



School-Based Referral Guide

Trauma Recovery Demonstration Grant

Awarded by the US Department of Education
to the Nevada Department of Education,
The Office for a Safe and Respectful Learning Environment

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Trauma Recovery Demonstration Grant- Overview

The Department of Education and the Office for a Safe and Respectful Learning Environment was awarded a \$5 million five-year federal grant by the U.S. Department of Education to expand and deliver mental health services to students who are low income, academically struggling, and have experienced trauma. The grant funds will expire September 30, 2024.

Grant Purpose:

The purpose of this grant is to enable Nevada preschool, elementary, or secondary students from low-income families, who have experienced trauma and subsequently demonstrate academic, behavioral, attendance, or other issues at school, to access trauma-specific treatment. Trauma-specific mental health services for eligible students will be provided at no cost to the student's family. A student eligibility checklist is included with this guidance.

Grant Mission:

The mission of the Trauma Recovery Grant is to increase student wellness, adaptive student behavior, school safety and academic performance by supporting trauma-specific treatment. Attendance is a reporting measure; therefore, it is necessary to inform parents/guardians of FERPA and HIPAA requirements.

Trauma:

SAMHSA's Trauma and Justice Strategic Initiative defines *trauma* as "an event, series of events, or a set of circumstances *experienced* as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's *functioning* and physical, social, emotional, or spiritual well-being."

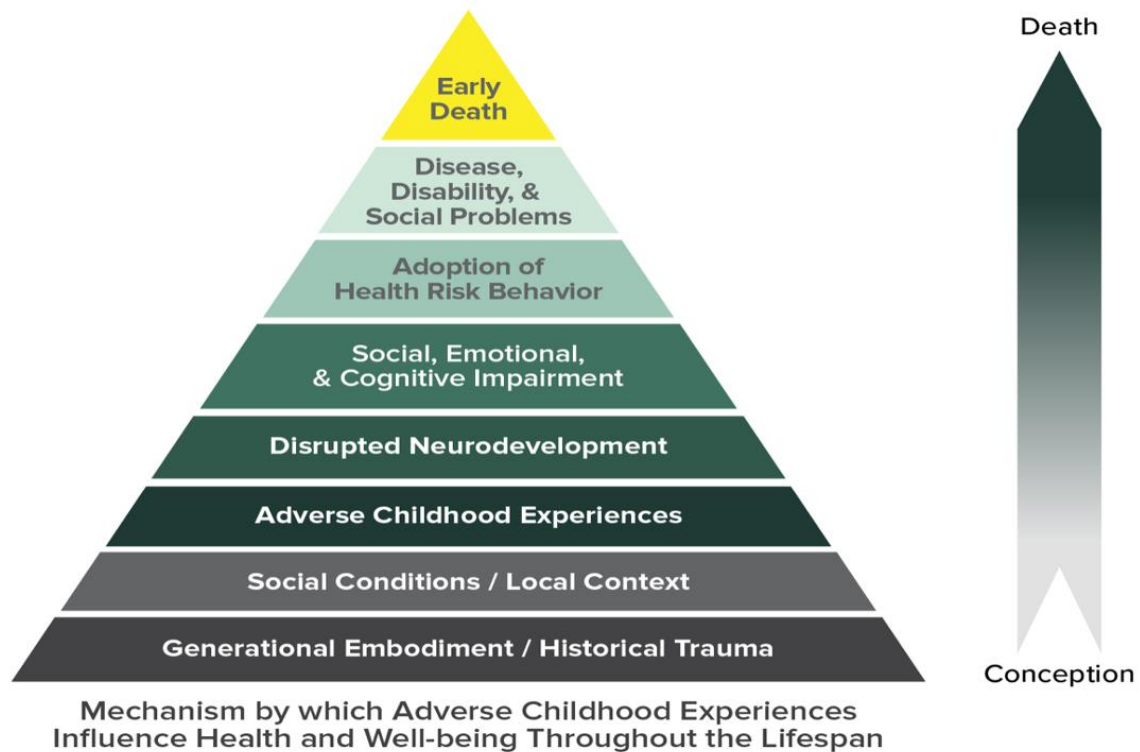
Traumatic stress is the physical, mental, or emotional impact of a traumatic event. Traumatic stress can negatively affect physical health, mental health, social, emotional development, and interfere with school success.

Signs of traumatic stress include fear, anger, withdrawal, trouble concentrating, digestive problems, and nightmares. Behavior disorders and "acting-out" can also be symptoms of trauma. Academic failure, higher rates of absenteeism, expulsion, suspension and higher drop-out rates are associated with children's exposure to community violence. Ongoing traumatic stress reactions may include intrusive thoughts and images, emotional and physical reactions to reminders of trauma, avoidance, and a sense of "being on alert".

Adverse Childhood Events (ACEs)

A national prevalence study conducted in 2014 estimated that 40% of Nevada students had experienced 2 or more potentially adverse childhood events (ACEs) that reasonably could be expected to have lasting negative effects on their well-being and educational outcomes. By far, the most common ACEs in all 50 states are economic hardship and parental divorce or separation. In most states, living with a parent who has an alcohol- or drug-use problem is the third most prevalent ACE. Death of a parent is experienced by about three percent of children nationwide.

In Nevada, the four most common ACEs are: economic hardship (30%), parental divorce (23%), parent with alcohol-use problem (13%), and parent with mental illness (10%).



Intergenerational trauma results when traumatic events are not addressed, and their emotional and behavioral legacy is passed down from parents to their children.

Historical trauma is a type of intergenerational trauma – the psychological injury among a community or group of people caused by historical, systematic abuse and injustice (e.g., American Indians and Alaskan Natives, African Americans, immigrants, families experiencing intergenerational poverty). One of the effects of historical trauma is that it can make individuals feel shame in their culture and identity.

The effect off Adverse Childhood Events are mitigated by consistent relationships with caring adults.

Examples of Trauma:

Traumatic incidents may occur either within or outside a school environment.

The following list includes examples of traumatic events but is not intended to be inclusive of all qualifying events:

- ❖ Abuse/neglect, (e.g., emotional, physical, sexual)
- ❖ Alcohol or drug addiction of parent/guardian
- ❖ Chronic Poverty
- ❖ Death of a family member
- ❖ Disruption in home life, (e.g., parent deployed, parent incarcerated, parents divorced, student remitted to state custody)

- ❖ Experiencing or witnessing violence (e.g., school shootings, abuse in the home, community violence)
- ❖ Family mental illness
- ❖ Harassment (including bullying and cyberbullying)
- ❖ Homelessness
- ❖ Natural disaster
- ❖ Self-injury
- ❖ Suicide of a family member, member of the household, classmate or friend
- ❖ Suicide clusters in school or community
- ❖ Victim of a crime

Potential Impact of Traumatic Stress on School Outcomes:

Preschool Children May:

- ❖ Fear being separated from their parent/caregiver
- ❖ Cry or scream a lot
- ❖ Eat poorly or lose weight
- ❖ Have Nightmares
- ❖ Exposure to traumatic events during infancy and early childhood can seriously delay development of their brains and bodies.

Elementary School Children May:

- ❖ Become anxious or fearful
- ❖ Feel guilt or shame
- ❖ Have a hard time concentrating
- ❖ Have difficulty sleeping

Middle and High School Children May:

- ❖ Feel depressed or alone
- ❖ Develop eating disorders
- ❖ Develop self-harming behaviors
- ❖ Begin abusing alcohol
- ❖ Begin abusing drugs
- ❖ Become involved in risky sexual behavior

Learning:

- ❖ Traumatic stress can interfere with children's ability to concentrate and learn. Reduces a child's ability to focus, organize, and process information.
- ❖ Trauma-exposure can change how children view the world and their own futures, and can change their behavior, interests, and relationships with family, friends and teachers.
- ❖ Chronic exposure to trauma may interfere with effective problem-solving and/or planning and result in overwhelming feelings of frustration and anxiety.

School Performance:

- ❖ Trauma-exposure can lead to lower GPA, decreased reading ability, school-refusal, absenteeism, educational failure, acting out, expulsion, suspension, and increased drop-out rates.

Not all children exposed to traumatic events develop a traumatic stress reaction. Many children, especially those supported by caring adults who allow them to talk about their experiences and help them cope with everyday problems and fears, can be very resilient.

Student Referrals to School-Based Personnel

Referrals for services can come from many different avenues; there is no wrong door. Examples of referral streams:

- Parent may request services on behalf of their student
- Student may self-refer
- Student may be referred by a staff member at their school
- Student may receive a referral through Handle with Care
- Student may receive a referral from a member of the schools' Multidisciplinary Team
- Service provider may identify a student who meets eligibility criteria and needs services.

School-Based Referrals to Eligible Providers

Referral for Trauma Specific Services (page 12), includes a checklist that can be used to determine if a student meets eligibility criteria for no cost services under the terms of this grant. This checklist can be completed by the parent or by school-based personnel working with the parent. This document can be provided to the parent as part of the referral process.

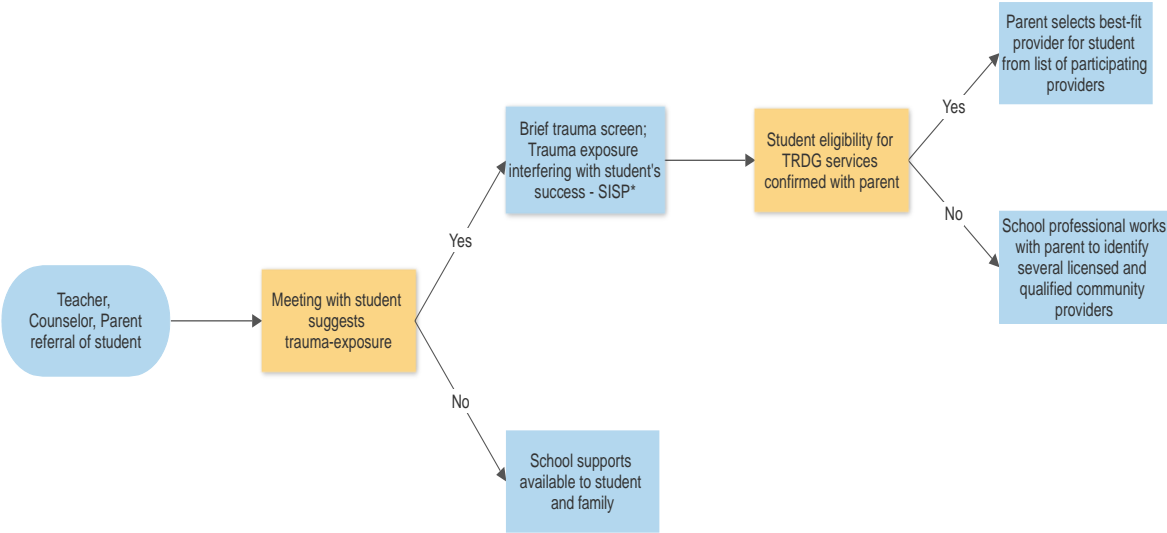
Schools and districts often have lists of community providers they use for referral. However, eligible providers under the terms of this grant must be pre-approved through the Nevada Department of Administration and the EPro System. The NDE list of approved providers is updated on a regular basis, please contact Candace Bortolin at cbortolin@doe.nv.gov for the most current list.

All qualified providers are welcome to participate in this grant, if you know of a provider who is not currently enrolled but is interested in providing trauma-specific services please have them contact Candace Bortolin for enrollment information.

It is important that families can choose a provider that best meets their students' needs; therefore, provider enrollment is ongoing for the duration of the grant.

School-Based Referral Pathway

School-based Referrals: Trauma Recovery Demonstration Grant



*Specialized Instructional Support Personnel (NRS 388.890): Specialized Instructional Support Personnel includes persons employed by each school to provide necessary services such as assessment, diagnosis, counseling, educational services, therapeutic services, and related services, as defined in 20 U.S.C., Section 1401(26), to pupils. SISP include school counselors, school psychologists, school social workers, school nurses, speech-language pathologists, school media specialists, and other qualified professionals.

Handle with Care – a brief overview

The Handle with Care program was adopted by the State of Nevada in response to the trauma experienced by our students, especially as it relates to school shootings, mass shootings, and overall concerns about school safety.

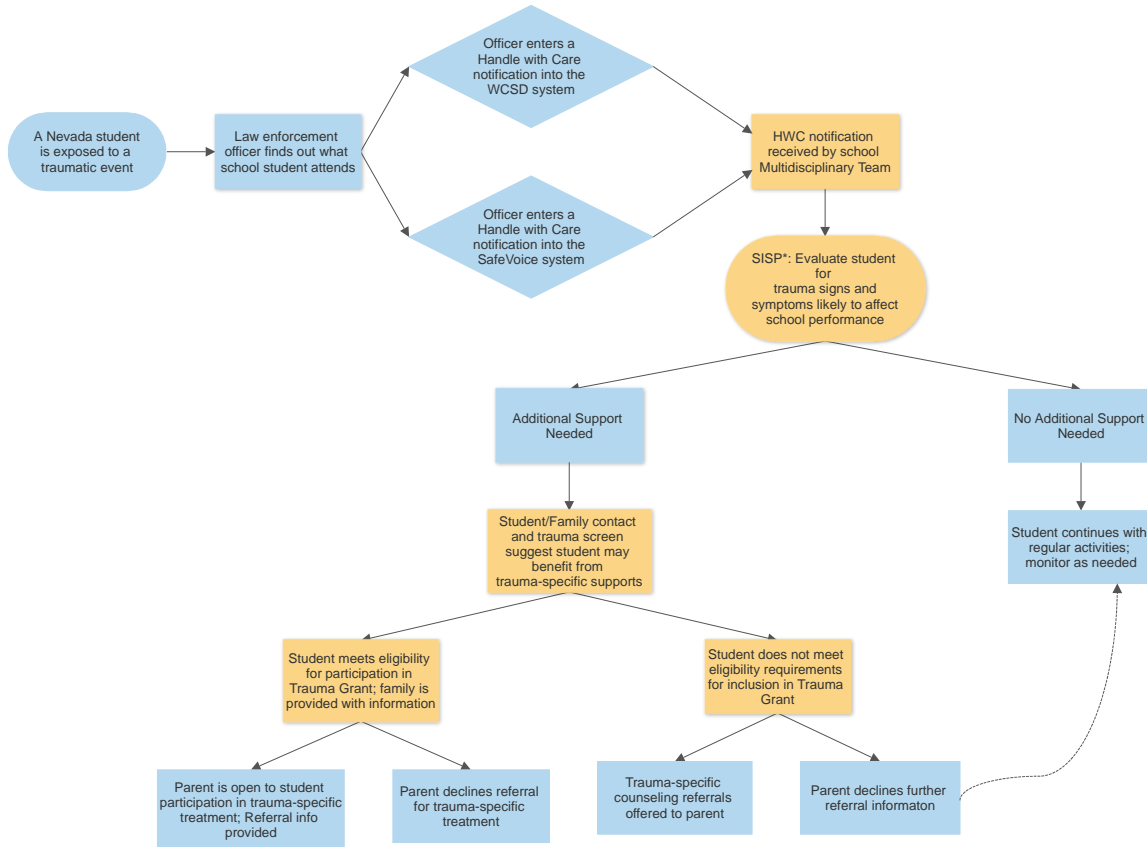
The law, which went into effect January 1, 2020, instructs law enforcement officers and law enforcement agency staff to use the Handle with Care Program to alert schools when a student has been exposed to a traumatic occurrence, if that event involves:

- Domestic violence in the presence of the child
- Death of a member of the family or household of the child
- Arrest of a parent or guardian of the child in the presence of the child
- Child abuse or neglect
- Other trauma that an officer believes might affect a child's school performance and/or behavior

Handle with Care notifications are processed either through SafeVoice School Response Team or through the Washoe County School District Counseling Department. Handle with Care response teams are encouraged to alert SISP professionals that a notification has been received so that students who have experienced a trauma can be monitored, SISPs can reach out to parents, and referrals to eligible providers can be made, if warranted.

Handle with Care Referral Pathway

HANDLE WITH CARE - REFERRAL PATHWAY - Student Services: Trauma Recovery Demonstration Grant



*SISP (NRS 388.890: Specialized Instructional Support Personnel includes persons employed by each school to provide necessary services such as assessment, diagnosis, counseling, educational services, therapeutic services and related services, as defined in 20 U.S.C. Section 1401(26), to pupils. This includes school counselors, school psychologists, school social workers, school nurses, speech-language pathologists, school media specialists, and other qualified professionals.

Trauma Screening

Students exposed to traumatic events, who have been referred to school-based professionals, should be screened using a brief, valid trauma screener. There are many good and reliable trauma screeners; you also may consider using the more comprehensive Nevada Child and Adolescent Needs and Strengths (NV-CANS) when assessing for negative effects attributable to trauma-exposure.

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in child welfare, mental health, juvenile justice, and early intervention applications.

Online CANS training and certification is available. The Office for a Safe and Respectful Learning Environment has a limited number of vouchers that will allow SISPs to complete the online CANS training at no cost. Please contact Candace Bortolin at cbortolin@doe.nv.gov to request a voucher. Providers must complete training and receive CANS certification prior to using the *full* CANS tool.

Brief Child and Adolescent Trauma Screeners

The CANS Child and Adolescent Trauma Screen - Youth Report (CATS-Y) and Child and Adolescent Trauma Screen - Caregiver (CATS-C) are brief, reliable, and valid trauma screeners for school-age children. English and Spanish-language versions of the CAT are included in this Guide with a Scoring Tip Sheet. The Child Adverse Experience Questionnaire for Youth (ACE-Q) for Teens is also provided for School-Based trauma screening.

Referral to Community Mental Health Providers:

Students who have been exposed to trauma and show signs of consequent school problems may warrant a referral to community mental health providers. If those students are eligible for no-cost services under the terms of this grant, parents should be notified of the availability of these services (See Letter to Parents). Parents may choose a mental health professional from our list of eligible providers OR they may select a preferred provider who can enroll for reimbursement through the Nevada E-Pro system. In either case, we recommend that the School Counselor, School Psychologist, School Social Worker, or Safe School Professional act as a liaison for parents to selected providers.

The Parents' Choice provision of this grant allows SISPs to notify parents of the availability of these funds without either recommending treatment or a specific treatment provider, in keeping with District and School policies.

Tier 2 Services:

Community mental health providers, selected by parents to provide trauma-specific treatment services to their eligible children, may have waiting lists or may be unavailable until that provider has completed the E-Pro process. In these instances, parents may request Tier 2 services from School-Based specialists during the interim. The following Tier 2 programs are evidence based; free, online trainings are available to qualified school personnel.

Note to licensed mental health professionals/SISPs: Unlike Medicaid, the Trauma Recovery Demonstration Grant is unable to reimburse professionals employed by Districts as employees or

contractors for providing mental health services during their contracted school day. However, School-Based licensed mental health professionals who provide Tier 2 services before or after their contracted school day can request reimbursement if they or their Agency are E-Pro approved.

School-Based Intervention: Tier 2	Student Target Audience	Description of Trauma-Focused School-Based Program	Online Training; Materials	Link
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Grades 6 to 12; (ages 10-17)	10 group sessions (weekly); 1 to 3 individual sessions; 2 parent education sessions; 1 teacher education session Skills-based group intervention <i>Goal:</i> Relieve symptoms of depression, anxiety and PTSD among children exposed to trauma.	<i>Free</i> online training and materials. Includes parent handout, consent form, and between-session activities.	www.cbitsprogram.org Full support of school administration should be obtained prior to initiating CBITS activities. Designed for implementation by trained SISPs
Support for Students Exposed to Trauma (SSET)	Students ages 10-16	10 lessons (psychoeducational) Components: Learn Reactions to Trauma; Practice Relaxation; Identify Maladaptive Thinking Challenge Maladaptive Thinking Problem-Solving Skills; Build Social Support; Process Traumatic Event	<i>Free</i> on-line training course; implementation support materials.	www.ssetprogram.org On-line training course and support materials. Manual available: https://www.rand.org/pubs/technical_reports/TR675.html Designed for implementation by teachers or counselors (without clinical training) with back-up SISP
Bounce Back	K - 5 th (ages 5-11)	Cognitive-behavioral coping strategies, equity, skills and trauma narrative; adapted from CBITS. <i>Lesson Plan Format:</i> Psychoeducation; Feelings identification; Positive Activities; Relaxation Training.	<i>Free</i> online training and implementation manual	www.cbitsprogram.org SISP-led intervention Designed to be used in schools with children from a variety of ethnic and socio-economic backgrounds and acculturation levels.

Referral for Trauma-Specific Services

This checklist can be used by a school professional to help parents determine student eligibility and assist in the referral process.

Student Name: _____

The individual named above has been identified as a student who may benefit from trauma-specific services, including but not limited to screening, assessment and/or treatment. These services are provided free of charge to qualified students through the Trauma Recovery Demonstration Grant. ***STUDENT IS NOT ELIGIBLE IF ENROLLED WITH MEDICAID OR HAS AN APPLICATION PENDING WITH MEDICAID.***

STUDENT ELIGIBILITY Student is:

- A *preschool* student enrolled in a Nevada public, charter, or private school.
- An *elementary* student enrolled in a Nevada public, charter, or private school.
- A *secondary* student enrolled in a Nevada public, charter, or private school.
- A Nevada preschool, elementary, or secondary student who is home-schooled.

Student must meet the following two criteria:

- Student has been exposed to trauma and screened for trauma symptoms.
- Student demonstrates academic, behavioral, attendance or other issues at school.

Student must meet one of the following:

- Parent/guardians' income is below the poverty threshold as defined by the US Department of Health and Human Services. *
- Student is uninsured, is low income but is *ineligible* for Medicaid or other federal or state-subsidized insurance programs.
- Student is insured, but trauma-specific services are not covered.
- Student is insured, but services are unaffordable because of high deductible.
- Student is insured, but services are unaffordable because the cost exceeds insurance cap.

* FINANCIAL ELIGIBILITY EXAMPLES

- Student *qualifies* for free and reduced lunch (FRL).
- Family is *eligible* for Supplemental Nutrition Assistance Program (SNAP).
- Parent or guardian is *eligible* for TANF benefits.
- Student lacks a fixed, regular, and adequate nighttime residence (McKinney Vento Act) and is classified as a homeless youth under *Nevada* Law §11434 (a) (2).

Sample Letter to School Staff

Dear Colleagues,

This letter is to let you know that the Nevada Department of Education, Office for a Safe and Respectful Learning Environment, was awarded a grant to expand and deliver mental health services to low-income students who are struggling academically and have experienced trauma. These funds are for the benefit of eligible preschool, elementary and secondary students enrolled in Nevada public, charter and private schools.

The mission of this Trauma Recovery grant program is to increase student wellness, adaptive student behavior, school safety, and academic performance by supporting trauma-specific treatment. **If you know a student who is struggling behaviorally and/or academically and may have been exposed to trauma, please consider referring that student for screening.**

What is trauma?

Traumatic incidents may occur inside or outside of school. Some examples of potential traumatic events include: bullying (including cyberbullying); harassment; experiencing violence (e.g., school shootings, abuse in the home, community violence); or, other physically, emotionally or life-threatening events that have lasting adverse effects on a school-aged youth's functioning and mental, physical, social, or emotional health. Other potentially traumatic events include but are not limited to: suicide clusters; the death of a close family member; emotional neglect/abuse; family mental illness; homelessness; natural disaster; parent deployed; parent in jail; parents divorced; serious injury to self; and, sexual abuse.

What are some signs and symptoms of trauma in school-aged youth?

The American Psychological Association reports that trauma-affected children may exhibit the following symptoms:

- Developing new fears
- Separation anxiety resulting in school refusal and increased absences
- Sleep disturbances (e.g., insomnia, nightmares)
- Sadness; emotional dysregulation; negative thinking
- Loss of interest in activities once enjoyed (e.g., dropping out of sports, music, clubs)
- Reduced concentration
- Decline in quality of schoolwork
- Changes in social behavior (e.g., anger, irritability)

How does the Trauma Recovery Demonstration Grant work?

If parents or guardians want their eligible student to receive trauma-specific treatment, **they will choose** a qualified licensed counselor who best meets their needs. Outpatient treatment will be provided by participating clinicians at **no cost to the family**, either in-person or through telehealth. Families with private insurance, whose high deductible makes treatment unaffordable, may also be eligible for no-cost services. Students whose parents decline treatment will continue to receive school support.

You may contact Candace Bortolin (cbortolin@doe.nv.gov, 775-687-9214) with the Department of Education for more information regarding the Trauma Recovery Grant.

Sample Letter to Parents

(On School Letterhead)

Dear Parent,

This letter is to let you know that the Nevada Department of Education, Office for a Safe and Respectful Learning Environment, was awarded a grant to expand and deliver mental health services to eligible students who have experienced trauma. These funds are for the benefit of eligible preschool, elementary and secondary students enrolled in Nevada public, charter, private or home school. The mission of this Trauma Recovery grant program is to increase student wellness, adaptive student behavior, school safety, and academic performance by supporting trauma-specific treatment.

What is trauma?

Traumatic incidents may occur inside or outside of school. Some examples of potential traumatic events include: bullying (including cyberbullying); harassment; experiencing violence (e.g., school shootings, abuse in the home, community violence); or, other physically, emotionally or life-threatening events that have lasting adverse effects on a school-aged youth's functioning and mental, physical, social, or emotional health.

Other potentially traumatic events include but are not limited to; suicide clusters; the death of a close family member; emotional neglect/abuse; family mental illness; homelessness; natural disaster; parent deployed; parent in jail; parents divorced; serious injury to self; and, sexual abuse.

Who can provide trauma-specific services?

The Trauma Recovery grant pays for **trauma-specific treatment** provided by an enrolled Nevada licensed mental health professional. Parents and guardians are encouraged to select a qualified counselor that **best fits their needs**. If the licensed counselor you select is not currently participating in this grant program, he or she will be assisted in completing the enrollment process before services begin.

Trauma-specific counseling will be provided to eligible students at **no cost to their family**. Families who have private insurance, but whose high deductible makes treatment unaffordable, may also be eligible for services.

Please contact me if you have further questions.

Sincerely,

Name of School Professional

Contact method (email or phone number)

Additional Information

The following documents (pages 16 - 21) are for your information only, they will be completed with the provider during intake or after service delivery:

- Parent/Guardian FERPA and HIPAA Consents
- Consent to Participate in Surveys
- The Student Well-Being Survey
- The Parent Satisfaction Survey
- The Student Satisfaction Survey

Appendix A includes Trauma Screeners that may be used to screen for trauma symptoms and determine if a referral is warranted.

Parent/Guardian FERPA and HIPAA Consents

Permission to Exchange Information

(to be completed at the providers office and delivered to OSRLE via Fax: 775-687-9167)

PURPOSE OF CONSENT, DISCLOSURE AND EXCHANGE OF EDUCATION RECORDS

One purpose of the Trauma Recovery Demonstration Grant is to measure the impact of treatment on student school attendance; this is a federal reporting requirement therefore; it may be necessary to access a student's educational record to establish a baseline for attendance and track progress. Parent/Guardian consent is required to comply with The Family Educational Rights and Privacy Act (FERPA), a federal law that protects the privacy of information contained in education records maintained by a school district.

The Health Insurance Portability and Accountability Act (HIPAA) requires health care providers and organizations, as well as their business associates, to develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

Please indicate if the parent/guardian gives permission for the Nevada Department of Education, Office for a Safe and Respectful Learning Environment to access school attendance records to report on attendance gains/losses. *Note: permission to access attendance records does not need to be given to ensure participation in health care treatment.*

- Yes, parent/guardian gives permission to access school attendance records.
- No, parent/guardian does not give permission to access school attendance records.

Please indicate if the parent/guardian gives permission for the Nevada Department of Education (NDE), Office for a Safe and Respectful Learning Environment (OSRLE) to receive and pay invoices submitted by the provider of their choice, thereby allowing the exchange of protected health information.

- Yes, parent/guardian gives permission to the provider to invoice NDE for trauma-specific services rendered on behalf of their child.
- No, parent/guardian does not give permission to invoice NDE for trauma-specific services rendered on behalf of their child.

Student Name: _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Consent to Participate in Surveys

(to be completed at the providers office and delivered to OSRLE via Fax: 775-687-9167)

The Student Well-being and the Parent and Student Satisfaction surveys are reporting requirements of the Trauma Recovery Demonstration Grant.

Parent/Guardian and student will be asked to complete both surveys at the end of the first treatment session and again after three and six months of treatment. Surveys may be completed via text, email, or in-person at the provider's office.

To complete surveys *via text*, complete below:

Parent/Guardian mobile phone number: _____

To complete surveys *via email*, complete below:

Parent/Guardian email: _____

To complete surveys in the providers office initial below:

Parent/Guardian initials: _____

Note to Parent/Guardian: We take your privacy very seriously. By signing this form, you agree to receive and return surveys measuring parent and student satisfaction, and student well-being. Information collected from these surveys by Turning Point Inc. will be stored in a secure location. When reporting to the US Department of Education, all data collected will be deidentified; there will not be any use of Personally Identifiable Information (PII).

Student Name: _____ DOB: _____

Student School: _____ Grade: _____

Gender: M F Other _____ Student ID: _____

Parent/Guardian Name: _____ Date: _____

PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____

Was student referred for services by a school staff member? YES NO

Student Well-Being Survey

Provider: If the student or parent/guardian chooses to complete this survey in your office rather than through the texting or email modality, (see page 9 for details) then please print and fax completed survey to OSRLE’s dedicated and secure fax line (775-687-9167) at the completion of the first service.

Instructions:

The survey is to be completed at the first treatment session and again after three and six months of treatment.

- **Pre-K and non-reading students:** Provider or parent read the sentence out loud to the student, student selects the graphic representation that best matches their response.
- **Elementary, middle and high school students:** Students answer the questions about their overall well-being/progress.

Answer each question by putting an **X** in the space that best describes your response to each item. Please use only one **X** for each question.

<i>Student:</i> Select one response for each statement below.	Strongly Agree	Agree	Disagree	Strongly Disagree
I make friends easily.				
My family gets along well together.				
I like being in school.				
When I have a problem, I can come up with lots of ways to solve it.				
I think I am doing pretty well.				

Parent Satisfaction Survey

Provider: If the student or parent/guardian chooses to complete this survey in your office rather than through the texting or email modality, (see page 9 for details) then please print and fax completed survey to OSRLE's dedicated and secure fax line (775-687-9167) at the completion of the first service.

Instructions:

The survey is to be completed at the end of the first treatment session and again after three and six months of treatment.

Parent answers the survey questions for Pre-K and elementary students.

Parents indicate their level of satisfaction with the services their child received; parent answers the survey questions.

Answer each question by putting an **X** in the space that best describes your response to each item. Please use only one **X** for each question.

<i>Parent:</i> How do you feel about the services your child received?	Strongly Agree	Agree	Disagree	Strongly Disagree
The service provider listens carefully to what my child has to say.				
The service provider explains the plan for my child's treatment clearly.				
The service provider understands my child's needs.				
My child receives the kind of services I think he/she needs.				
Overall, I am satisfied with the help my child is receiving.				
The service provider listens carefully to what my child has to say.				

Student Satisfaction Survey

Provider: If the student or parent/guardian chooses to complete this survey in your office rather than through the texting or email modality, (see page 9 for details) then please print and fax completed survey to OSRLE’s dedicated and secure fax line (775-687-9167) at the completion of the first service.

Instructions:

The survey is to be completed at the end of the first treatment session and again after three and six months of treatment.

Middle and high school students indicate their level of satisfaction with the services they have received; student answers the survey questions.

Answer each question by putting an **X** in the space that best describes your response to each item. Please use only one **X** for each question.

<u>Student:</u> How do you feel about the services you received?	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt like I was listened to.				
I feel like I have a say in my plan.				
I understand what I am working on with my provider.				
I receive the kind of services I think I need.				
I feel that my service provider understands me.				
Overall, I am satisfied with the help I am receiving.				

Provider Eligibility

Providers eligible for reimbursement under the terms of this grant must be an approved vendor in NevadaEPro and be:

State licensed as one of the following:

- ❖ Licensed Clinical Professional Counselor
- ❖ Licensed Marriage and Family Therapist
- ❖ Licensed Clinical Social Workers
- ❖ Licensed Psychologists
- ❖ Licensed Music Therapist
- ❖ Licensed Clinical Interns
- ❖ Other licensed, qualified mental health professionals

AND:

Must provide secular, neutral, non-ideological services that meet reasonable standards for evidence-based, best practices, promising practices and/or evidence-informed trauma-specific treatment, including but not limited to:

- ❖ Biofeedback
- ❖ Breathing training
- ❖ Eye movement desensitization and reprocessing
- ❖ Narrative therapy
- ❖ Relaxation therapy
- ❖ Relaxation Training
- ❖ Skills training in affective and interpersonal regulation
- ❖ Stress inoculation training
- ❖ Trauma-focused cognitive behavioral therapy
- ❖ Trauma-related cognitive processing therapy
- ❖ Other promising approaches and emerging practices

Service Types:

- ❖ Crisis intervention
- ❖ Emotional/behavioral assessment
- ❖ Emotional/behavioral subsequent service
- ❖ Mental health assessment by non-md
- ❖ Office/outpatient visit
- ❖ Psychological diagnostic evaluation
- ❖ Psychotherapy, individual/group
- ❖ Telehealth Services