included Dr. Al Zachik, Deputy Director of Child and Adolescent Services at the Maryland Department of Health's Behavioral Health Administration; Dr. Nancy Lever, Associate Professor of Psychiatry and Co-Director of the Center for School Mental Health at University of Maryland; Larraine Bernstein, Outreach and Training Program Manager for the Maryland Suicide Prevention and Early Intervention Network (MD-SPIN); Lynn Davis, Director of the Child Advocacy Center for Frederick County; Anne Soule, Director of Family Support Services for the Mental Health Association of Frederick County; Lea Ann Browning-McNee, Deputy Director and Jennifer Treger, Director, Mental Health Association of Maryland; Dr. Robert Schmidt, Behavior Specialist Talbot County Public Schools and Yellow Ribbon Campaign Coordinator, and Shenetta Malkia, survivor.

In addition, the MSDE DOSFSS staff participated in several national and state-level conferences to gain more expertise in the area of suicide prevention and factors that can impact suicide risk. Conferences attended included the Governor's Crime Victim's Rights Conference, a White House Conference on Trauma-Informed Approaches in School to Support Girls of Color, and a workshop on suicide prevention for families and youth conducted at Cornerstone Christian Academy. Committee members also participated in the MSDE's annual conference for suicide prevention and child abuse in November 2016 and attended other system-level events for suicide prevention.

Major findings, actions, and recommendations of the Mental Health Committee with regard to youth suicide prevention in Maryland are categorized into the following priorities:

1) Increase awareness and visibility (Awareness)
2) Provide statewide guidance, professional development, technical assistance/support (Guidance)
3) Gather and maintain relevant local and statewide data on the effectiveness of programs and practices to evaluate effectiveness (Evaluation)
4) Encourage and facilitate coordination and collaboration among local school systems, state agencies, policy makers, and community partners (Coordination and Collaboration)
5) Identify policy gaps and opportunities to strengthen existing regulations to ensure the necessary supports at the State and local levels (Policy/Regulations)

Proposed actions that appear in red indicate those that will require action by the State Board.

Awareness

Findings

There are several activities in which MSDE DOSFSS staff engage to increase the awareness of local school system staff, students, and families with regard to best practices in suicide prevention, intervention, and postvention. The following actions and recommendations are designed to ensure that opportunities for communicating about youth suicide risk, effective professional development, and evidence and research-based practices are maximized.

Accomplishments

*Website Development***:**

As a first step, the committee established a dedicated webpage on the MSDE website for suicide prevention resources (http://www.marylandpublicschools.org/about/Pages/DSFSS/SSSP/Suicide/index.aspx). The page contains warning signs of youth suicide risk; prevention, intervention, and postvention resources; and additional links and materials from various national-level organizations. The website also identifies the MSDE point of contact for suicide prevention and the local school systems' point of contact.

*Convenings***:**

The committee found that additional opportunities exist for raising awareness at the state level for best practices in suicide prevention. This includes coordinating an annual suicide prevention convening for local school system suicide prevention coordinators, providing staff with evidence-based resources, and providing technical assistance and support.

RECOMMENDATION 1: Acknowledge, recognize, and facilitate state and local school system awareness of mental health concerns of youth, including signs and symptoms, impact of trauma on the development of mental health issues, and the link to youth suicide risk, evidence-based programs and resources.

> ***Proposed Action 1.1****: Host a conference for school system coordinators and other stakeholders to promote mental health awareness, prevention, and early intervention, particularly in the area of suicide prevention.*

> ***Proposed Action 1.2****: Develop a statewide public relations plan around mental health support and services, particularly suicide prevention that include public service announcements to increase awareness and websites that include information and resources for support.*

Guidance

Findings

The needs assessment conducted with local school systems indicated that central office and school staff would like to receive more state-level guidance on youth suicide prevention. This guidance should be provided in the form of written documents, webinars, or face-to-face training and focus on areas such as developing memorandums of understanding (MOUs) with community mental health agencies to provide services to students and families, best practices in working with youth and families who do not speak English as a first language, and supporting the needs of Lesbian, Gay, Bisexual, and Transgender youth (who are at a disproportionately high risk for suicide). The following recommendation and actions are proposed to assist with developing targeted guidance to support locals in providing more comprehensive suicide prevention programs and services.

Accomplishment

Resource Guide:

Developed a Resource Guide of Maryland School Mental Health and Wellness Programs to be shared with local Superintendents, Directors of Student Services, School Counselors, School Psychologists, and other relevant school staff regarding best practices.

RECOMMENDATION 2: Provide continuous updated statewide guidance and comprehensive training for staff (to include educators, administrators, student services personnel) around student mental health, with an initial focus on suicide prevention, to increase knowledge and skills of supporting students at-risk for suicide.

> *Proposed Action 2.1: Develop and share a database of mental health speakers and experts to present on the topic of mental health, trauma, and suicide prevention issues to local school system staff.*

> *Proposed Action 2.2: Finalize a Resource Guide of Maryland School Mental Health and Wellness Programs and distribute to local Superintendents, Directors of Student Services, School Counselors, School Psychologists, and other relevant school staff regarding best practices.*

Evaluation

Findings

A common theme that was shared by presenters to committee members was a need for more uniform evaluation of suicide prevention programs and practices. Presenters indicated that this theme applied not just to the MSDE, but to other state agencies as well. The results of the needs assessment found that many local school system staff are unaware of effective methods for evaluating the impact of suicide prevention programs. Many school systems shared how data is collected on the number of staff trained and satisfaction of school staff with training. However, they would like more information on collecting data on the application of training with students. The following recommendation and actions are proposed to gain a better understanding of the evaluation of programs.

RECOMMENDATION 3: Develop mechanisms to determine the impact and scalability of suicide prevention programs.

> ***Proposed Action 3.1****: Identify measures that can be used by school systems to determine the effectiveness of suicide prevention programs on youth who are at risk for suicide.*

> ***Proposed Action 3.2****: Determine suicide prevention evidence-based programs and identify the extent of usage by local school systems. The list may include programs such as Kognito, Signs of Suicide, Adverse Childhood Experiences Survey, the Yellow Ribbon Campaign, and Botvin LifeSkills.*

Coordination and Collaboration

Findings

Needs identified by the committee centered on the coordination and collaboration for suicide prevention programs and the delivery of services to students and families at risk. School staff in the western part of Maryland and on the Eastern Shore identified challenges with coordinating and collaborating with mental health providers. Mental health providers tend to be primarily located in central Maryland. Dr. Robert Schmidt, a behavior specialist from Talbot County, shared his experiences with, and research on, implementing Yellow Ribbon, a low-cost, low resource evidence-based program. Other such efforts are needed to expand opportunities to provide students and families with critical services. The following recommendation and actions

are proposed to promote the coordination and collaboration of state-level programs and services for suicide prevention.

RECOMMENDATION 4: Explore and share with local school systems external funding opportunities (grants, foundation, and corporate support) to leverage partnerships with state agencies and national organizations to promote coordination of youth suicide prevention efforts.

> ***Proposed Action: 4.1:*** *Collaborate with the MSDE Director of Grants Administration to identify and share opportunities for federal, state, and local funding.*

> ***Proposed Action 4.2****: Identify funding opportunities for schools to implement evidence-based programs for suicide prevention.*

> ***Proposed Action 4.3:*** *Collaborate with partner agencies to determine opportunities to leverage funding for professional development in local school systems.*

> ***Proposed Action 4.4:*** *Work with MSDE Division of Curriculum, Research, Assessment, and Accountability to examine the state's required health education standards and tools that support the instructional implementation of mental health in general, and suicide prevention in particular.*

Policy/Regulation

Findings

House Bill 920 Primary and Secondary Education – Certificated School Personnel – Training Requirement was passed during the 2017 legislative session. The Bill, which has since been signed into law, requires that certificated school personnel who have direct contact with students complete training designed to understand and respond to youth suicide risk to assist students in crisis. The committee determined that there is a shortage of school psychologists. The following recommendation and actions are proposed to assist with the implementation of policies/regulations to support school staff in delivering services to students at risk for suicide.

RECOMMENDATION 5: Develop regulations and policies to support school staff in delivering uniform and equitable services to students with mental health concerns, particularly students at risk for suicide.

> ***Proposed Action 5.1:*** *Develop regulations for State Board review and approval to implement House Bill 920 Primary and Secondary Education – Certificated School Personnel – Training Requirement.*

Proposed Action 5.2: *Adopt a model policy, which contains suicide risk protocols and procedures for assessing students at-risk for suicide and postvention support for those returning to school.*

Proposed Action 5.3: *Request local school systems to submit suicide risk protocols and procedures for assessing students at risk for suicide and students returning to school (postvention) from mental health crisis treatment, psychiatric hospitalization, or traumatic experiences.*

Proposed Action 5.4: *Explore alternative pathways for certification of school psychologists to provide more school-based resources for facilitating policies and procedures designed to support students with psychological and emotional challenges. (refer to Appendix C).*

Human Trafficking Prevention Findings, Recommendations, and Proposed Actions

The committee also conducted meetings and activities that were structured to better understand the needs of local school systems in providing effective programs and supports for students at risk for human trafficking. Training, especially in the area of identifying the signs of students who are at risk for trafficking or who may be trafficked, was identified by the results of the needs assessment and the committee. National, state, and local experts who presented to the committee included Dr. Nadine Finigan-Carr and Amelia Rubenstein from the University of Maryland Child Sex Trafficking Victims' Initiative; Alicia McDowell, Executive Director of the Araminta Freedom Initiative; Thomas Stack, Public Safety Policy Analyst from the Governor's Office of Crime, Control, and Prevention; and Nancy Winston, Senior Director, Shared Hope International. Committee and staff members also participated in public awareness sessions and training provided by Cornerstone Christian Academy on human trafficking.

Human Trafficking Pilot

The MSDE's DOSFSS supported, and partially funded, a pilot project conducted by Araminta Freedom Initiative (Araminta). This pilot was a collaboration with the Governor's Office of Crime Control and Prevention, the Center for School Safety, and the American Federation of Teachers (AFT). The program provided training in prevention and intervention for child sex trafficking to 30 Maryland public schools in three school systems.

The pilot, headed by Alicia McDowell, Executive Director, and Carrie Freshour, Director of Prevention and Intervention Education for Araminta, was seen as a significant step to provide critical training for school staff. In 2012, Senate Bill 1082, *Children in Need of Assistance and Child Abuse and Neglect and Sexual Abuse Definition* (chapter 342), was passed into law and required family law addressing child abuse to include child pornography, prostitution of a child, and human trafficking of a child as child abuse. This change in the law made human trafficking a reportable offense. Educators (i.e., teachers, administrators, school staff), as mandated reporters, are required to report suspected instances of human trafficking as they would any other suspected act of physical or sexual abuse.

The objectives of the pilot were to provide the following to identified school staff:

> 1. Technical assistance with child abuse and neglect policies and rules to include development of reporting guidelines specific to trafficking;
>
> 2. Advanced training for identified school-based teams and all school staff; and

3. Identification, case consultation, tracking of reported incidents of suspected and known trafficking, support service referral and linkage, development of pre- and post-training assessments, and data collection.

The duration of the pilot was January to September 2017. During the pilot, training was delivered to approximately 2,459 school staff including teachers, administrators, social workers, school counselors, pupil personnel workers, school psychologists, school resource officers, school police, and other mental health workers in the schools.

The pre- and post-data collected from the training identified the importance of training for increasing staff awareness of human trafficking. Data indicated that 79 percent of staff in the three school systems participating reported that they had never received training regarding human trafficking and 92 percent reported that they had never received written instructions on reporting suspected human trafficking. After the training, 82 percent of the school-based staff ranked their knowledge of human trafficking as good to excellent and 90 percent stated they would know what to do to report suspected trafficking. During the pilot, there were approximately 17 students suspected of being trafficked as identified by trained staff. After the pilot, Araminta developed a draft report detailing the pilot and outcomes. Many of the recommendations for human trafficking in the report were identified as a result of the outcomes of the human trafficking pilot.

Below are the major findings, recommendations, and proposed actions of the Mental Health Committee with regard to human trafficking prevention in Maryland. The findings and recommendations are categorized into the aforementioned priorities (awareness, guidance, evaluation, coordination and collaboration, and policy/regulations).

The proposed action that appears in red indicates action required action by the State Board.

Awareness

Findings

The results of the local school system needs assessment indicated that school staff have little to no knowledge of identifying symptoms and signs of students at risk for trafficking. In addition, staff may not be aware that educators are mandated reporters who are required to report suspected human trafficking cases. The following recommendation and actions are ones that the committee proposed to ensure that school staff received the required training needed to raise awareness of human trafficking and become aware of how to identify the signs of human trafficking.

<div style="border: 1px solid #c00;">

Accomplishments

Human Trafficking Webpage:

A dedicated webpage on the MSDE website for human trafficking resources was created, which identifies warning signs, Maryland provisions for educators who are mandated reporters, and resources with links to child abuse hotlines. Maryland human trafficking statutes are found in family law under the area of child abuse, therefore, the MSDE webpage used to highlight and explain human trafficking is a part of the larger webpage on child abuse found under "Child Abuse, Neglect, and Human Trafficking" (http://www.marylandpublicschools.org/about/Pages/DSFSS/SSSP/CAN-HT/index.aspx).

Human Trafficking Fact Sheet:

Committee members collaborated with the Kari Gorkos, Director of Youth and Family Programs, at the Mental Health Association of Maryland to develop a factsheet for educators on human trafficking.

</div>

RECOMMENDATION 6: Promote collaboration and alignment among mental health awareness efforts (e.g., public service announcements, websites, etc.) within the MSDE and across the state in order to emphasize the link between mental health, trauma, and human trafficking.

> ***Proposed Action 6.1:*** *Develop a training plan to identify strategies for expanding training in human trafficking to local school systems and staff.*

> ***Proposed Action: 6.2:*** *Include human trafficking prevention and reporting as part of annual local school staff professional development training on mandated reporting.*

Guidance

Findings

An identified need was for uniform state-level guidance on human trafficking risk, prevention, and reporting requirements. Changes in the law for reporting trafficking have required more specific guidance that ensures appropriate actions are taken by school staff. The following recommendation and actions are proposed to facilitate the development and distribution of guidance to school staff on the identification and reporting of human trafficking.

RECOMMENDATION 7: Consult and collaborate with state-level agencies, school staff, and partners to develop guidance for local school systems around comprehensive child abuse policy, procedures, and training which include human trafficking. Additional guidance may be required for talking with Child Protective Services and communicating with parents and/or students about concerns.

> ***Proposed Action 7.1****: Create guidance for local school systems on identifying signs of human trafficking, strategies for prevention, and mandated reporting requirements.*

> ***Proposed Action 7.2****: Adopt a model policy, which contains human trafficking protocols and procedures for assessing students at-risk for human trafficking, and postvention support for those returning to school.*

Evaluation

Findings

Committee members stressed the importance of developing measures to evaluate the effectiveness of training delivered to school staff on human trafficking. A model of evaluation has been developed to assess pre-training knowledge, post-training knowledge, retention of main learning objectives, and overall training feedback. Having standard ways of assessing the effectiveness of recognizing human trafficking should be a major goal. The following recommendation and actions are proposed to ensure that uniform evaluation measures are used to monitor the effectiveness of human trafficking prevention training.

RECOMMENDATION 8: Ensure that uniform evaluation measures are used to monitor the effectiveness of training.

> ***Proposed Action 8.1****: Collaborate with state-level agencies, and other partners to explore the development of a standardized train-the-trainer model for implementation that includes an evaluation component that would assess the effectiveness of training outcomes.*

> ***Proposed Action 8.2****: Develop professional development materials with an evaluation component.*

Coordination and Collaboration

Findings

Efforts to address human trafficking prevention require a collaborative multi-agency response. Committee discussion revolved around the importance of ensuring that human trafficking is addressed collaboratively with MSDE staff, state agencies, and other external partners with expertise and skills in multiple disciplines. This ensures alignment with state statute and supports the delivery of common messaging on processes, procedures, and protocols to schools. It also facilitates the delivery of more effective technical assistance and support. The following recommendation and actions are proposed to facilitate coordinated and collaborative efforts with human trafficking prevention.

RECOMMENDATION 9: Facilitate coordinated and collaborative efforts among agencies on human trafficking prevention.

> ***Proposed Action 9.1:*** *Develop linkages with law enforcement and other agencies for case coordination to identify and maximize supports to students at risk for trafficking or who are being trafficked.*

> ***Proposed Action 9.2:*** *Utilize partnerships to provide training and technical assistance to school staff and to identify resources needed to expand training.*

Policy/Regulation

Findings

A review of the child abuse polices of the 24 school systems conducted by MSDE staff found the need for consistency of child abuse and neglect reporting policy. Any gap between the policies and the updated law could create challenges to developing a common language used by educators who are mandated reporters. The responsibility for reports rests with the mandated reporter who suspects the trafficking and not another school staff member or administrator who does not have first-hand knowledge of the situation. The following recommendation and actions are proposed for reporting suspected trafficking are updated and consistent with state law.

RECOMMENDATION 10: Ensure that local procedures for reporting child abuse are updated to include human trafficking.

> ***Proposed Action 10.1:*** *Share resources on human trafficking reporting with local school systems.*

Proposed Action 10.2: *Collect evidence from local school systems that human trafficking is included with the review of child abuse reporting procedures.*

Summary

In July 2016, the State Board of Education formed a Mental Health Committee to examine suicide prevention and human trafficking prevention which are two issues impacting the mental health of school children in Maryland. Both topics are related to mental health, and fall under the auspices of the DOSFSS. The DOSFSS provided staffing support. This included providing resources, background information, and identifying experts in the field, as well as coordinating and implementing committee activities including reviewing State laws, statutes and regulations; participating in discussions with national, State, and local experts; reviewing data from local school systems; and discussing recommendations and next steps for the MSDE regarding suicide and human trafficking prevention.

Key recommendations have been identified for both suicide and human trafficking prevention; however, it is important to recognize the complex nature of these issues. A comprehensive plan for proactively addressing suicide risk and human trafficking prevention in Maryland's schools will require a collaborative multi-agency approach with coordinated efforts to leverage the expertise and resources required to support recommended actions for raising awareness, providing guidance, evaluating outcomes, and developing policy.
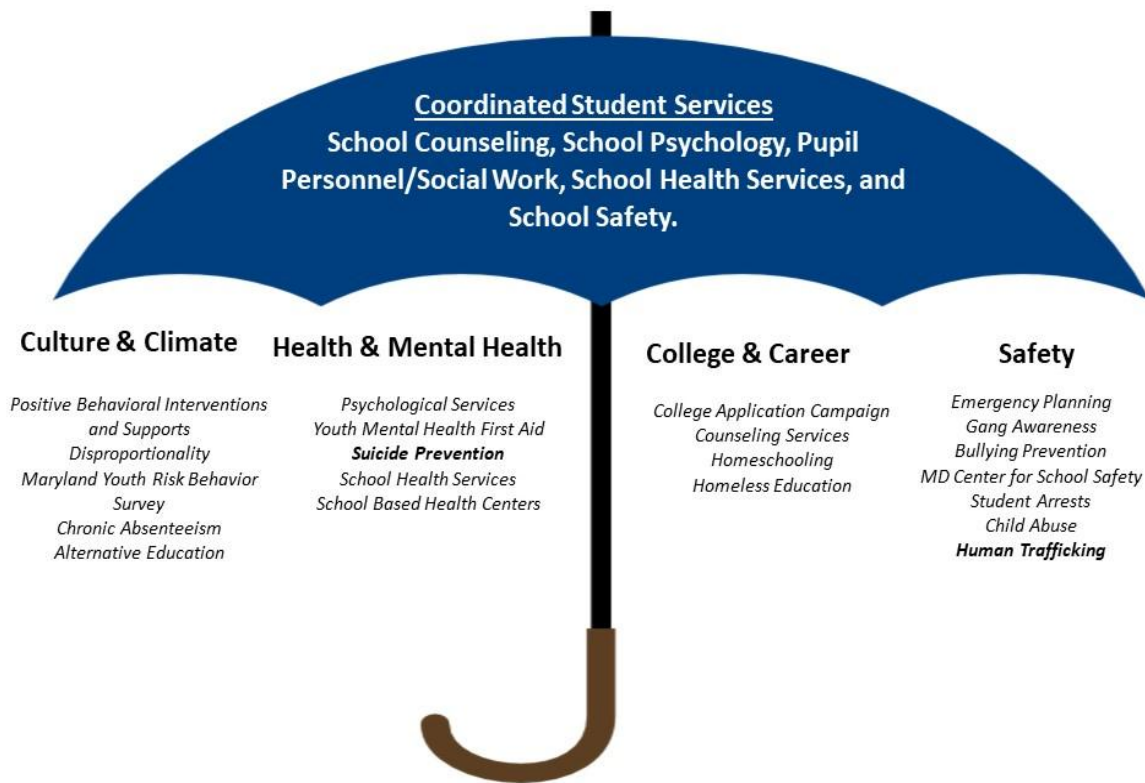
Appendix A

Summary of Mental Health Committee Activities

DATE	TOPIC/DISCUSSION	PRESENTERS
JULY 13, 2017	➢ Discussion of *Child Sex Trafficking Victims Initiative*	***Dr. Nadine Finigan-Carr & Amelia Rubenstein***
JUNE 6, 2017	➢ Discussion of leadership and activities of Maryland Department of Health (MDH) related to child mental health, in general, and more specifically, youth suicide risk and prevention /intervention	***Dr. Al Zachik,*** *DHMH, Deputy Director, Child and Adolescent Services, Behavioral Health Administration*
	➢ Discussion of work around adverse childhood experiences	***Lynn Davis,*** *Director, Child Advocacy Center, Frederick County* ***Anne Soule,*** *Director of Family Support Services for the Mental Health Association of Frederick County*
MAY 4, 2017	➢ Discussion of state statute(s) related to mental health	***Jackie LaFiandra,*** *Assistant Attorney General, MSDE*
	➢ Overview of MD-SPIN, Kognito and the expansion of Lauryn's Law	***Larraine Bernstein,*** *Outreach and Training Program Manager, Maryland Suicide Prevention and Early Intervention Network (MD-SPIN)*

	➢ Review and Discussion:
	   o MSDE Child Abuse Website
	   o Guidance for "13 Reasons Why"
	   o HB 920 Primary and Education Personnel Training Requirement
		MSDE Staff

MARCH, 2017	➢ Discussion of suicide prevention efforts and Youth Mental Health First Aid Training	***Lea Ann Browning-McNee***, Deputy Director and ***Jennifer Treger,*** Director,

DATE	TOPIC/DISCUSSION	PRESENTERS
		Mental Health Association of Maryland
	➤ Overview of Talbot County Schools' Yellow Ribbon Program for suicide prevention	*Dr. Robert Schmidt,* Behavior Specialist, Talbot County Public Schools
	➤ Bullying and suicide prevention	*Shenetta Malkia*, Survivor and Advocate for the Prevention of Suicide and Bullying
	➤ Update on MSDE/Araminta Human Trafficking Pilot Program	*Alicia McDowell*, Executive Director, Araminta Freedom Initiative
FEBRUARY, 2017	➤ Overview and discussion of human trafficking in Maryland, steps the Governor's office has taken on this issue and general conversation on how the State Board can coordinate with Annapolis to address this issue	*Thomas Stack*, Public Safety Policy Analyst, Governor's Office of Crime, Control & Prevention
	➤ Discussion of mental health awareness from the national and state perspective and the overlapping priorities of the Community of Practice, along with focused action steps	*Nancy Lever*, Associate Professor of Psychiatry, University of Maryland School of Medicine; Co-Director, Center for School Mental Health
	➤ Review and feedback on MSDE suicide webpage and data collection form	*MSDE Staff*
	➤ Information about Children's Mental Health Matters Campaign	*Kari Gorkos*, Director, Youth & Family Programs, Mental Health Association of Maryland
	➤ Presentation to the State Board	*Nancy Winston*, Senior Director, Shared Hope International

DATE	TOPIC/DISCUSSION	PRESENTERS
	➢ DRAFT work plan presented for review and feedback	*MSDE Staff*
JANUARY, 2017	➢ Review of findings of needs assessment of suicide and human trafficking programs, strategies and supports among LEAs	*MSDE Staff*
	➢ Overview of state approaches to addressing student mental health and health education	
	➢ Reviewed risk assessment information	
	➢ Discussion of SB 494	
	➢ Discussed objectives of Mental Health Committee	
	➢ Presentation of Mental Health Priorities Action Plan	
	➢ Presentation of list of potential experts to address the mental health committee	
SEPTEMBER – DECEMBER, 2016	➢ Needs Assessment Data Collection and Report Preparation	*MSDE Staff*
JULY, 2016	➢ Presentation to the State Board on Suicide Prevention and Human Trafficking	*MSDE Staff*
JUNE, 2016	➢ Meeting with MSDE staff to discuss department's suicide prevention and human trafficking efforts	*MSDE Staff*

Appendix B

Coordinated Student Services

Coordinated Student Services
School Counseling, School Psychology, Pupil Personnel/Social Work, School Health Services, and School Safety.

Culture & Climate

Positive Behavioral Interventions and Supports
Disproportionality
Maryland Youth Risk Behavior Survey
Chronic Absenteeism
Alternative Education

Health & Mental Health

Psychological Services
Youth Mental Health First Aid
Suicide Prevention
School Health Services
School Based Health Centers

College & Career

College Application Campaign
Counseling Services
Homeschooling
Homeless Education

Safety

Emergency Planning
Gang Awareness
Bullying Prevention
MD Center for School Safety
Student Arrests
Child Abuse
Human Trafficking

Student Services and Strategic Planning Branch

Appendix C

Pathways to Maryland Certification

School Counselor- COMAR 13A.12.03.02

Pathway	Requirements
Option I- NBCC Certification	• A master's degree in school counseling or school guidance and counseling from an Institute of Higher Education (IHE); and • A National Board of Certified Counselors (NBCC) certificate; and • Two years of satisfactory performance as a teacher or school counselor in a school setting.
Option II- Maryland Approved Program	• A master's degree in school counseling or school guidance and counseling in a program approved using State-approved standards under COMAR 13A.07.06.01; and • Two years of satisfactory performance as a teacher or school counselor, or 500 clock hours in a supervised practicum in school counseling or school guidance and counseling.
Option III- CACREP Program	• A master's degree in school counseling or school guidance and counseling from a program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).
Option IV- Out of State Approved Program	• A master's degree in school counseling or school guidance and counseling from an approved program under the Interstate Contract agreement for support services; and • Two years of satisfactory performance as a teacher or school counselor or 500 clock hours in a supervised practicum in school counseling or school guidance and counseling.
Option V- Experienced Professional	• A master's degree from an IHE; and • A valid, professional certificate from another state; and • Verification of at least 27 months of satisfactory performance as a school counselor during the past seven years on the basis of which application is being made for a comparable Maryland certificate.

RESOURCE GUIDE OF MARYLAND SCHOOL MENTAL HEALTH AND WELLNESS PROGRAMS

October 2017

Research indicates that close to 20 percent of school-age students in the United States have identified mental health concerns (Thapa, et al., 2013). Of those identified, however, fewer than 30 percent receive the intervention required for effective support and treatment (Kessler, et al., 2005). The Maryland State Department of Education (MSDE) is committed to raising awareness of school-age students with mental health concerns to help school staff identify and provide access to resources that may support these students and their families.

This document is meant to be a step toward providing local school systems with a menu of mental health and wellness best practices currently being implemented across Maryland. The document was developed in collaboration with MSDE's Division of Student, Family, and School Support, local Directors of Student Services, and state-level agencies. The list of practices provided is not all-inclusive and is not intended as an endorsement. Rather, this directory is an effort to begin to capture the scope of school-based mental health programs and practices implemented across Maryland. This scope is framed by the definition of "mental health and wellness" as those systematic practices intended to provide evidence-based prevention, intervention, and postvention resources within a tiered approach to support students' psychological, social, emotional health and wellness. Research has indicated that students who are psychologically healthy during critical developmental stages have a reduced likelihood of future physical and mental health problems and are more likely to be engaged in school and become productive members of society as adults (Hofer, 2017). Therefore, these practices in this document are focused heavily on prevention and early intervention. This information is offered to supplement school-based resources on mental health and wellness to positively impact student social, emotional, and psychological health. As schools and school systems continue to review and revise their current student mental health and wellness practices and policies, MSDE is hopeful that this document will be a useful tool.

The Role of Coordinated Student Services in School Mental Health and Wellness Practices

The Maryland State Board of Education has long been forward-thinking in terms of recognizing how integral the role of the coordinated student services team is in the overall academic and social emotional success of students. In 1989, the State Board of Education adopted regulations mandating that each local school system provide a coordinated program of student services, which includes (but is not limited to): school counseling; pupil personnel; school psychology; and health services. The Code of Maryland Regulations (COMAR) 13A05.05.01 (B)

states that local student services programs shall focus on the health, personal, interpersonal, academic, and career development of students. In Maryland, school systems are able to use the coordinated student service model mandated by as a part of COMAR and expand services to integrate selected practices to further address local concerns for mental health services, behavioral interventions, school safety, school climate, culture, school completion, and behavioral intervention.

As Maryland prepares students to be college and career ready, the State Board of Education has reviewed a considerable amount of research and has thought strategically about the implementation of initiatives to achieve this goal. In June 2017 the Board approved the *Maryland Every Student Succeeds Act (ESSA) Consolidated State Plan*, which incorporates strategies and practices to improve conditions for student through school climates. These strategies and practices encompass the promotion of mental health and wellness for students.

In light of the data and the State Board of Education's proactive approach to mental health and wellness, this document, *Resource Guide of Maryland School Mental Health and Wellness Practices*, is designed to give central office and school-based personnel – particularly those that work to provide coordinated systems of student services – the background and the tools they need to proactively address student mental health and wellness, thereby improving school culture and climate, and helping to ensure that all students stay remain actively engaged in the learning process. The research indicates that the use of such practices can reduce the stigma surrounding seeking assistance for mental health and help build the resilience that results in academic, emotional, social, and psychological growth despite adversity (Diala, et al., 2002). Additionally, it has been shown that school-based supports for students' mental health can reduce the barriers that confront students and their families, such as the long wait time for services (Hofer, 2017).

What is "Best Practice"?

The term "Best Practice" has been used to describe "what works" in a particular situation or environment. With regard to school mental health and wellness, one must keep in mind that a particular practice that has worked in one context may or may not yield the same results across all educational settings. When data support the success of a practice, it is referred to as research-based, evidence based, or promising. A randomized-control trial (RCT) is considered the "gold standard" of research models. RCTs are studies that measure an intervention's effect by randomly assigning individuals (or groups of individuals) to an intervention group or to a control group. The unique advantage of random assignment is that it enables you to assess whether the intervention itself, as opposed to other factors, causes the observed outcomes. Evidence-based practices vary widely, but the following definition captures the essential elements of an evidence-based practice (EBP):

> *EBPs are those practices supported by rigorous scientific research, which are appropriate and effective for the population and setting in which the EBP will occur, and which feasibly can be flexibly implemented in that setting with fidelity.* (Kendall & Beidas, 2007).

A "Promising Practice" is a program or strategy that has some scientific research or data showing positive outcomes, but does not have enough evidence to support generalizable conclusions.

It is a fair assumption that the practices selected by the local systems and provided for this document were chosen based on local needs, contextual fit and available resources. In other words, they are "what works" and therefore could be considered "best" for that system; whether that practice is promising, evidence-based, research-based, and/or a randomized control trial.

This document is divided into three categories: **Universal: Targeted:** and **Intensive**. Each category addresses specific student mental health and wellness needs. **Universal** practices are the core practices provided to all students school-wide in order to promote successful student outcomes. An integrated approach to social, emotional, and psychological, and academic instruction as components of the same support system recognizes that these components influence one another. Students who are experiencing mental health concerns are unavailable for learning and their resulting behaviors may either disrupt the learning environment or significantly stagnate personal growth and development. **Targeted** supports are the additional practices provided to students who are not require additional programs and strategies that can be provided through small group interventions (commercial or created at the school or school system) that support students based on an identified shared need. **Intensive** supports are the practices provided to students who require individualized supports in addition to universal and secondary supports. Programs and practices that make up the tertiary supports can be described as intensive programs that are highly individualized around a student's specific mental health needs.

This is a working document and changes may occur based on the reported use, or discontinued use of school mental health and wellness practices within local school systems. The original survey that produced the practices listed in this document was conducted in 2016.

This list of practices was compared to the national What Works Clearinghouse (WWC) and the National Registry of Evidence Based Practices (NREPP) published by the Substance Abuse and Mental Health Services Administration. The WWC reviews the existing research on educational programs, products, practices, and policies to provide educators with the information to make evidence-based decisions. The NREPP is an evidence-based repository and review system designed to provide the public with reliable information about behavioral health interventions in the areas of mental health and substance abuse. If the listed intervention is on either list, it is indicated as such in the tables. Some of the items listed are not specific practices but rather frameworks. In those instances, they have been marked "NA" in the tables.

References

Thapa, A. et al. (2013). A Review of School Climate Research. *Review of Educational Research 83*, pp.357–85.

Kessler, R.C., et al. (2005). Lifetime Prevalence and Age-of Onset Distribution of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, pp.593–602.

Hofer, L. (2017) Policy Update: Mental Health in Education. National Association of State Boards of Education.

Diala, C. C., et al. (2002). Racial/Ethnic Difference in Attitudes toward Seeking Professional Mental Health Services. *American Journal of Public Health 91*. pp.805–07.

Nabor, L.A. and Reynolds, M.W. (2000). Program Evaluation Activities: Outcomes Related to Treatment for Adolescents Receiving School-Based Mental Health Services. *Children's Services: Social Policy, Research and Practice. pp.* 175–89.

Weare, K. and Nind,M. (2011). Mental Health Promotion and Problem Prevention in Schools: What Does the Evidence Say? *Health Promotion International* 26, no.1 .

School Mental Health and Wellness Practices

Universal

A foundation of school-wide practices that builds, monitors, and supports a school climate and culture that facilitates the awareness of mental health and wellness prctices for all students. **ALL** students

Targeted

Small group interventions in which students are placed based on an identified shared need. Targeted supports are provided in addition to effective universal supports.

SOME students

Intensive

Highly individualized intervention designed around a student's specific needs.

FEW students

Current Implemented Frameworks for School-Wide
Mental Wellness and Social Emotional Learning Practices

Frameworks for implementing school-wide mental wellness and social emotional learning practices are the basic underlying concepts or systems for implementing mental health and wellness practices. Many of these frameworks include components that include teach social emotional learning, processes and procedures for data collection, decision-making, monitoring, and evaluating the implementation to determine if the desired outcome(s) are being achieved. In Maryland, student mental wellness and social emotional learning are a critical foundation for developing the resiliency that students need to self-advocate for social, emotional, and psychological health.

Practice	Level of Support	Local School System (LSS)		
Integrated Tiered System of Supports	Framework	• All LEAs		
Mind Up Curriculum	Framework	• Baltimore City • Carroll		
Positive Behavioral Interventions and Supports (PBIS) /Multi-Tiered System of Support	Framework	• All LEAs		
Social Emotional Foundations for Early Learners	Framework	• All LEAs		
School-wide Integrated Framework for Transformation (SWIFT)	Framework	• Allegany	• Cecil	• Queen Anne's
Teacher SEL Self-Assessment Survey	Framework	• Baltimore City	• Prince George's	

Frameworks for Implementing School-Wide
Mental Wellness and Social Emotional Learning Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Integrated Tiered System of Supports	The Integrated Tiered System of Supports was developed by MSDE's Division of Special Education and Early Intervention Services to support the implementation of a tiered system that integrates a focus on a student's social emotional learning needs in conjunction with behavioral and academic instructional interventions to decrease opportunity and achievement gaps.	• To more effectively support the instructional, social emotional, and behavioral needs of students with Individualized Educational Programs (IEPs).	• Each student can access one system with a continuum of supports • Specially designed instruction for students who require additional academic support due to identified needs and skills • Organizational framework and data systems to provide evidence-based targeted and intensive interventions through collaborative planning	Improved behavior and learning for all students.	MSDE Division of Special Education and Early Intervention Services: http://www.marylandpublicschools.org/programs/Documents/Special-Ed/DSEEISStrategicPlan2016.pdf	NA

Summary:

There are so many things in life that children have no control over — bedtime, what they are allowed to eat and how much TV they get to watch. However, when you teach children how their brain works — it is a revelation to them. We obviously don't teach an advanced form of neuroscience, but we do teach children the key parts of the brain and the science behind how the brain influences their thinking, emotions and behavior in the setting of a mindful classroom. Once children and young people begin to make the associations between what they are thinking, how they are feeling and how they are acting, they gain the power to make more mindful choices. To stop and pause, before they react. This self-regulation can lead to better focus in school, better cooperation with others and improved self-awareness and self-control.

Source: https://mindup.org/mindup-mindful-classroom-framework-schools/

Frameworks for Implementing School-Wide Mental Wellness and Social Emotional Learning Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Mind Up Curriculum	This research-based curriculum, features lessons that use the latest information about the brain to dramatically improve behavior and learning for all students. Each lesson offers easy strategies for helping students focus their attention, improve their self-regulation skills, build resilience to stress, and develop a positive mind-set in both school and life. The lessons are incorporated into their daily schedule.	• Teaches students to make better choices. • Help students think before they react. • Better focus, self-awareness, and self-control.	Four strategic pillars: • Grounded in neuroscience • Activated by mindful awareness • Inspired by positive psychology • A Catalyst for social-emotional learning	Improved behavior and learning for all students.	Mind-Up (the Hawn Foundation) https://mindup.org/	NA

Summary:

There are so many things in life that children have no control over — bedtime, what they are allowed to eat and how much TV they get to watch. However, when you teach children how their brain works — it is a revelation to them. We obviously don't teach an advanced form of neuroscience, but we do teach children the key parts of the brain and the science behind how the brain influences their thinking, emotions and behavior in the setting of a mindful classroom. Once children and young people begin to make the associations between what they are thinking, how they are feeling and how they are acting, they gain the power to make more mindful choices. To stop and pause, before they react. This self-regulation can lead to better focus in school, better cooperation with others and improved self-awareness and self-control.

Source: https://mindup.org/mindup-mindful-classroom-framework-schools/

Frameworks for Implementing School-Wide
Mental Wellness and Social Emotional Learning Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Positive Behavioral Interventions and Supports (PBIS) The Code of Maryland Regulations (COMAR) 13A.08.06 .01 PBIS was adopted by the State Board to: (a) Build capacity among school staff to adopt and sustain the use of positive, effective practices to create learning environments where teachers can teach and students can learn; and (b) Improve the link between research-validated practices and the environments in which teaching and learning occur.	PBIS is a framework that guides selection, integration, and implementation of the best evidence-based practices for improving academic and behavioral outcomes for all students.	When implemented with fidelity school-wide, universal PBIS *aims to reduce disruptive behavior problems, enhance school climate and create safer, more effective schools for ALL students.* This is accomplished by targeting staff behavior and teaching students agreed upon behavioral expectations while promoting a shift from reactive, punitive practices to prevention and the promotion of positive behavior.	There are four integrated elements to the framework: • Data to support decision-making; • Measurable outcomes supported and evaluated by data; • Practices which provide evidence that outcomes are achievable and support students and staff, and; • Systems that efficiently and effectively support implementation of these practices by staff.	• Improved school climate • Improved relationships between students and staff • Improved academic achievement	PBIS Maryland: http://pbismaryland.org/ or www.pbis.org	NA

Summary:
PBIS Maryland is a collaborative effort between the Maryland State Department of Education, Sheppard Pratt Health System, the Johns Hopkins University; Center for the Prevention of Youth Violence, and 24 Local Maryland School Systems. An infrastructure has been established for training, implementation and coaching of best practices which includes: annual training calendar, PBIS*Maryland*.org, data collection capacity, PBIS Coaching structure, technical assistance to local school systems and a Management Team and State Leadership Team who meet regularly. Efforts are currently underway to bridge students' transition from early childhood programs, which are implementing Social Emotional Foundations for Early Learning (SEFEL), to PBIS schools.

Source: **http://pbismaryland.org/.**

Frameworks for Implementing School-Wide
Mental Wellness and Social Emotional Learning Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
School-wide Integrated Framework for Transformation (SWIFT)	**SWIFT** is a national K-8 center that provides academic and behavioral support to promote the learning and academic achievement of all students, including students with disabilities and those with the most extensive needs.	SWIFT meets the needs of **ALL** students, including students with disabilities and those with the most extensive needs by: • Providing Multi-Tiered Systems of Support (MTSS) • Bridging general and specialized education to create powerful learning opportunities. • Promoting active, engaged partnerships among families and community members.	• Administrative leadership • Multi-tiered system of support • Family and community partnerships • An integrated educational framework • Inclusive policies and practices	Local school systems engage in a transformational process to achieve equity and excellence for all students. Excellence is determined by measurable student social and academic gains. Equity is defined by the measurable capacity of each school to deliver the intensity and range of supports to meet the needs of each students and extending to their family and community.	SWIFT Center: http://www.swiftschools.org/	NA

Summary:
School districts around the country are gearing up to fully realize the vision of All Means All through a Schoolwide Integrated Framework for Transformation (SWIFT). They are partnering with the SWIFT Center, a national K-8 technical assistance center that provides academic and behavioral support to promote the learning and academic achievement of ALL students, including students with the most extensive support needs. SWIFT Center is committed to eliminating silos in education by bridging general and specialized educational structures and resources. These bridges lead to powerful learning opportunities for students and teachers; promote active, engaged partnerships among families and community members; and ensure every child is a valued member of their school and given the supports they need to achieve academic and social success. What does SWIFT mean by "every child?" We mean students who struggle to learn, are labeled as gifted, live in poverty, with disabilities, are culturally and ethnically diverse, and students with the most extensive support needs. Over 30 years of research guides the SWIFT Center work, resulting in a focus on five key domains that support schoolwide inclusive transformation. These areas are:
- Integrated Education Framework;
- Multi-tiered System of Support;
- Family and Community Engagement;
- Administrative Leadership; and
- Inclusive Policy Structure and Practice.

Source: http://www.swiftschools.org/overview.

Frameworks for Implementing School-Wide
Mental Wellness and Social Emotional Learning Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Teacher SEL Self-Assessment Survey	Social and emotional learning (SEL) is crucial for improved educational attainment. As teachers help students achieve new college and career readiness standards, they need to use teaching practices that promote student social and emotional learning in the classroom. The Teacher SEL Self-Assessment tool helps teachers reflect and assess how well their own teaching practices support SEL for students.	• Self-reflect on teaching practices that impact student social and emotional learning. • Self-reflect on teacher's own social and emotional competencies. • Develop action steps to incorporate social and emotional learning teaching strategies into an educator's daily practice, and develop plans to improve upon educators' own social and emotional competencies.	• Self-assessment tool (hard copy or an online version) • Scoring and action planning tool	• Improved understanding of how social and emotional learning is embedded within current teaching practices. • Improved understanding of how teacher social and emotional competencies interact with teaching practices to promote student success. • Increased implementation of teaching practices that promote social and emotional learning in classrooms.	Center on Great Teachers & Leaders at American Institute for Research: http://www.gtlcenter.org/technical-assistance/professional-learning-modules/social-and-emotional-learning-daily-life-classrooms	NA

Summary:
Social and emotional learning (SEL) is crucial for improved educational attainment. As teachers help students achieve new college and career readiness standards, they need to use teaching practices that promote student social and emotional learning in the classroom. Our new resource, Self-Assessing Social and Emotional Instruction and Competencies: A Tool For Teachers helps teachers reflect and assess how well their own teaching practices support SEL for students.

In the tool, teachers can self-assess on 10 teaching practices that support social and emotional learning for students, which we identified in our recent brief, Teaching the Whole Child: Instructional Practices That Support Social and Emotional Learning in Three Teacher Evaluation Frameworks. The self-assessment tool, however, goes beyond these 10 teaching practices. Teachers also need to strengthen their own social and emotional skills to implement the 10 teaching practices successfully. The tool includes five teacher social and emotional competencies for users to reflect on including: self-awareness; self-management/emotion regulation; social awareness; relationship/social skills; and responsible decision making.

Source: http://www.gtlcenter.org/products-resources/self-assessing-social-and-emotional-instruction-and-competencies-tool-teachers.

Current Implemented Universal School Practices

Universal School Practices are the core practices provided to all students within the school building in order to promote successful student outcomes and prevent school failure. An integrated approach to behavioral and academic instruction as components of the same support system recognizes that these components influence one another. Universal Practices may be implemented system-side and/or school-wide.

Many universal practices listed are a framework and as such provide all levels of support; universal, targeted and intensive. The universal practices that are a framework are indicated as well as noting the practices that are mandated by Code of Maryland Regulations (COMAR). Under COMAR, all local school systems in Maryland retain local control and are able to design their programs based on their identified needs. This list of practices provided are not inclusive and are not intended as an endorsement of, but rather an effort to begin to capture the scope of school practices implemented across Maryland.

Practice	Level of Support	Local School System (LSS)				
ACES	Universal	• Baltimore City				
Capturing Kids Hearts 1 (CKH)	Universal	• Baltimore City	• Harford	• Washington		
Kognito Gatekeeper Curriculum	Universal	• Allegany • Anne Arundel • Baltimore City • Baltimore County • Calvert	• Caroline • Carroll • Charles • Dorchester • Harford • Howard	• Montgomery • Prince George's • St. Mary's • Somerset • Talbot • Wicomico		
Mental Health First Aid/Youth Mental Health First Aid	Universal	• Baltimoe County • Charles • Kent	• Dorchester • Somerset • Worcester			
Olweus Bullying Prevention Program (OBPP)	Universal	• Anne Arundel • Baltimore • Calvert	• Caroline • Dorchester	• Frederick • Queen Anne's	• Somerset • Talbot • Washington	• Wicomico • Worcester
QPR Gatekeeper Suicide Prevention: Question, Persuade, Refer	Universal	• Anne Arundel • Calvert	• Caroline • Cecil	• Harford • Kent	• Queen Anne's • SEED • Somerset	• Washington • Worcester Wicomico
Restorative Practices	Universal	• Anne Arundel • Baltimore City • Charles • Howard	• Montgomery • Prince George's • Queen Anne's • St. Mary's	• Somerset • Washington • Worcester		

Practice	Level of Support	Local School System (LSS)				
Second Step	Universal	• Allegany • Anne Arundel	• Baltimore County • Calvert • Carroll	• Cecil • Charles • Garrett	• Kent • Prince George's • St. Mary's	• Talbot • Wicomico • Worcester
School Resource Officer Program/School Resource Officers (SRO)	Universal	• Allegany • Anne Arundel • Baltimore City	• Baltimore County • Calvert • Caroline • Cecil	• Charles • Dorchester • Frederick • Garrett • Harford	• Howard • Kent • Montgomery • Prince George's • Queen Anne's	• St. Mary's • Talbot • Somerset • Washington • Wicomico • Worcester
Signs of Suicide® Prevention Program (SOS)	Universal	• Frederick • Garrett • Montgomery				
Text-2-Stop-It	Universal	• Prince George's • Queen Anne's				
Yellow Ribbon	Universal	• Caroline • Harford • Kent	• Queen Anne's • Talbot • Worcester			

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Adverse Childhood Experiences (ACEs) Survey	The ACEs survey identifies potentially traumatic events that can have a negative and long-lasting impact on students, such as physically or sexual abuse, incarceration of a parent or guardian, history of family suicide, history of family substance use, exposure to domestic violence, etc.	• Assessing prevention needs and gathering data • Development of effective and sustainable prevention approaches • Prevention efforts aligned with the most commonly identified adverse experiences • Opportunity to provide targeted professional development to staff around the most commonly identified ACEs	• Identification of stressful and traumatic events, including abuse and neglect that can adversely impact student emotional, social, and psychological health and affect school performance.	The Centers for Disease Control and Prevention (CDC), in conjunction with Kaiser Permanente, conducted a landmark study from 1995-1997 indicated that ACEs are common, often occur in clusters, and can accumulate over time. States such as Oklahoma, Wisconsin, and Washington have used the ACEs survey results to increase support for prevention efforts and develop stronger state and district-level partnerships.	Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/acestudy/resources.html Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences#ace	Centers for Disease Control and Prevention

Summary:

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have mental health and substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with mental health. The ACEs addressed by the survey include the following: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, and incarcerated household member

Source: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences#ace

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Capturing Kids Hearts 1 (CKH)	Capturing Kids' Hearts 1 is a research-based process designed to strengthen students' connectedness to teachers, staff, and school.	- Develop safe, trusting, self-managing classrooms - Improve attendance by building students' motivation and helping them take responsibility for their actions and performance - Decrease delinquent behaviors - Utilize the EXCEL Model™ and reinforce the role of emotional intelligence in teaching - Develop students' empathy for diverse cultures and backgrounds - Reduce incidents of bullying and harassment	Enhanced protective factors: - Developing strong bonds with teachers - Setting clear rules of conduct that are consistently enforced - Targeting modifiable risk factors; inappropriate behavior, poor social coping skills.	Results from the National Longitudinal Study on Adolescent Health demonstrated that student connectedness reduced negative behaviors in four domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality.	Flippen Education: http://www.flippengroup.com/education/ckh.html	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
Teachers can't always control what comes into their classrooms. Capturing Kids' Hearts 1 shows them how to create high-achieving centers of learning by strengthening students' connectedness to others through enhancing healthy bonds with their teachers and establishing collaborative agreements of acceptable behavior. Capturing Kids' Hearts is a process that is working in thousands of classrooms across the country to provide the strategy and training for teachers and administrators to achieve success in today's classrooms. Give us a teacher who's passionate about their subject, a teacher who cares for the welfare and success of their students, and we'll give that teacher the tools they need to engage and challenge students, and raise them to a higher level of performance.

Source: http://flippengroup.com/education/capturing-kids-hearts-1/.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Kognito/	Kognito is an interactive avatar-based online suicide prevention and mental health training. These online simulations teach all PK-12 school staff how to identify, approach, and refer students exhibiting signs of suicidal ideation, substance use/abuse, and psychological distress, including depression and anxiety, to relevant support services on and off the school grounds. Specific modules focus on high school students, middle school students, military families, and LGBTQ youth. There is also a module designed for students to gain these skills.	•To connect students and families who may experience behavioral health issues with appropriate services in the school or community.	• Users enter a virtual environment and engage in role-play conversations with emotionally-responsive virtual humans. Through practice and receiving personalized feedback, users learn and assess their competency to lead similar conversations in real life. • Key learning and assessment principles include hands-on-practice, contextual learning, personalized feedback, storytelling, and case-based approach.	• The total number staff able to accurately identify, communicate with, and match resources to students at risk.	Kognito: https://kognito.com/ Maryland Suicide Prevention Early Intervention Network: http://csmh.umaryland.edu/Current-Initiatives/MD-SPIN/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
The Maryland Suicide Prevention and Early Intervention Network (MD-SPIN) grant, in partnership with the MSDE, the Maryland Department of Health (MDH) and other state and local agencies funds the online gatekeeper training by Kognito. As a result, Kognito online training is available free of charge to Maryland school staff. The primary focus of Kognito is to assist individuals in building capacity of people to lead real-life conversations that result in measurable changes in social, emotional, and physical health.

Source: MD_SPIN: http://csmh.umaryland.edu/Current-Initiatives/MD-SPIN/ Kognito: https://kognito.com/

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Mental Health First Aid/Youth Mental Health First Aid	Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).	• To connect students and families who may experience behavioral health issues with appropriate services in the school or community.	A five-step action plan, known as ALGEE, for use when providing Mental Health First Aid to an individual in crisis: • A--Assess for risk of suicide or harm • L--Listen nonjudgmentally • G--Give reassurance and information • E--Encourage appropriate professional help • E--Encourage self-help and other support strategies	• The total number of students served by the project. • The total number of students receiving school-based mental health services. • The proportion of student referrals made to community-based mental health service providers that result in service provision.	SAMHSA's National Registry of Evidence-Based Programs and Practices: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=321 USA Mental Health Fist Aid: https://www.mentalhealthfirstaid.org/cs/now-time-project-aware-mental-health-first-aid-grants/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
Maryland received a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the Maryland Advancing Wellness and Resilience in Education (MD-AWARE) program. The goals of the program are to connect children, youth, and families who may experience behavioral health issues with appropriate services in school and through community service agencies; promote the Youth Mental Health First Aid curriculum that teaches school staff and other adults serving youth between the ages of 12-18 to support young people who may be experiencing a mental health crisis or illness; and increase access to existing funding systems that support mental health services for school-aged youth by serving on the statewide Educational and Behavioral Community of Practice Workgroup.

Source: MD-AWARE Program information and http://legacy.nreppadmin.net/ViewIntervention.aspx?id=321.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Olweus Bullying Prevention Program (OBPP)	• Requires effort of school personnel, community stakeholders and parents. • Teachers hold minimum of 1 hr./wk. classroom meetings to learn about bully prevention/ pro-social behavior	• Significant reductions in bullying and victimization • Increases in social climate in classrooms and school-wide.	• Two day training for Olweus Bullying Prevention Program committee. • Training includes creating school-wide age appropriate lessons for weekly meetings. • School wide kickoff (optional) to introduce Olweus to the students, with community involvement.	• Statistical reductions in bullying incidents • Self-reported improvements in school climate and student engagement	Violence Prevention Works: http://www.violencepreventionworks.org/public/index.page	Not Listed

Summary:

The Olweus Bullying Prevention Program is a comprehensive model that utilizes annual surveys, classroom curriculum, implementation resources and training. When the program is implemented as written (with fidelity to program components and principles), positive outcomes for schools include: reductions in bullying behavior, lower rates of alcohol and other drug abuse; and improved academic achievement. Implementation should include the guidance and expertise of a certified Olweus trainer.

Source: http://www.violencepreventionworks.org/.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
QPR Gatekeeper Suicide Prevention: Question, Persuade, Refer	**QPR stands for Question, Persuade and Refer,** three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives.	Reduce number of suicide attempts and completions.	Three simple steps to follow: QUESTION Question the person about suicide. Ask if they've had any thoughts about it, feelings, or even plans? Do not be afraid to ask! PERSUADE Persuade the person to get help. Remember to listen carefully and then say, "Let me help" or "Come with me to find help!" REFER Refer for help. If it is a child or adolescent, contact any adult, parents, minister, teacher, coach, or a counselor (1-800-866-HOPE)	Staff will know: • The common causes of suicidal behavior • The warning signs of suicide • How to Question, Persuade and Refer someone who may be suicidal • How to get help for someone in crisis	**QPR Gatekeeper Training for Suicide Prevention:** http://www.qprinstitute.com/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:

QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor. QPR can be learned in our Gatekeeper course in as little as one hour.

Source: http://www.qprinstitute.com.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? (*Expected Outcomes*)	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Restorative Practices (RP)	RP addresses the needs of all students in dealing with matters of behavior and social skills. The philosophy and set of tools actively engage students in dealing with conflict management. RP provides tools to strengthen connections between students, staff, and administration. RP provides opportunities for students to: • Repair the harm caused and engages those harmed and affected. • To learn the full impact of their actions and also be restored to the community.	•Increased connection between members of school community •Better attendance •Improved grades and test scores •Fewer suspensions and expulsions •Decrease in number of dropouts •Overall better student engagement •Stronger parent connection to school	•Leadership commitment to support this philosophy from punishment to teaching •Allocation of time and resources for staff training and classroom incorporation of circles •Data tracking and reporting to school community •Leadership incorporation of restorative tools in dealing with staff and parent communication •Leadership and staff support/coaching during implementation of Restorative Practices	• Improvements in climate surveys of students , staff and parents • Decreases in office referrals, suspensions and expulsions • Improvement in attendance data • Reduction in dropout figures • Increases in grades • Increased standardized testing scores	Center for Dispute Resolution University of Maryland Francis School King Carey School of Law: http://www.law.umaryland.edu/RestorativePractices	Not Listed

Summary:

Restorative practices, which evolved from restorative justice, is a new field of study that has the potential to positively influence human behavior and strengthen civil society around the world. Restorative practices builds healthy communities, increases social capital, reduces the impact of crime, decreases antisocial behavior, repairs harm and restores relationships. As an emerging social science, restorative practices integrates developments from a variety of disciplines and fields, including education, psychology, social work, criminology, sociology, organizational development and leadership. A restorative practice has the potential and has begun to influence several areas of need globally. Research, investigation and inquiry are driving theory development and practice enhancement. Some notable areas of influence are: U.S. school-to-prison pipeline; European refugee and transcontinental migration conflict; radicalization of youth; and community policing and use of force.

Source: http://www.iirp.edu/what-we-do/what-is-restorative-practices.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Second Step Early Learning through Grade 8	*Second Step* provides instruction in social and emotional learning with units on skills for learning, empathy, emotion management, friendship skills, and problem solving. The program contains separate sets of lessons for use in prekindergarten through eighth grade.	Strengthen students' ability to: • learn • have empathy • manage emotions • solve problems • focus, listen, and stay calm • Students are better able to meet school-wide behavioral expectations and benefit from learning.	Six main task categories: • Motivate • Prepare • Train • Support • Validate, and • Sustain. Each category is made up of a selection of recommended tasks to meet the current level of implementation and to respond to changing needs over time.	• Improved students' social and emotional knowledge and skills, pro-social attitudes, and behavior. • Reduced students' problem and aggressive behaviors	Committee for Children: http://www.secondstep.org/ http://www.casel.org/guide/programs/second-step/	Not Listed

Summary:
Second Step SEL Program: Skills for social and academic success. The Second Step program for Early Learning through Middle School benefits more than 10 million students each year. It teaches critical skills—such as managing emotions and behavior, getting along with peers, and solving problems peacefully—that can help students in school, the workplace, and throughout their lives. Bullying Prevention Unit: Create a positive school climate.

The Second Step Bullying Prevention Unit for Kindergarten–Grade 5 builds on children's social-emotional skills to teach them how to recognize, report, and refuse bullying through story-based lessons and award-winning videos. Based on the latest research, the unit also features innovative online training for every adult in school. Child Protection Unit: Keep kids safe from abuse.

The Second Step Child Protection Unit begins with training that helps schools develop policies and procedures to keep kids safe and teaches all staff to recognize signs of possible abuse and respond if a child discloses. Students in Early Learning through Grade 5 learn about personal safety in age-appropriate lessons, and family materials facilitate safety discussions at home.

Source: http://www.secondstep.org/

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? (*Expected Outcomes*)	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
School Resource Officer Program/ School Resource Officers (SRO)	SRO programs and well-trained SROs play a vital role in creating and maintaining safe and supportive schools. The National Triad Model defines three major roles of the SRO; an instructor who teaches law-related topics, a student mentor and role model, and a law enforcement officer who protects and serves the school community. Effective SROs are adept at community policing skills such as problem solving, relationship building, and open-communication, as well as identifying stakeholders, demonstrating cultural competence, and understanding youth culture.	To create and maintain safe, secure, and supportive learning environment where students can achieve their educational potential and learn to make good life-related decisions.	Development of: - Effective relationships with all stakeholders. - Prevention, intervention, and community outreach. - A Memorandum of Understanding among the parties. - Open and collaborative relationship between the SRO and principal. - Enforcement objectives/ outcomes that meet the needs of students and the school community. - SRO serves as a member on the administrative and school emergency management team.	- Positive climate and culture of school safety and supportive school environment established. - Positive relationships developed between the SRO and students, administrators, staff, and parents. - Reduction in school-related criminal activity and code of conduct violations. - Effective utilization of prevention, intervention, and community outreach measures and services.	United States Department of Justice – Supporting Safe Schools www.cops.usdoj.gov/Default.asp?Item=2687 National Association of School Resource Officers www.nasro.org/ Maryland Association of School Resource Officers www.masro.com/	Not Listed

Summary:

The Maryland Association of School Resource Officers (M.A.S.R.O.) is a non-profit Organization formed to promote law related education and safety of students Membership is comprised of Police Officers, Probation Officers, School Administrators, School Counselors Parents and Teachers who care about maintaining Safe schools in Maryland. The SRO program is more than 20 years old Nationwide. Even though its concept is fairly new to Maryland, by the beginning of the 2000-2001 school year there were over 100 School Resource Officers assigned to Maryland Schools.

SRO's serve three major roles in Maryland Schools: as a Law Enforcement Officers within the school and surrounding community; as instructors who teach law related topics in the classroom; and as student mentors/advisors to help resolve conflicts without violence.

Source: https://www.facebook.com/pg/Maryland-Association-of-School-Resource-Officers-MASRO-201811019829622/about/?ref=page_internal

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Signs of Suicide® Prevention Program (SOS)	SOS is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends,	Participants and students will seek help through the use of the ACT®technique (Acknowledge, Care, and Tell).	The SOS High School program is appropriate for schools, grades 9-12, whereas the SOS Middle School program is designed for grades 6-8. The SOS Booster program is for high school students only, and is designed to prepare students for graduation and life beyond high school.	Reduce number of suicides and suicide attempts.	http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/ https://www.livingworks.net/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:

The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health.

Both the middle and high school programs provide age-appropriate, educational DVDs for school staff to play for students. The middle school video (Time to ACT) and the high school video (Friends for Life) inform students how to ACT® (Acknowledge, Care and Tell), demonstrate the right and wrong ways to help, and show a student talking with a school counselor. The program includes an optional student screening that assesses for depression and suicide risk and identifies students to refer for professional help as indicated. The program also includes a video, Training Trusted Adults, to engage staff, parents, or community members in the program's objectives and prevention efforts.

Source: http://www.sprc.org/resources-programs/sos-signs-suicide.

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Text-2-Stop-It	Text-2-Stop-It uses a patent pending platform (Tex2Them) that allows students and adults to anonymously report, via text, incidents that they are involved in or have witnessed. This can include texts regarding students who are bullied, students who are at risk for suicide, and students involved in human trafficking.	▪ Empowers students to report incidents that may harm or put another student at risk so that help can be obtained ▪ Ability to monitor potentially harmful situations that may occur outside of the school setting, but which may impact students and their well-being (24/7)	• Easy to use for students and staff • Information received by Text-2-Stop-It via text, pictures, and videos is shared with administrators who can intervene at the school-level • Texts monitored 24/7 by Text-2-Stop-It	Reduce number of bullying, suicide attempts, and students involved in human trafficking	Text-2-Stop-It: https://www.text2stopit.org/	Not Listed

Summary:
Text-2-Stop-It is promoted through posters, card, and other materials. Anyone can get help by texting a unique keyword, such as "HELPME" to reach out for assistance or information. Texts can be accompanied by pictures and videos. Texts can be sent with anonymous tips related to bullying, suicide risks, human trafficking, assaults, addiction, and terrorism. Texts are received by Text-2-Stop-It operators will engage the texter to gather additional details and then provide resources and assistance. Texts are also routed to school administrators, and depending on the circumstance, local law enforcement, crisis centers, or other authorities.

Source: https://www.text2stopit.org/

Current Implemented Universal School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Yellow Ribbon Suicide Prevention Program	Yellow Ribbon is a grass-roots, community based, volunteer organization developed to serve youth and the communities that surround them, and to address youth/teen suicide through public awareness, education and training to help communities build new and/or strengthen existing programs.	▪ Empowers individuals and communities through leadership, awareness and education; and ▪ By collaborating and partnering with support networks to reduce stigma and help save lives.	• Suicide Prevention Community Development • Gatekeeper Training, seminars, workshops with fully developed curriculum • Yellow Ribbon chapters, schools and organizations throughout the U.S. and in 47 countries.	Reduce number of suicides and suicide attempts	Yellow Ribbon program: http://yellowribbon.org/.	Not Listed

Summary:

The Yellow Ribbon Suicide Prevention Program is dedicated to preventing suicide and attempts by making suicide prevention accessible to everyone and removing barriers to help by: Empowering individuals and communities through leadership, awareness and education; and collaborating and partnering with support networks to reduce stigma and help save lives.

The program began in 1994 in response to heartfelt pleas from teens and adults after the death of a friend and loved one. Words of help and hope said by the teen's family were put on bright yellow paper and shared at the services, 500 of those messages and at the end, all were gone. Teens shared the messages locally and began to mail them to friends and loved ones – mailed them 'everywhere'. Within three weeks came word of a girl who got help when she gave the hallmark of the program – the Ask 4 Help! ® Card (that bright yellow message) to her teacher – and received help. The ripple effect had begun – a bright yellow bridge was built that connects those in need to those who help.

Source: http://yellowribbon.org/.

Current Implemented Targeted School Practices

Targeted School Practices are the additional practices provided to students who require supports in addition to universal supports. Programs and strategies that make up the targeted supports can be described as small group interventions (commercial or created at the school) in which students are placed based on an identified shared need.

Practice	Level of Support	Local School System (LSS)				
Botvin Life skills Training (LST)	Targeted (Universal Option)	• Allegany • Anne Arundel	• Baltimore County • Caroline	• Charles • Dorchester • Frederick	• Kent • Prince George's • Queen Anne's	• St. Mary's • Worcester
Check and Connect (CnC) and/or Mentoring Groups	Targeted	• Allegany • Anne Arundel • Baltimore	• Baltimore • Calvert • Caroline	• Carroll • Cecil • Charles • Dorchester	• Frederick • Howard • Kent • Montgomery • Prince George's	• Queen Anne's • St. Mary's • Talbot • Washington • Worcester
Check In Check Out (CICO)	Targeted	• Allegany • Anne Arundel • Baltimore City • Baltimore • Calvert	• Caroline • Carroll • Cecil • Charles • Dorchester	• Frederick • Garrett • Harford • Howard • Kent • Montgomery	• Prince George's • Queen Anne's • SEED School • St. Mary's • Somerset	• Talbot • Washington • Wicomico • Worcester
Holistic Life Foundation (HLF)	Targeted	• Baltimore City				
Skillstreaming	Targeted (Intensive)	• Allegany	• Baltimore County	• Caroline		
Superflex	Targeted (Intensive)	• Baltimore County • Calvert	• Carroll • Harford			

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Botvin Lifeskills Training (LST)	• Reduce the risks of alcohol, tobacco, drug abuse, and violence • Targets the major social and psychological factors that promote the initiation of substance use and other risky behaviors • Skills-based health education supports the whole child. • Foundational skills can be applied to every aspect of student life.	Students will develop: • Drug resistance skills • Personal self-management skills • General social skills	• Classroom-based social skills training program • Teacher facilitated lessons with engaging, student activities • Instruction, demonstration, feedback, reinforcement, & practice • Focuses on teaching the knowledge and skills to maintain healthy behaviors that promote the confidence and self-efficacy to face life's challenges • 10 class sessions, approximately 40-45 minutes each	• Improved trends over time in Youth Risk Assessments.	Botvin Lifeskills Training: http://www.lifeskillstraining.com/	Not Listed

Summary:

Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Rather than merely teaching information about the dangers of drug abuse, Botvin LifeSkills Training promotes healthy alternatives to risky behavior through activities designed to:

- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs;
- Help students to develop greater self-esteem and self-confidence;
- Enable students to effectively cope with anxiety;
- Increase their knowledge of the immediate consequences of substance abuse; and
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

Source: https://www.lifeskillstraining.com/overview.php.

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Check and Connect (CnC) **Mentoring Groups**	*Check & Connect* is a comprehensive intervention designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of *Check & Connect* is to foster school completion with academic and social competence.	Increase student: • Attendance • Persistence in school • Accrual of credits • School completion rate Decrease student: • Truancy • Tardies • Behavioral referrals • Dropout rates	CnC is implemented by a trained mentor with a caseload of students and families over time and who follows their caseload from program to program and from school to school. The CnC mentor continuously: • Checks on students, assessing their engagement with school and learning through close monitoring of their attendance, behavior, and grades; and • Connects with students, offering individualized intervention in partnership with school personnel, families, and community service providers.	•Completing School •Progressing in School •Staying in School	Check & Connect Website: http://www.checkandconnect.umn.edu/ Implement Check and Connect with Fidelity Website: http://checkandconnect.umn.edu/manual/default.html	Institute of Educational Sciences What Works Clearing House

Summary:
Check & Connect is a comprehensive intervention designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of Check & Connect is to foster school completion with academic and social competence. Check & Connect is implemented by a trained mentor whose primary goal is to keep education a salient issue for disengaged students and their teachers and family members. The mentor works with a caseload of students and families over time and follows their caseload from program to program and school to school. The Check & Connect trained mentor continuously: checks on students, assessing their engagement with school and learning through close monitoring of their attendance, behavior, and grades; and connects with students, offering individualized intervention in partnership with school personnel, families, and community service providers.

Source: http://checkandconnect.umn.edu/.

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Check In Check Out (CICO) *More formally known as the Behavior Education Program (BEP)*	Check In/Check Out (CICO) is a Tier 2 intervention used to provide additional structure, prompts, and feedback for students who need more support and access to adult attention. It also serves as the "gateway" to installing other critical systems features required for advanced tiers.	- Improve student accountability - Increase structure - Improve student behavior and academics - Provide feedback and adult support on a daily basis - Improve and establish daily home/school communication - Improve student organization, motivation, incentive, and reward - Help students to self-monitor and correct - Internalize success and accomplishment of goals	- One-day training - School CICO coordinator - Rapid access to intervention (72 hr.) and continuously available - Clearly identified student entry and exit criteria - Consistent with school-wide expectations - Daily student check-in with an adult - Instructional Support Card or Daily Progress Report - Continuous progress monitoring - Implemented by all staff/faculty in a school - Very low effort by teachers - Home/school linkage - Flexible intervention based on functional assessment - Optional student participation	Increase the number of students meeting school-wide expectations as evidenced by reduction in academic referrals.	PBIS Maryland: http://www.pbismaryland.org/ Michigan's Integrated Behavior and Learning Support Initiative: http://miblsi.cenmi.org/MiBLSiModel/Implementation/ElementarySchools/TierIISupports/Behavior/TargetBehaviorInterventions/CheckInCheckOut.aspx	Not Listed

Summary:
The CICO intervention, from the book Responding to Problem Behavior in Schools, 2nd Ed: The Behavior Education Program is a highly effective research based intervention and can be changed and adapted to suit any school or situation. The program consists of students daily checking in with an adult at the start of school to retrieve a goal sheet and encouragement, teachers provide feedback on the sheet throughout the day, students check out at the end of the day with an adult, and the student takes the sheet home to be signed, returning it the following morning at check in.

Source: http://www.pbisworld.com/tier-2/check-in-check-out-cico/.

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Holistic Life Foundation (HLF)	The Holistic Life Foundation is a Baltimore-based 501(c) (3) nonprofit organization committed to nurturing the wellness of children and adults in underserved communities. HLF is committed to developing high-quality evidence based programs and curriculum to improve community well-being.	Empower students with skills for • Peaceful conflict resolution • Improved focus and concentration • Greater control and awareness of thoughts and emotions • Improved self-regulation, anger management • Stress reduction and relaxation.	Through a comprehensive approach, children will: • Develop their inner lives through yoga, mindfulness, and self-care • Demonstrates deep commitment to learning, community, and stewardship of the environment.	*Holistic Me* maintains an average daily attendance of at least eight-five (85) percent. Students who have graduated out of the program into the Holistic Life Foundation Mentoring Program come back to volunteer as tutors and yoga instructors. The students planned and facilitated several community clean-ups, set up greening projects in their homes, and constructed a raised-bed vegetable garden at their school.	Holistic Life Foundation, Inc.: http://hlfinc.org/services/after-school-programs/	Not Listed

Summary:
The Holistic Life Foundation is a Baltimore-based 501(c) (3) nonprofit organization committed to nurturing the wellness of children and adults in underserved communities. Through a comprehensive approach which helps children develop their inner lives through yoga, mindfulness, and self-care HLF demonstrates deep commitment to learning, community, and stewardship of the environment. HLF is also committed to developing high-quality evidence based programs and curriculum to improve community well-being.

Source: http://hlforg.wpengine.com/about-us/.

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Skillstreaming	*Skill streaming* is designed for teachers and school counseling staff who work with students who display aggression, immaturity, withdrawal, or other problem behaviors. — to teach essential pro-social skills to children and adolescents.	*Skillstreaming* provides clear guidance in: - identifying skills that are missing in a student - practice in modeling skills for the student - role-playing with the student - providing opportunities for students to generalize skills to real-life situations.	*Skillstreaming* program content and implementation addresses: - classroom arrangement - teaching procedures - refining skill use - teaching for skill generalization - managing behavior problems - school context	Students will demonstrate developmentally appropriate social skills: - In the classroom - In the school - In making friends - In dealing with feelings; aggression, stress	Research Press Publishers: http://www.skillstreaming.com/	Not Listed

Summary:

Originally developed by Dr. Arnold P. Goldstein and Dr. Ellen McGinnis, Skillstreaming is a highly acclaimed, research-based prosocial skills training program published by Research Press. Skillstreaming employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential prosocial skills to children and adolescents. Each book provides a complete description of the Skillstreaming program, with instructions for teaching a wide variety of prosocial skills and a CD including reproducible forms and handouts.

Source: http://www.skillstreaming.com/.

Targeted School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Superflex	A Superhero Social Thinking Curriculum provides educators, parents and therapists fun and motivating ways to teach students with Asperger Syndrome, high-functioning autism, ADHD and other diagnosed and undiagnosed social difficulties how to build social thinking skills.	Superflex develops super-heroic thinking processes that can overcome the challenges in different social situations that arrive across the school and home day.	The curriculum works best with elementary school children (grades K-5) as well as with immature older students who respond to visual books.	Students with social difficulties will demonstrate improved social thinking and behaviors.	Social Thinking: www.socialthinking.com Featured Products: http://www.socialthinking.com/books-products Facebook: https://www.facebook.com/socialthinking	Not Listed

Summary:
Superflex®: A Superhero Social Thinking Curriculum provides educators, parents and therapists fun and motivating ways to teach students with social and communication difficulties (undiagnosed or diagnosed, such as Asperger's syndrome, ADHD, high-functioning autism or similar). The three-part cognitive behavioral curriculum helps students develop further awareness of their own thinking and social behaviors and learn strategies to help them develop better self-regulation across a range of behaviors.

Source: https://www.socialthinking.com.

Current Implemented Intensive School Practices

Intensive School Practices are provided to students who require individualized supports in addition to universal and secondary supports. Programs and practices that make up the tertiary supports can be described as intensive programs that are highly individualized around a student's specific needs.

Practice	Level of Support	Local School System (LSS)			
Applied Suicide Intervention Skills Training (ASIST)	Intensive	• Allegany • Garrett • Somerset • Worcester			
Crisis Prevention Institute (CPI)	Intensive	• Allegany • Anne Arundel • Baltimore County • Calvert	• Caroline • Carroll • Cecil • Charles • Garrett • Harford	• Prince George's • Talbot • St. Mary's • Washington	• Wicomico • Worcester
Life Space Crisis Intervention (LSCI)	Intensive	• Calvert • Howard	• Prince George's • Washington • Worcester		
Mediation Services	Intensive	• Anne Arundel • Baltimore City • Carroll	• Dorchester • Harford • Kent	• Montgomery • Prince George's	• Queen Anne's • St. Mary's • Wicomico
Peer Mediation	Intensive	• Allegany • Anne Arundel • Baltimore City	• Baltimore County • Calvert • Carroll	• Charles • Dorchester • Frederick	• Montgomery • Prince George's • Queen Anne's	• St. Mary's • Washington • Worcester

Intensive School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Applied Suicide Intervention Skills Training (ASIST)	ASIST is designed to help all caregivers become more willing, ready and able to help persons at risk. Suicide can be prevented with the help of prepared caregivers. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid.	Development of intervention protocols, risk review and "Safe plan" development.	• **Preparing**: setting norms for training. • **Connecting**: sensitizes participants to their own attitudes towards suicide. • **Understanding**: overviews the intervention needs of a person at risk and provides participants with the knowledge and skills to develop safe plans. • **Assisting**: presents a model for effective suicide intervention. • **Networking**: generates information about resources in the local community.	Reduce number of suicides and suicide attempts.	LivingWorks: https://www.livingworks.net/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
Applied Suicide Intervention Skills Training (ASIST) is for everyone 16 or older—regardless of prior experience—who wants to be able to provide suicide first aid. Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

Source: https://www.livingworks.net/programs/asist.

Intensive School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Crisis Prevention Institute (CPI)	The cornerstone of CPI is the *Nonviolent Crisis Intervention®* program, which is considered the worldwide standard for crisis prevention and intervention training. CPI gives educators the skills to safely and effectively respond to anxious, hostile, or violent behavior while balancing the responsibilities of care.	• Reduces the risk of injury. • Complies with legislative mandates. • Meets regulatory/accreditation standards. • Improves staff retention. • Minimizes exposure to liability. • Promotes the philosophy of Care, Welfare, Safety, and Security^{SM}.	Gain a basic understanding of crisis intervention methods to: • Identify behaviors that could lead to a crisis. • Effectively respond to each behavior to prevent escalation. • Use verbal and nonverbal techniques to defuse hostile behavior and resolve a crisis before it becomes violent. • Cope with fear and anxiety. • Use CPI's Principles of Personal Safety to avoid injury if behavior becomes physical.	Safely de-escalate and resolve conflict while protecting relationships.	Crisis Prevention Institute: http://www.crisisprevention.com/	Not Listed

Summary:

Applied Suicide Intervention Skills Training (ASIST) is for everyone 16 or older—regardless of prior experience—who wants to be able to provide suicide first aid. Shown by major studies to significantly reduce suicidality, the ASIST model teaches effective intervention skills while helping to build suicide prevention networks in the community.

Source: https://www.livingworks.net/programs/asist.

Intensive School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Life Space Crisis Intervention (LSCI)	LSCI is an advanced, interactive therapeutic strategy for turning crisis situations into learning opportunities for children and youth with chronic patterns of self-defeating behaviors. LSCI provides verbal, non-physical skills for special educators, counselors, psychologists, juvenile justice staff, crisis intervention workers, behavior specialists and others who work with troubled and troubling children.	• Provide staff with a roadmap for assisting youth in preventing and resolving crises; while building positive relationships with these youth. • Motivate and empower youths to change repetitive patterns of self-defeating behavior.	•Articulation of the dynamics of conflict cycles which lead to self-defeating behavior •Diagnosing thinking errors that interfere with communication and problem-solving •Identifying and intervene effectively with the process of staff counter-aggression which precludes effective intervention •Demonstrating effective de-escalation, decoding, and counseling strategies for youth in crisis •Employing specific reclaiming interventions	Staff and students will view problems or stressful incidents as opportunities for learning, growth, insight, and change.	Life Space Crisis Intervention http://www.lsci.org/ http://www.lsci.org/training-sites	Not Listed

Summary:
Life Space Crisis Intervention (LSCI) is a nationally recognized, professional training and certification program sponsored by the Life Space Crisis Intervention Institute of Hagerstown, Maryland. LSCI is an advanced, interactive therapeutic strategy for turning crisis situations into learning opportunities for children and youth with chronic patterns of self-defeating behaviors. LSCI views problems or stressful incidents as opportunities for learning, growth, insight, and change. This non-physical intervention program uses a multi-theoretical approach to behavior management and problem solving. LSCI provides staff a roadmap through conflict to desired outcomes using crisis as an opportunity to teach and create positive relationships with youth.

Source: https://www.lsci.org/.

Intensive School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? (*Expected Outcomes*)	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Mediation Services	Voluntary and confidential problem-solving process in which two or more students are empowered to resolve their own conflicts with the help of a trained neutral adult mediator through a partnering professional organization.	• Reductions in office referrals and suspensions in well-utilized programs • Possible long term cultural shifts as students learn to use mediation and conflict resolution skills to address conflict	• Staff contact to help coordinate the program, including referrals to mediation • Development of marketing plan to community members • Strong partnership with administration • Most effective when part of a comprehensive conflict resolution program which may include school wide curriculum	• Reductions in office referrals • Reduction in out of school suspensions • Improved school climate regarding safety and connectedness	Community Mediation List of Local Centers: http://www.mdmediation.org/centers Maryland Mediation and Conflict Resolution (MACRO) http://www.marylandmacro.org/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
Mediation helps people reach agreements, rebuild relationships, and find permanent solutions to their disputes. Mediation is a process that lets people speak for themselves and make their own decisions. Community mediation provides a non-profit framework for assuring access to mediation services at the community level with control and responsibility for dispute resolution maintained in the community.

Source: http://www.mdmediation.org/about-community-mediation.

Intensive School Practices

Intervention Practice	Practice Description	Why Schools Chose Practice? *(Expected Outcomes)*	Key Components	Indicator of Successful Implementation	Resources	Listed on What Works Clearing House or National Registry of Evidence Based Practices?
Peer Mediation	Peer Mediation is a voluntary and confidential problem-solving process in which two or more student are empowered to resolve their own conflicts with the help of a trained neutral peer mediator(s).	• Improved problem-solving and communication skills among cadre of peer mediators • Reductions in office referrals and suspensions in fully supported programs • Possible long term cultural shifts as students learn to use mediation to address conflict	• Staff coordinator time available to support the program • Experienced mediation coordinator(s) to train student cadre • Development of marketing plan • Supportive peer mediation staff committee to help with mediator selection and refer conflicts • Most effective when part of a comprehensive conflict resolution program which may include school wide curriculum	• Reductions in office referrals • Reduction in out of school suspensions • Improved school climate regarding safety and connectedness	Center for Dispute Resolution University of Maryland Francis School King Carey School of Law http://www.law.umaryland.edu/PeerMediation Student and Youth-Based Mediation http://www.theresolutioncenter.com/peermediation/	SAMHSA National Registry of Evidence-Based Programs and Practices

Summary:
Peer mediation is problem solving by youth with youth. It is a process by which two or more students involved in a dispute meet in a private, safe and confidential setting to work out problems with the assistance of a trained student mediator.

Source: http://www.theresolutioncenter.com/peermediation/.