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A. Significance

According to Mental Health America (March 2023), Texas ranks last of all states for access to children's mental health services and assistance and 33rd for adult care. Ninety-eight percent **(98%)** of the **254 counties** in Texas are designated as 'mental health professional shortage areas.'¹

Texas Health and Human Services (2022) indicates there is a labor shortage of mental health professionals and, as a result, there are over **15,072,179** people in Texas who live in a community that does not have enough mental health professionals.² “Many of the most experienced and skilled practitioners are approaching retirement and Texas higher education institutions have been unable to produce enough graduates to meet the predicted demand”.³

As families demand change in Texas — **the rural areas have been hit the hardest.**⁴ “Governor Greg Abbott says school safety & mental health are emergency items in this year's legislation — “We must provide mental health services to students who need it,” “There is a mental health crisis — but nobody is doing anything about it,” said one Uvalde citizen after the mass shooting on May 24, 2022. It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.⁵

Our Project: With this in mind, Region One Education Service Center (Region One), in partnership with **Five Rural LEAs** – Jim Hogg County Independent School District (ISD), Monte Alto ISD, San Isidro ISD, Webb Consolidated (CISD) and Zapata County ISD; **One Minority-Serving Institution** (Appendix J1) – University of Texas at Austin (UT-CPI); **Two Community Clinics** – Hope Family Health Center (HFHC), Nuestra Clinica de Valle – NCDV; and **One Private Entity** – EGT Institute, Inc., proposes to implement an Education Innovation and Research (EIR) – Early Phase Program entitled ***Project LIFT! (Linking Innovation Fostering Transition)***. Similar to the Mental Health American (MHA) initiative,⁶ and aligned to ***Absolute Priorities (AP) 1 (Demonstrate a Rationale) and 4 (Social, Emotional and Academic***



Needs), and ***Competitive Preference Priority (CP) 1*** (Promoting Equity), this innovative initiative will provide evidence-based ***Multi-Tiered Systems of Supports (MTSS)*** by embedding **Social Emotional Learning (SEL)** and **Mental Health Counseling/Advising Strategies** that enable healthy development, address learning barriers, and support **Trauma-Informed Practices** and capacity building for educators to avoid deficit-based approaches with rural high-need students and schools, underserved shortage areas and hard to staff schools.

Service Area: Region One, located in deep south Texas in the Rio Grande Valley (RGV) along the Texas-Mexico border, includes **eight** economically depressed counties that consist of over **1,662,710** residents of which **93%** are Hispanic, and nearly **77%** do not speak English at home.⁷ Also, only **17%** of the labor force has a bachelor's degree or higher and over **41%** of the population is under the age of **18**.⁸ For decades, the RGV has experienced one of the lowest educational levels with the highest limited English proficiency including the highest poverty and unemployment rates in the nation, **45%** and **18.4%**, respectively.⁹

Lead Agent: Region One, one of 20 ESCs sanctioned by the State of Texas in 1965, as a **Local Education Agency** (Appendix A – LEA, Non-Profit Designation and Profile), serves **8** counties and **48** school districts that include: **13** rural, **10** charter systems, **675** K-12 campuses, and over **64,473** educators.¹⁰ Through these **48** districts, Region One serves **439,638** students of which **426,178** are (**96.9%**) Hispanic, **374,436** (**85%**) are low-income, **273,208** are at-risk, **164,599** are English Learners (EL), and **41,865** are students with disabilities.¹¹ Region One serves as a liaison between school districts (LEAs) and provides ongoing support to the schools such as capacity building workshops, technical assistance, instructional and curriculum support, etc.¹²

Target Rural LEAs: The student population in Jim Hogg County ISD, Monte Alto ISD, San Isidro ISD, Webb CISD and Zapata County ISD are underserved high-need Hispanics with a



high percentage of low-income students who are less likely to graduate from high school or go to college. The total student enrollment of the five LEAs consists of **3,126** students of which **98%** are Hispanic, **88%** are economically disadvantaged (free/reduced lunch), **67%** are at-risk, **26%** are English Learners, and **13%** are students with disabilities.¹³ Region One serves *economically distressed rural schools and high-need students categorized as the **hardest to serve in Texas***.

Table 1 shows LEAs characteristics (Appendix J2 & F- School Profiles and Rural Designation).

Table 1. LEAs	Total	Hispanic	Low-Income	At-Risk	English Learners	Disability
Jim Hogg	564	546	490	384	44	56
Monte Alto	505	494	471	335	140	62
San Isidro	117	114	116	27	17	19
Webb	145	139	119	58	10	18
Zapata	1,795	1,781	1,566	1,282	602	258
Total	3,126	3,074	2,762	2,086	813	413

Source: Texas Education Agency (TEA) Texas Academic Performance Report (TAPR) 2021-22

Academic Assessment: TEA administers the State of Texas Assessments of Academic Readiness (STAAR) exams to measure students' abilities to meet academic standards and college readiness.

In 2021-22, the STAAR scores for all target students (6th – 12th) illustrated an under-achievement with only **36%** passing all subjects compared to the state at 48%. Students also struggled in Math **33%** (state 38%), Reading/ELA **44%** (state 52%), and Science **32%** (state 50%).¹⁴ A contributing factor to low ratings are due to COVID -19 and the high behavioral and mental health issues it triggered, including the high number of disciplinary violations at schools. Based on TEA data, students' disciplinary violations were at a high total of **1,599**, as depicted below.¹⁵

Table 2. Target Schools Disciplinary Violations	Total #
Out-of-School Suspension	527
Violated Major Code of Conduct	658
Title 5 Felony	35
Aggregate Assault on Employee	5
Bullying	318
Possession of Marijuana/Controlled Substance/Drugs	314
Violence/Fighting/Assault Mutual Combat	256

Source: Texas Education Agency (TEA): PEIMS Disciplinary Report 2021-2022



Schools across the **RGV** are still on high alert after the 2022 Uvalde school shooting. In May of 2022, two target school districts (Donna ISD and Rio Grande City CISD) arrested **seven students** for second-degree felony aggravated assault with a deadly weapon on school grounds.

School Climate: Region One conducts an annual districtwide school, student, educator and parent climate surveys and audits (K – 12th grade) to measure risk factors such as behaviors, alcohol, drug use, violence, etc., for students and capacity, knowledge, etc., for educators and parents. Table 3 depicts the high-risk factors of students (Appendix J3 – Student Survey).

Table 3. School Student Climate Evaluation Results 2022		
Behavior	Risk Factors	Yes
	• Past 12 months, were there physical fights at school?	30%
	• Past 12 months, was there bullying at or on your way to and from school?	28%
ATOD	Risk Factors	
	• Past 12 months, was there alcohol use?	31%
	• Past 12 months, was there Alcohol, Tobacco or Other Drug (ATOD) use?	24%
Mental	Risk Factors	
	• During the past 12 months, have you felt sad or depressed?	25%
	• During the past 12 months, were there suicide attempts?	8%

Source: Region One School Climate and Target School Audit Survey September 2022

Another concern Region One discovered through a school audit (2022) within the target campuses was the lack of the following certified personnel needed to reduce mental health issues and violent situations (Appendix J4 – School Audit/Personnel Listing). See Table 4.

Table 4. Target Schools Personnel					3,126 Students	
LEA's	Counselors	Social Workers	School Psychologist	Mental Health	Drug Prevention	School Safety
5 Districts	14	0	0	0	2	12

Source: Region One and Target School Audit Survey September 2022

The American School Counselor Association recommends a national average of **250:1** student to counselor ratio. Regrettably, at target schools the ratio for students to counselors is a high **415:1**. As for the following crucial positions, the target schools have **no** social workers, school psychologists, or mental health providers to offer these vital services. Educators are



struggling to be responsive to students socially, emotionally, and academically.¹⁶

The foundation of **Project LIFT's** significance lies in its customized support that is specifically geared to successfully address the needs across its partnering LEAs, schools, teachers, students and parents, etc. Region One's innovative approach, aligned to **AP 1**, **AP 4** and **CP 1**, is three-fold, it will: (1) build upon best practices and strategies of the recent (2023) USDE Mental Health Service Professional (MHSP) Grant (entitled **Region One Building Mental Health Leaders (RBMHL)**) housed in its Guidance, Counseling and Mental Health Division; (2) enhance the existing Multi-Tiered Systems of Supports (MTSS) and (3) develop, implement, and test promising new integrated evidence-based strategies. **Project LIFT's!** approach includes: tiers of support, I (Universal), II (Targeted) or III (Intensive), professional development and comprehensive training designed to increase **3,126** students' academic, social emotional and mental health outcomes in **rural 5** LEAs, **10** secondary schools, influencing **242** educators.¹⁷

Project LIFT! components and evidence-based services are informed by a large body of research and implementation of systematic, rigorous, and meticulous evaluation intended to “*demonstrate a rationale*” (**API**).¹⁸ Aligned to **API**, **Project LIFT!** will support **10 target rural** schools through the following **key components**: (1) **Social Emotional Learning**, (2) **Mental Health Counseling/Advising Strategies**, and (3) **Trauma-Informed Practices** with capacity building embedded in its “Theory of Action,” informed by research, evaluation findings, included in the Logic Model (Appendix G), and described below. Each component is proven to improve relevant outcomes (behavioral, social, emotional, mental health, learning and academic, etc.)¹⁹ and GPRA/Project measures when applied with fidelity, proper dosages, suitable blends and relevant methods of services, practices, activities, programs, products, and strategies.

Primary Key Component: SEL programs have a robust research base demonstrating positive



effects on student social, emotional, and academic development.²⁰ At the core of **Project LIFT's!** innovative approach is the implementation of evidence-based **SEL**, along with complementary components and strategies included in the Logic Model (Appendix G). Noted by CASEL (2020), effective **SEL** interventions are based upon a framework of: 1) self-awareness, 2) perseverance, 3) self-regulation, and 4) interpersonal skills (building relationships, awareness of others, and being inclusive).²¹ The significant and positive proven results of the primary key component **SEL** is based upon research in the National Registry of Evidence-based Programs and Practices (NREPP),²² which cited Crowder et al., (2020) correlational study with statistical controls on **SEL** practices.²³ Outcomes were based upon linking social emotional curriculum to an **SEL** assessment conducted on a population of **2,721** students in **7** schools over 2 years. In this study, **SEL** included restorative therapeutic support, counseling, mentoring, and guided curriculum aimed to promote social and character development with conflict resolution and intergroup relations. Statistically significant positive effects (.25) were found in the correlation between students' social emotional skills, self-awareness and decision-making.

Based on this study and a wide body of evidence, Region One will work with partners (UT, HFHC, NCDV, etc.) to include **SEL** as a key component within its design (pgs. 13-14). **Project LIFT!** will adopt the evidence-based curriculum – **CharacterStrong**, etc., described in detail in pgs. 13-14, to positively impact target high-need students' and schools' outcomes. Also, adapted from the study, **SEL** curriculum will be implemented to include evidence-based methodologies, support and services conducted by trained professionals aligned to the appropriate **MTSS** Tier (I, II, III) occurring regularly (one to one, group, peer, etc.) and during scheduled Teacher Led Advisory program intervention (36/week, described in pgs. 12-13). Expert trained staff along with partners (UT, HFHC, NCDV, etc.) will ensure fidelity of implementation by providing **SEL**



curriculum training, capacity building, (18/bi-weekly) coaching, monitoring, and follow up.

Secondary Key Components: Coupled with SEL, an additional key component of **Mental**

Health Counseling/Advising Strategies will be implemented as cited in *What Works*

Clearinghouse (WWC) showing significant and positive proven results based on research of Bos,

et al., (2019), entitled *Building Assets Reducing Risks (BARR)*.²⁴ BARR involved a Random

Control Trial (RCT) study examining **3,383** students that took place in **11** secondary schools (in

Texas, Maine, Kentucky, California and Minnesota) which included **rural settings**. In the

analytic sample, **49%** of students were female, **51%** male, **57%** percent were Hispanic, **32%**

were English learners, and **79%** were eligible for free or reduced lunch. Participating schools

used a curriculum entitled I-Time to increase positive mental social emotional health. The

program provided training, counseling/advising, and coaching with follow up support. This study

noted statistically significant positive effects (.25) found in improving academic outcomes and

graduation rates when I-Time was implemented with fidelity. Significant increased outcomes in

school climate, teacher experiences, student engagement, and academics were also found.

Based on this study, the selection of this key component is supported by significant findings and

proven methods of effective delivery in (rural) secondary schools. In fact, Region One has

selected expert partners (UT, HFHC, NCDV, etc.) to embed evidence based Mental **Health**

Counseling/Advising strategies as a key component in its design (pg. 14). **Project LIFT!** will

offer customized counseling/advising sessions and support based upon students' needs. Included

in the design, and as part of the Advisory intervention (36/week), individual, group and informed

personalized counseling/advising, behavioral health, support services, case management and

therapeutic support services will be offered with follow-up (Appendix J5- PD Topics).²⁵ These

customized, individualized, and small group intervention and prevention **Mental Health**



Counseling/Advising Strategies approach will occur in our 10 target secondary schools.

Trauma-Informed Practices (TIP) was also strategically selected as a vital component to address the alarming increase each year of more students entering the school system having experienced different forms of trauma such as violence, death, abuse, and illness.²⁶ According to National Child Traumatic Stress Network and SAMHSA (2022), those students who are exposed to trauma run the risk of facing negative long-term effects that include mental illness, depression, and anxiety which negatively impact academic and social development.²⁷

Region One recognizes the need and potential benefits of integrating, extending delivery and expanding **Trauma-Informed Practices (TIP)** within **MTSS** in the target 5 high-need LEA systems. In Rahimi's et al., (2021), study, educators' levels of experience, use of interventions, and other important trauma informed concepts were investigated. With participation from educators (n=414), the research denoted strong need to provide teachers resources and support trauma informed practices.²⁸ Evidence from the study indicated multiple factors contributed to teachers' (95%) lack of knowledge of the signs of trauma, (98%) maltreatment and (93%) sexual abuse, and (98%) possess a limited understanding of child abuse laws and reporting procedures. Overall, respondents (90%) noted compassion, fatigue, uncertainty, and fear of repercussions. Evidence shows when teachers (70%) know of the prevalence of maltreatment and sexual abuse, they often cannot differentiate student symptoms of abuse. Often, teachers attribute symptoms to attention-deficit or disruptive behaviors rather than negative consequences of abuse.

Although the need for trauma-informed practices has grown rapidly, systematic attention and integration within a **MTSS** service delivery framework has not been widespread, nor does it exist in the 5 LEAs. **Project LIFT!** will provide accurate, durable, and sustainable **Trauma-Informed Practices** through educator capacity building and targeted support informed by evidence and



knowledge regarding: (a) implementation, (b) professional development, and (c) evaluation.

Based on critical need, it is essential to build strong evidence-based **Trauma-Informed Practices** into the service delivery of a **MTSS** framework with **SEL** and **Mental Health Counseling/Advising Strategies**. Based upon the effective proven methodologies, **Project LIFT!** will integrate these three **key components** with established evidence-based practices into the **MTSS** framework of delivery. This approach will not only implement promising new strategies that address the varying needs of all **Project LIFT!** participants, but also yield positive effects that produce relevant outcomes and serve to “*demonstrate a rationale*” (*API*) as prescribed in the next section (Project Design) and in the Logic Model (Appendix G).

B. Quality of the Project Design

(1) Extent to which there is a conceptual framework underlying the proposed research.

Project LIFT! is grounded in sound design and strong theory. Garnered from evidence and according to Denham’s (2018) research, embedding **SEL**, with other mental health supports into an overarching **MTSS** framework that leads to students’ well-being is critical for successful engagement and execution in all secondary learning environments.²⁹ **Project LIFT!** is focused on developing personal and interpersonal skills essential to emotional, relational and mental health for both teachers and secondary students. This research will be taken into the context of developing and testing the connection of **SEL**, **Mental Health Counseling/Advising Strategies** and **Trauma Informed Practices** components within an explicit **MTSS** framework that supports educators to foster competencies in students to yield improved behavior and academic outcomes.

Project LIFT! worked with its **Advisory Council – PLAC** (described in pgs. 25-27) and educators in order to ensure research gathered is relevant to and matches the realities of those who implement the evidence-based components (**242 educators**) and those who ultimately are intended to benefit from it (**3,126 students**). Zhang, et al., (2020) reports that creating a



research-based Logic Model to translate the implementation of core components to achieve specific outcomes is critical in all educational innovative approaches.³⁰ Region One developed a Logic Model in order to align services with the identified gaps and weakness that includes specific project components, objectives, outcomes, activities, strategies, practices, and services.

Logic Model: The Logic Model (“Theory of Action”) represents the conceptual framework that identifies key components and provides a synopsis to guide project staff. In fact, significant and proven results of the selected three key components of SEL,³¹ **Mental Health Counseling/Advising Strategies (MH)**,³² and **Trauma Informed Practices (TIP)**³³ are summarized in the **Logic Model** to serve as: 1) a roadmap for the delivery of evidenced-based practices; 2) an overview of the fluid set of integrated effective services; and 3) an outline of the project with illustrated relationships among the proposed key project components and relevant outcomes.

Study Design: For the study, each student will engage in weekly intervention with a Teacher Advisory Led Program (one-to-one, group, counseling/advising, trauma informed practices, etc.) that include student sessions, 36/week per school year throughout the five-year period, described further in detail in pgs. 12-13. The experimental group will consist of 500 students randomly (computer software) selected in year one. A total of 500 non-Project LIFT! students of like characteristics will also be randomly selected and assigned to the control group in year one. Students will be identified as the intervention/experimental group (described in the evaluation, pgs. 28-32). Each group will consist of secondary students grades 6th – 12th from rural schools. To ensure fidelity, **Project LIFT!** staff (Project Director, Clinicians, etc.) along with expert partners (UT, HFHC, NCDV, etc.) will develop reliable training materials, train, and build capacity of **242** teachers on implementation of advisory/curriculum intervention (**MTSS: SEL**, Mental Health Counseling/Advising Strategies and Trauma Informed Practices) for **3,126** students in **10 rural**



secondary schools (as shown in Table 5). The number of sessions (36/weekly) may vary over time based on ongoing study results to assess the appropriate dosage for maximum impact.

Table 5. Target Student Enrollment by Grade								
Secondary Schools	6th	7th	8th	9th	10th	11th	12th	Total
Hebbronville Secondary (9 th – 12 th)				91	85	80	75	331
Hebbronville Secondary (6 th – 8 th)	65	90	78					233
Monte Alto Secondary (9 th – 12 th)				91	77	70	68	306
Monte Alto Secondary (6 th – 8 th)	62	72	65					199
San Isidro Secondary (9 th – 12 th)				18	15	23	14	70
San Isidro Secondary (6 th – 8 th)	15	16	16					47
Bruni Secondary (9 th – 12 th)				24	19	23	21	87
Bruni Secondary (6 th – 8 th)	21	14	23					58
Zapata Secondary (9 th – 12 th)				249	254	238	246	987
Zapata Secondary (6 th – 8 th)	255	268	285					808
10 Schools – Grades (6th – 12th)	418	460	467	473	450	434	424	3,126

Source: Texas Education Agency (TEA) Texas Academic Performance Report (TAPR) 2021-22

Region One identified the following research, evidence-supported design elements embedded into the intervention as having the highest impact.³⁴ *Project LIFT!* proposes to use and study research-driven, evidence-based elements and components, illustrated in **Figure 1** and below.

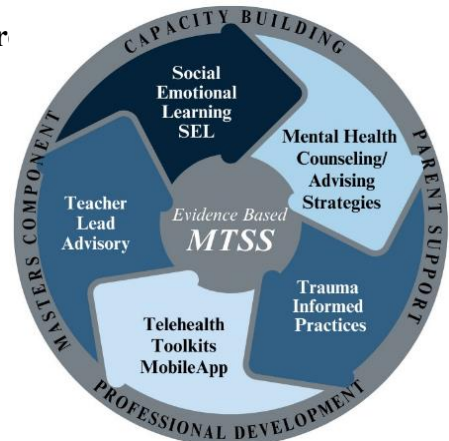
MTSS framework: Region One recognizes that academic and behavioral functioning are intertwined. Its *Multi-Tiered Systems of Supports (MTSS)* are a systemic approach designed to identify and coordinate evidence-based interventions.³⁵ **SEL**

and mental health programs are seen as an important component of universal approaches within

MTSS. Region One has extensive experience implementing effective **MTSS** across its region.

The **MTSS** is designed to promote positive academic and behavioral outcomes in all students and includes the following tiers: **I** (Universal), **II** (Targeted) or **III** (Intensive) that: (1) address learning barriers in and out of the classroom; (2) enable healthy development and respond to students' needs using evidence-based practices; and (3) provide capacity building for educators

Figure





whereby avoiding deficit-based approaches (Appendix J6-J7 – **MTSS** & SEL, MH, TIP Models).

Aligned to **API**, **AP4** and **CPI**, and taking into account Region One’s overarching evidence-based **MTSS** implementation, **Project LIFT’s!** design and model of delivery, will study, implement, and test the following interconnected components and practices within its new Guidance, Counseling and Mental Health Division and innovative field-initiated educational program. Further embedded in **Project LIFT’s!** design are newly developed practices aimed at improving high-need student achievement and behavior. Lastly, to benefit student well-being, and support academic success as student social emotional learning and academic development are interconnected, support and capacity building will be provided for **242** educators to increase competencies to promote high-quality **SEL** intended to overcome the persistent and significant challenges to student academic success, particularly for **3,126** underserved high-need target students across **5** high-need rural LEAs, in **10** isolated and underserved secondary schools.

Teacher Led Advisory Program: Advisory programming will be the overarching method of delivery of a weekly (36/week) intervention of: **SEL**, Mental Health Counseling/Advising Strategies and Trauma- Informed Practices, to support target secondary students’ diverse needs. Teachers will be provided mental health focused toolkits (described in pgs. 15-16), materials, resources, training, and professional development (18/bi-weekly) with coaching, follow-up and summer capacity building (3 days) on best practices in related topics (mindfulness, restorative practices, managing anxiety, stress relief, trauma, adverse childhood experiences, etc.). Region One experts, along with **Project LIFT!** school-based Mental Health Clinicians, will support teachers and students with a multi-level tiered (I, II, II) **MTSS** approach that includes universal, target and intensive intervention and prevention strategies and selective, suitable, and personalized support services. The Teacher Led Advisory Program intervention will be



coordinated and provided with school-wide training. Tools will be disseminated school-wide to decrease barriers, increase equity and build strong mental health competencies, provide care, support and suitable services needed.³⁶ Advisory Program is intended to serve as a best practice, create a sustainable model, and taken to scale across the region (**API, AP4**).

Social Emotional Learning (SEL): Noted as the primary key component, (pgs. 5-7) and based on research (NREPP), this principal evidence-based service is comprehensive and will be offered across school-based settings along with partners (UT, HFHC, NCDV, etc.).³⁷ **SEL** as cited, will be implemented as an integrated intervention in **Project LIFT!** to support students academically, socially, mentally and lead them to more fulfilling lives.³⁸ State, district, and local school leaders have elevated **SEL** in support of students as a result of the impact of COVID, particularly for those who are most underserved and are in a rural setting. However, educators do **not feel** they can consistently implement **SEL** with fidelity without support.³⁹ **Project LIFT!**, along with expert staff and partners' capacity building efforts, with coaching and follow-up will provide methods to effectively implement **SEL** with fidelity, not as a standalone program but by integrating within **MTSS** proven strategies and components (Mental Health Counseling/Advising and Trauma-Informed Practices) in unison to yield a statistically significant effect on improving student outcomes. **SEL** will be enhanced to include **CharacterStrong** curriculum, techniques, strategies, evidence-based methodologies, support and services conducted by trained professionals to impact engagement, belonging and to promote well-being.⁴⁰ **CharacterStrong**, a proven evidence-based social emotional learning curricula and professional learning services, are grounded in research and focused on fostering the whole child with vertically aligned lessons that teach competencies and character development (Appendix J8).⁴¹ **SEL** curriculum modules, resources, and materials (hands-on, online, virtual, etc.) will be supported by **Project LIFT!** staff



and expert partners (UT, HFHC and NCDV). Training (18/bi-weekly) will be provided and monitored to implement **SEL** with fidelity. Services will also include mentoring, conflict resolution and intergroup relation skills development occurring regularly (one to one, group, peer, etc.) with follow-up aimed to promote social emotional development (**API, AP4**).⁴²

Mental Health Counseling/Advising Strategies: Highly attributed to the COVID-19 global pandemic gaps, heightened needs along with behavioral and mental health concerns exist for the target population, as noted in the introduction and needs segment (pgs. 1 – 4). **Project LIFT!** evidence-based methodologies, support and services provided through the **MTSS** tiers (I, II, III) framework by expert trained staff in collaboration with expert partners (UT, HFHC and NCDV) will include but are not limited to informed personalized counseling/advising sessions and therapeutic support services.⁴³ All services will be conducted by Mental Health Clinicians and trained partner professionals (UT, HFHC, etc.) using strength-based and equitable approaches in one-on-one or small group conducted during scheduled Advisory or virtually tailored settings to address all students individual needs (Appendix J5 – Professional Development – PD Topics).⁴⁴

Trauma-Informed Practices (TIP): Research based services and activities will begin with early detection, screening and identification through **MTSS** tiers (I, II or III) services and support that are most optimal and appropriate.⁴⁵ As needed, referrals to mental health organizations will occur to identify signs and symptoms commonly associated with trauma and posttraumatic stress and to target early intervention. Evidence-based **TIP** and support services will be provided.⁴⁶ Partners (UT – **CPI**, etc.) will deliver training on Trauma Informed Care, etc. To support Region One's efforts, HFHC will also train target schools in Eye Movement Desensitization Reprocessing (EDMR). EDMR therapy uses bilateral stimulation to help process and alleviate symptoms associated with traumatic events and debilitating conditions. EMDR can help target and clear out



unprocessed trauma that negatively impacts an individual's life (Appendix J9 – EDMR).

Promoting Equity: Research underscores the urgent need to provide safe, healthy, sustainable, and equitable learning environments for all students. Unfortunately, too many schools provide inconsistent or unequal access to high-quality learning and well-being for rural minority students from low-income backgrounds. Region One has dedicated its efforts to promoting equity through partnerships (**MSI-UT – CPI**) and innovative solutions across the deep south Texas high-need region. **Project LIFT!** will address these challenges in their highest-need isolated rural LEAs by advancing the commitment to foster SEL and mental health by offering (advisory, counseling, curriculum, tools, etc.) to foster culturally systemic responsive school-wide climate.

Assessment Tools: Evidenced-based mental health assessment instruments demonstrating both reliability and validity are critical components to the measurement, tracking, and evaluation of **SEL** and Trauma-Informed Practices. According to Wentzel, et al., (2019), screening in the mental health field is most effective when based on the individualized or targeted needs and conducted using a variety of effective tools, methodologies, and practices.⁴⁷ **Project LIFT!** will utilize self-report assessments such as ED School Climate Surveys (EDSCLS), the Beck Anxiety Inventory (BAI), Beck Youth Inventory (BYI), and Beck Depression Inventory (BDI) to evaluate program efforts toward continuous and sustained support and capacity building for response to individual and cohort **SEL** and Trauma-Informed needs (Appendix J10 – Assessment Tools).

Teacher Toolkit: Spending the greatest amount of time with students in the classroom setting, the role of the teacher is uniquely suited to identifying student **SEL** needs and tailoring services to those needs both preemptively and in response to observed classroom behavior. Therefore, a major feature of **Project LIFT!** will be to adequately equip teachers to accurately assess and address student **SEL** needs directly. Toolkits will include components of proven therapeutic



strategies and pedagogy, including but not limited to sensorimotor redirection such as sand, coloring books, and other materials, emotional regulation and realignment tools such as stories exercises, and tools designed from therapeutic approaches that include Cognitive Behavioral Therapy (CBT) and Dialectical Behavior therapy (DBT) to address anxiety, depression and other needs. Teachers will receive toolkits for intervention and training to utilize toolkits effectively.

Telehealth: According to Khalid (2019), **SEL** interventions within the classroom are known to establish meaningful and safe environments through which students are able to have mental health needs realized and met, even when those needs result from regular or intense traumatic experiences.⁴⁸ However, Hamilton and Doss (2020) establish and support the recognition of the limits of the classroom teacher to perform effective classroom instruction and meaningful mental health intervention as a part of the daily school schedule.⁴⁹ Region One understands the need for external, professionally licensed mental health services and will look to the experts (Betterhelp, etc.) to provide one-to-one or remote mental health services and teen counseling sessions from licensed professionals. **Project LIFT!** will provide students with telehealth support as needed.

Parent Guidance/Support: Parental involvement in student mental health initiatives improves outcomes while breaking down stigma associated with mental health services and bolstering the socioemotional wellness of the home and community. **Project LIFT!** will collaborate with the COOK Center for Human Connection to extend the reach and impact beyond the walls of the schools and into the target participants' homes. A wide range of prevention, empowerment, and involvement services will be geared toward establishing mentally healthy practices that promote positive mental health outcomes, wellness, and mental/behavioral health in students and families.

Virtual Mobile Application (App): More than 3.3 million children nationwide under 17 years old tested positive for COVID-19 and a third of those were diagnosed with a new mental health



disorder within 30 days.⁵⁰ Anxiety disorders and trauma/stress disorders were the most common diagnoses.⁵¹ **Project LIFT!** will train staff and educators on the use of mobile applications (Apps) and tools (*Stop It! App*, etc.) that allow individuals to anonymously report concerns, help others and/or connect with trained Crisis Counselors. The intent of Virtual Mobile Apps is to give staff, parents, and students tools and opportunity to take positive and immediate action.

Professional Development (PD): Professional development and on-site school-based coaching with follow-up will be an integral facet of **Project LIFT's!** methods of supporting **242** educators with implementation and intervention fidelity. Training topics will include: school **SEL**, crisis response, mental health, trauma-informed practices, mental health screening, and motivational interviewing. Key staff and Region One will be trained on and not limited to the following evidence-based methodologies and approaches: (1) Trust-Based Relational Intervention (TBRI), proven effective therapeutic model, to provide effective support and treatment for at-risk children; and (2) Breathe For Change (BFC), will also equip educators with **SEL** strategies and mindfulness tools to support well-being and transformation (Appendix J5 – PD Topics).

Master Component: Region One will collaborate with university partner (MSI-UT – **CPI**) to provide opportunities for educators to obtain a Master's degree in: school counseling, social work, mental health or other related clinical areas. Masters' candidates will be nominated by principals and provided release time and tuition. Participants receiving a Master's will transfer their expertise by serving as models, coaches, mentors and skilled trainers on their respective schools. After receiving a Master's degree, participants will also train, support and serve as presenters on mental health, emotional well-being, and counselling topics at regional events.

(2) Extent goals, objectives, and outcomes by the project are clearly specified and measurable.

Region One in collaboration with the external evaluator, planning committee, and participating LEA's established **one** unique goal, **two** objectives and **various** measurable



outcomes that are linked to the needs, to the **six** Government Performance Results Act (GPRA) measures and to **Project LIFT's!** scope of work. The objectives below are illustrated as **Annual Indicators** and were specifically developed to measure changes in knowledge, skills, learning, competencies, and behaviors to overall increase target student conduct, attendance, academics, graduation rates and post-secondary enrollments. In comparison to the baseline data in the needs section, all objectives are **ambitious** due to the proposed increase and are **attainable** due to Region One's experience with similar programs and extensive planning, assessment, and data-driven decision making that occurred to develop each unique measure.

Goal: Implement a proven evidence-based **MTSS** that establishes a culturally systemic responsive school-wide climate that improves relationships, behavior, social emotional learning (SEL) and academic success for all students to succeed.

Objective 1. Develop and implement an effective program that incorporates evidence-based SEL, mental health and trauma-informed strategies.

MEASURABLE OUTCOMES

1.1 Each year 1,000 unduplicated students will be reached and provided services until all **3,126** students or more are reached over the five-year period, as measured by services, contact logs and surveys. **(GPRA 1)**

1.2 Each year 1,000 unduplicated high-need students will be reached and provided services until all **3,126** students or more are reached over the five-year period, as measured by services, contact logs and surveys. **(GPRA 2)**

1.3 Each year, an ongoing well-designed and independent evaluations designed to provide performance feedback to inform project design will be implemented with fidelity, as measured by formative and summative data, evaluation recommendations, project design modifications, surveys, reports. **(GPRA 3)**

1.4 Each year, an ongoing well-designed and independent evaluations that will provide evidence of their effectiveness at improving student outcomes will be implemented with fidelity, as measured by pre-post student behavior, disciplinary and academic performance outcomes. **(GPRA 4)**

1.5 Each year, an evaluation that provides information about the key elements and the approach of the project to facilitate testing, development, or replication in other settings will be implemented, as measured by per-post assessment results, development of new programs, activities and services and the replication of best practices in additional school settings. **(GPRA 5)**

1.6 Each year, the cost per student (federal funds) served by the grant will decrease by 5% or more by improving cost efficiency, as measured by match (in-kind) and the federal operating budget. **(GPRA 6)**



1.7 The # and % of training and/or technical assistance events to support implementation of a multi-tiered system of support with fidelity will increase by **7%** over baseline, as measured by EDSCLS or similar tool. **(Project Measure)**

1.8 The # and % of schools implementing a multi-tiered system framework with fidelity will increase by **5%** over baseline, as measured by EDSCLS or similar tool. **(Project Measure)**

1.9 The # and % of educators who participate in professional development aimed at evidence-based SEL, mental health and trauma-informed strategies will increase by **5%** over baseline, as measured by session and self-evaluations. **(Project Measure)**

Objective 2. Improve the behavior, relationships, engagement, social, emotional and academic success of all students, particularly for all high-need students (minority, at-risk, English Learners – EL, low-income and students with special needs).

MEASURABLE OUTCOMES

2.1 The # and % of schools that report a decrease in suspensions, expulsions violations, bullying, fighting, assaults, etc., will increase by **8%** from baseline (Linked to **Table 1 & 2**), as measured by School Climate Survey and PEIMS data.

2.2 Student attendance rates, especially for students with major disciplinary issues, will increase by **4%** over baseline (Linked to **Table 1**), as measured by PEIMS.

2.3 Students who report using alcohol, marijuana or ATOD will decrease by **7%** from baseline (Linked to **Table 2**), as measured by School Climate Survey.

2.4 Students who report feeling sad, depressed or suicidal will decrease by **7%** from baseline (Linked to **Table 2**), as measured by School Climate Survey.

2.5 Target students' academic scores will increase in all **Core Subjects** by **7%** over baseline of **48%** (pg. 3), respectively, as measured by STAAR.

2.6 Target students' academic scores will increase in **Math, Reading and Science** by **5%, 7 % and 8%** over baseline of **45%, 53% and 54%** (pg. 3), respectively, as measured by STAAR.

2.7 Target educators implementing **MTSS** tiers of support and evidence-based SEL, mental health and trauma-informed strategies will increase by **10%** over baseline, as measured by School Climate Survey and PEIMS data. ***Baseline data collected Year 1**

2.8 The % of parents involved in academic, wellness and mental health school and student activities will increase by **5%** over baseline, as measured by School Climate Survey.

***Baseline data collected Year 1**

(3) Extent the design of the project is appropriate to, and will successfully address, the needs.

In designing **Project LIFT!**, Region One engaged in extensive research, planning, reviewing school **MTSS** systems, and protocols, to select evidence-based appropriate strategies in alignment to the needs assessment process and identified **specific gaps or weaknesses in services and infrastructure** of its **target 5 high-need isolated rural, LEAs**. **Project LIFT!** will address the needs with implementation of training, capacity building and support with follow-up to ensure fidelity of activities, strategies, and regular Advisory intervention described in pgs. 12-



13), in the Logic Model (Appendix G) and in the Strategy Formulation Process (Appendix J11).

Strategy Formulation Process: Given the gaps identified, Region One conducted a process to respond to the targeted needs. To ensure proven services were selected, the Kaplan & Norton’s research-based “Strategy Linkage Model” was used.⁵² **Project LIFT!** engaged in this process, taking into consideration the intent of the EIR Early initiative, key priorities, GPRA measures and necessary variables. This protocol resulted in selection of the best and proven component, strategy and interventions to achieve the desired and relevant outcomes. Using this deliberate process, specific programs, activities, products, and strategies are appropriate to address identified needs and develop targets, objectives and outcomes described in the Logic Model, including key components of **SEL, Mental Health Counseling/Advising Strategies** and **TIP**.

According to DePaoli (2019), a recent study (n=884) found that **83%** of principals strongly endorse programs focused on **SEL** and mental health and, etc., to support student well-being and equity (**API, AP4**). Approximately **98%** believe social emotional learning can better prepare students from all backgrounds academically and transform schools. However, only **35%** have a plan for effectively implementing mental health and **SEL** programs with fidelity.⁵³ Region One’s mission, vision, and strategic plan prioritizes ongoing support for high-need LEAs so that this crucial work can be sustained beyond the grant period. **Project LIFT!** will provide a much-needed model and concrete practices for high quality implementation. The target 5 rural LEAs’ population intentionally includes high-need students most at-risk for mental health issues and suffering from systemic inequities. The needs of each target school serving students at-risk for poor academic outcomes and high disciplinary incidents (pgs. 3 – 4) will be served.

According to Wang et al., (2020) **SEL** and mental health skills (self-awareness, relationships, etc.) are key to supporting students’ academic, social engagement and promoting positive school



climate, etc.⁵⁴ Adapted from proven evidence-based practices, Region One recognizes when school staff are well-versed in social emotional learning skills, students and teachers have the potential to prevent and deescalate reactions to conflict before they reach a heightened or severe level.⁵⁵ Teachers' social emotional competence is also paramount to ***Project LIFT's!*** fidelity and sustainability. Along with expert partners (UT, HFHC, etc.), Region One will engage in training and support of **242** educators to develop and implement an effective Teacher Led Advisory Program intervention. Evidence-based components (SEL, Mental Health Counseling/Advising and Trauma-Informed Practices) will be incorporated into **MTSS** and coordinated with the three tiers I (Universal), II (Target), and III (Intensive) to increase social and interpersonal skills development essential to emotional, mental, relational health for teachers, students and parents. ***Project LIFT!*** will focus on an interconnected approach to develop, model and support a weekly (36 weeks/5 years) Advisory intervention, activities, tools with guided curriculum, support and follow-up to benefit academic success, social, emotional, and academic development (***API, 4***).

Project LIFT! will also provide expertise, research, and professional development on best practices (toolkit, etc.) to address mental health related topics (SEL, trauma, adverse childhood experiences, etc.) and for decreasing disciplinary practices and creating a sustainable model for equity within the school community (***API, AP4***). This is not only appropriate to meeting the target populations' needs, but also a critical time to implement this needed field-based intervention due to the disruption caused by COVID-19, along with the growth in distress and trauma that continues to impact target students' well-being and mental health, etc. Further, ***Project LIFT!*** has full agreement (Appendix C – MOU) of the target 5 LEAs on the importance of strong social emotional support needed to address identified needs, gaps and weaknesses.

C. Quality of Project Personnel

Equal Access: Region One is an affirmative action and equal opportunity employer (EOE). As



such, Region One, in accordance with federal and state laws, announces equal opportunity policies in all publications and notices. Guided by these and its non-discrimination policy, Region One will ensure all persons regardless of race, color, national origin, gender, age or disability have equal access to all employment opportunities and program services. Region One, through its work with local education agencies, state and government agencies, and community organizations, is very familiar with effective recruitment strategies and the importance of employing personnel who have been traditionally underrepresented and are affiliated with the target population. In addition to ensuring equal access for all potential candidates, Region One will reach out and give special attention to providing equal access and treatment to individuals from **rural, isolated and distressed** communities who traditionally fall through the cracks.

Region One will use its existing extensive professional diversity network of agencies, organizations, educational institutions and media entities in outreach efforts through career databases (ZipRecruiter, HiringOpps, LinkedIn, Monster, etc.), publications, English/Spanish (diverse language) radio, newspapers, and television including local, regional, statewide and national universities and college job placement offices, Educational Service Centers (20 in the State of Texas) hiring platforms, community-based organizations, state entities, public schools, churches, etc., for effective outreach and recruitment of EIR Early Phase initiative personnel.

Region One will go further and post personnel positions on the *Diversity Job Board* which is a network platform of job boards and employment websites consisting of, but not limited to, Military2Career, Women’s Career Channel, iHispano, Black Career Network, Out Professional Network, Pro Able, etc. When posting for all EIR employment positions, the highest integrity and good faith efforts will be made to ensure all advertisements reach a diverse population.

Key Personnel: Region One recognizes that effective management to ensure high quality



services are provided requires strong leadership skills, management experience and academic training. Given these aptitudes and years of managing federal and state programs, the following personnel and positions have been identified and allocated sufficient resources and time to fulfill their roles according to the project design (Appendix B – J12 Resumes and Job Descriptions).

Administrator: [REDACTED], M.Ed., LPC-S, Director of Guidance, Counseling and Mental Health Division of Leadership and Community Impact with over 17 years of extensive training, education and management experience (5 yrs. required) of federal and state programs that include academic, social emotional initiatives, will supervise the Project Director and provide the overall leadership at **30%** at no-cost. [REDACTED]' credentials include a Master's in Education Counseling and Guidance (Masters required), Bachelor of Arts in Psychology and is a Licensed Professional Counselor Supervisor. [REDACTED] is enrolled in a Doctorate Program.

Project Director (1 FTE): A highly qualified Project Director will be hired within one month. She/he will be **required** to possess the following job qualifications, including relevant academic training and experience: A Master's in Education and Administration or Master's in Education Counseling and Guidance, a Licensed Professional Counselor, Texas Principal or related certification or Counselor Certificate; 3+ years of experience in managing federal programs; Experience working with mental health, social, emotional and academic programs in a school setting; Ability to collaboratively work with diverse partners; Supervisory experience (5+ years) with school grants and federal grants preferred; and a proven track record of engaging in ongoing training. The Project Director will be responsible for leading the overall project operations and budget management, ensuring quality products and services are delivered, supervising staff, lead the ***Project LIFT! Advisory Council – PLAC (discussed below)*** meetings, work with all school districts administrators, educators, personnel and partners in program implementation and the



evaluators in program monitoring and improvement and be the liaison to the USDE Office.

School-based Mental Health Clinicians (4 FTEs): The **required** qualifications and relevant academic training and experience include a Master’s Degree in related field, valid Texas Social Worker License and Counseling License or related certification, or Counselor Certificate and **3+** years’ experience training mental health providers and documented competence in counseling youth and adults, specifically high-need students in a school setting preferred. She/he will serve students with a multi-level approach that includes universal, target and intensive intervention and prevention strategies, selective and suitable interferences and personalized support services and coordinate and provide school-wide training to teachers, educators, mental health providers, partners and district and school administrators and staff. She/he will also lead the implementation of the **MTSS** framework including Tier I, II or III, and serve on the **PLAC**.

D. Quality of the Management Plan

Service Structure: **Project LIFT!** will be located in the Guidance, Counseling and Mental Health Leadership and Community Impact Division to ensure integration into daily operations and administrative functions. Region One’s management plan will incorporate the following essential control functions, oversight and elements to ensure an efficient and effective program implementation and delivery of **high-quality products and services**. These functions include on-going planning, staff supervision, financial accountability, communications, reporting, and management of information, sharing resources, monitoring, evaluation and continuous improvement mechanisms. These functions will ensure the delivery of accessible, quality and culturally relevant products and services to students, parents, educators and schools most interested, engaged and in high-need. Region One has extensive experience in managing federal and state grants, including several USDE grants (three larger GEAR UP, i3, MHSP, etc.) which have met and/or exceeded all required GPRA measures and performance outcomes with



excellent financial audit reviews. The management plan is designed to integrate the following elements to achieve the goal, objectives, and outcomes (pgs. 18 – 19) on time and within budget.

Region One has drawn upon partners to guide and formulate the proposed project design, services, and evaluation. As mentioned, a ***Project LIFT! Advisory Council (PLAC)***, will be led by the Project Director, and was formed and composed of Region One target staff, LEA and school administrators, counselor, teacher, parent and a representative from each partner with decision making authority. The ***PLAC*** role is to participate in leadership meetings quarterly to assist with program **implementation**, collaboration, review of objective achievements, monitor budget expenditures and service levels, and also play a vital role in ensuring high-quality products and services are delivered on time and within budget and to offer feedback to help guide the **evaluation** design and collection of data (Appendix C – MOU and Letters of Support).

To further maintain accountability and ensure high-quality products and services are delivered on time and within budget, the Project Director will utilize the Logic Model (Appendix G) “Theory of Action” as a guide and will work closely with the ***PLAC***, all staff, key partners, educators, and the evaluators to ensure full implementation and oversight of project activities. The Project Director will ensure program effectiveness by maintaining a high-level of open communication with staff, Region One, MSI-UT (***CPI***), partners, educators and stakeholders. The Project Director and staff will meet weekly to review program milestones, participant development and progress, cost efficiencies and areas needing improvement. Staff and partners will provide monthly reports to the Project Director detailing status, pre/post-results, and progress towards GPRA/Project measures and outcomes (Appendix J13 – Organizational Chart).

Furthermore, to raise awareness in regard to ***Project LIFT!*** services, quarterly each LEA led by project staff will engage parents and families by hosting meetings, focus groups, one-on-



one interviews, distribute surveys, etc., to solicit feedback, seek perceptions, and/or to explore any challenges and strengths for continuous program improvement and to connect students to services. Additionally, Region One, LEAs and target schools will introduce vital **Project LIFT!** information and videos digitally on websites and disseminate monthly newsletters. Through the Guidance, Counseling and Mental Health and Leadership and Community Impact Division, Region One pledges their commitment, facilities, personnel, resources and active participation to ensure the project is delivering high-quality products and services on time and within budget. As a recipient of multiple federal grants, Region One has administrative, programmatic, fiscal, management, database and evaluation systems in place to meet high standards of accountability.

Program and Fiscal Monitoring: The timeline (below) and its milestones will be utilized by the Project Director as a guide to ensure achievement of objectives and timely implementation of all activities. The **PLAC** will review the timeline, benchmarks, Logic Model (Appendix G) and evaluation data monthly. When benchmarks are not met, the Project Director and **PLAC** will develop an action plan. The Director will work with the finance department and meet monthly to oversee expenses and quarterly with the **PLAC** to review actual expenditures against proposed allowable costs, milestones, budgeted resources, and to implement fiscal revisions, if needed.

Coordination: Successful project management requires that coordination and communication occur to ensure specific tasks, responsibilities, timelines and milestones are clearly defined and agreed upon by all partners. The partners have developed and adopted the above Management Plan and the timeline below based upon the objectives, **GPRA**/Project measures and annual outcomes. Each milestone has associated tasks, entity responsible, timelines, and outcomes. In addition to the Logic Model (Appendix G), this plan will be used as a management tool to assess progress toward achieving objectives and measurable outcomes on time and within budget.



Yearly, in August, the evaluators and **PLAC** will review and assist in developing service benchmarks for the following year based on participant achievement, progress, knowledge and competencies gained. **Legend:** Administrators – AD, Project Director – PD, Mental Health Clinicians – MHC, Local Education Agency – LEA, Partners – PA, Evaluator – EV.

Table 6. Project LIFT! Management Plan			
Milestone-Tasks	Period	Responsibility	Outcome
Recruit and Hire all Staff	Jan '24	AD, PD	Staff hired
Establish Partner Contracts	Jan/Feb '24	AD, PD	Contracts established
School Districts Convene and Develop Annual Plan of Action	Feb '24	AD, PD, LEA	Agenda, Timeline and Tasks Set
PLAC and Develops Master Calendar	Feb '24 - Quarterly	PD, MHC, LEA, PA, EV	Agenda, Timeline and Tasks Set
Set-up Evaluation Database	Feb '24	EV, PD	Database Developed
Validation of Tool and Baseline Data Collection Begins for Missing Data	Feb/Mar '24	EV, PD, MHC, LEA, PA	Tool Developed and Baseline Data Collected
Train all Partners and Staff	Mar '24 Ongoing	PD, MHC	Staff Trained
Start Professional Development and Implement Capacity Building Activities	Mar '24 - Ongoing	PD, MHC, LEA, PA,	Internal and External Community/School Programs Executed
Implement the MTSS Framework – Universal, Target or Intensive Tier Level Status	Apr/Mar '24 - Ongoing	PD, MHC, LEA, PA,	MTSS Framework Established and Participants Placed
Start Crisis, Violence, ATOD, Bullying and Intervention, Prevention Services	Mar/Apr '24 - Ongoing	MHC, PA, LEAs	Internal School Programs Executed Agenda and Timeline
Teacher Advisory Program Implement and Teachers receive “Tool Kit”	Apr/May '24 - Ongoing	MHC, PA, LEAs	Internal School Programs Executed and Tool Kit received
Implement Telehealth, Evidence-based Program and Proven Curriculum	Apr/May '24 – Ongoing	MHC, PA, LEAs	Internal School Programs Executed and Agenda
Start <i>Social Emotional Learning (SEL)</i> , Mental Health, Strategies and Trauma-informed Practices	Apr/May '24 – Ongoing	MHC, PA, LEAs	Internal School Programs Executed Agenda and Timeline
Implement Family and School Engagement Strategies	Apr/May '24 - Ongoing	MHC, PA, LEAs	Agendas, Roster, Surveys Collected
Implement Summer Institutions, Academy and Training Programs	Jun/Jul '24 - Ongoing	AD, PD, PA, MHC, LEAs	Agendas, Database, Roster, Surveys
Attend the Office of Safe and Supportive School Meeting	July '24 - Ongoing	PD, EV, PA, LEAs	Agendas, Database, Roster, Surveys



Begin Collecting All Post Data for Baseline Data Comparison	Aug/Sep '24 Yearly	EV, PD, MHC, LEAs, PA	Tool Implemented and Data Collected
Master Component Executed	Aug/Sep - '24 Yearly	MHC, PA, LEAs	Agreement Signed and Class Roster
Evaluation Collects, Cleans and Analyzes Data for APR	Sep/Oct - '24 Yearly	EV	Tool Implemented and Data Collected
Review Milestones and Assist in Developing New Benchmarks	Sep/Oct - '24 Yearly	ED, PV, PLAC	New Benchmarks and Timeline Set-up
Develop Annual Progress Report	Oct/Dec '24 Yearly	PD, EV	APR Submitted
Develop Evaluation (GPRA & Project Measures) Report	Nov/Dec '24 Yearly	EV	Report Submitted
Year 2 – 5 Implemented with New Timelines and Milestones	Jan '25 – '28	PD, MHC, PA, LEAs, EV	ALL Program Components Set-up

E. Quality of the Project Evaluation

(1) The extent to which the methods of evaluation will, if well implemented, produce evidence.

EGT Institute Inc., (EGT) an educational research firm specializing in evaluation services, with over 25 years of experience in evaluating numerous similar USDE programs, will act as the external evaluator. EGT currently serves as Region One's evaluator and has broad knowledge of evaluation methodologies, quasi-experimental design (QED) and Random Control Trail (RCT) implementations. [REDACTED], Senior Evaluator, with an Ed.D. in Educational Leadership and over 26 years of implementation, management and evaluation experience working with K-16 systems, will lead the evaluation efforts (Appendix J14 – EGT Portfolio and Resume).

Evaluation Methodology: The evaluation will apply systematic methodologies and research methods to measure the implementation, fidelity and outcomes of the program. Driven by the Logic Model “Theory of Action,” data will be collected to assess process measures and ensure ongoing monitoring of project implementation (Appendix G). Process data will describe the means by which activities, curricula, and services have been implemented according to the goal, objectives, outcomes, strategies, and proven practices. Implementation data will provide a basis for understanding program successes, local adaptation and fidelity of implementing the evidence-



based programs. The evaluator will answer the following questions: What has been done? How was it done? How many times was it done? When was it done? To whom was it done? What factors led to the successful implementation and improvements of the project?

Evaluation methods will include: interviews, focus groups, and surveys of students and educators, mental health practitioners, school leaders, parents, and partners (pre-post); collection and review of student (disciplinary, suspensions, expulsions violations, bullying, fighting, assaults, alcohol, marijuana, ATOD, sad, depressed or suicidal, etc.) data (pre-post), student academic and behavioral assessment data (pre-post), EDSCLS, BAI, BYI, BDI data (pre-post), attendance, mental health services, (**MTSS**) crises and trauma encounters, mental health referrals; review of participation and satisfaction levels; professional development (pre-post), student expectations, consequences and tiers of support (Universal, Target and Intensive) aimed to accomplish the objectives; and observation of instruction, programs, and activities at each tier level including level of participation in school-based **SEL**, mental health services, TIP, and intervention training and the intensity of student and parent and family school engagement and involvement.⁵⁶ Assessment of the pre-post data, surveys, interviews, and focus groups include: **MTSS** fidelity, participant and partner engagement, student outcomes, and **PLAC** engagement and leadership. Implementation data will also include analysis of MSI-UT and partner (engagement, intervention and prevention training hours, professional development dosage, coaching hours, follow-up duration) activities compared to actual program services outcomes.⁵⁷

The comprehensive evaluation will include formative and summative evaluation to assess the extent to which performance measures, GPRA (6) and project measures, and outcomes have been accomplished. Each year, **formative evaluation** will address whether or not activities are being implemented as planned. Ongoing findings will be compared to performance measures, project



timeline (pgs. 27-28), Logic Model (Appendix G) and adjustments will be made, as needed. Any required baseline data will be collected immediately upon award. The **summative evaluation** plan will utilize a rigorous quasi-experimental design (QED) to investigate the significance and strength of the relationship between the proposed and actual activities related to number of all students served, particularly high-need students served, the increase of mental health services at each LEA, social, emotional learning (SEL) skills development, participant engagement, mental health services received, evidence-based practices delivered, student academic performance, cognitive, and non-cognitive skills and related systems improved due to the grant.

A **quasi-experimental design** consisting of pre-post non-equivalent experimental and control groups (**students**) will be utilized to assess achievement throughout the five-year period. The **experimental group** will consist of 500 students randomly (computer software) selected in year one. A total of 500 **non- Project LIFT!** students with like characteristics will also be randomly selected (computer software) and assigned to the **control group** in year one. The sampling design will meet the *What Works Clearinghouse* evidence standards. Student achievement data will be contrasted with corresponding **non-Project LIFT!** student data to provide context for student outcomes. Baseline measures will be used to derive changes in measures within both experimental and control groups. Specifically, the difference from baseline measures to those obtained after participation in services will be calculated. This method will help guard against selection effects of control students, whereby differences may be found that are due to pre-existing differences between groups of students prior to sampling.

Through the QED design, statistical significance (t-tests), analysis of variance (Anova), and correlation (Pearson) analysis will be used to analyze quantitative data. Chi-squared tests and other descriptive statistics will be used with qualitative data. While the focus of evaluation will



be on assessing **GPRA measures** and impact on participants’ outcomes, it will also look for systemic changes in school practices that may have proximal effect on school-based outcomes.

A comprehensive rigorous evaluation described above will not only assess implementation and outcomes, but will also identify best practices, processes, programs, strategies, services and products for enhancing skills of students, parents and educators. The evaluation design and methodologies will assist in understanding the effectiveness and context of **EIR** services in accomplishing the anticipated impacts, as listed in the Logic Model (Appendix G). For example, to what extent do teacher and administrator capacity building initiatives result in practices and behaviors that are aligned with rigor and relevance necessary for student social emotional learning (**SEL**) success? Also, to what extent are certain “thresholds, dosages, combinations, and components” of EIR services associated with the development of social, behavior, academic, college level skills and knowledge of students? Findings such as these will yield positive effects and serve to “*demonstrate a rationale*” (**API**) for Region One and LEAs administrators, leaders, mental health practitioners, counselors, social workers, and teachers for developing early intervention and support systems that better assist students’ academic preparedness.

As mentioned above, the evaluation methods are adapted from statistically significant findings and from evidence that meets WWC standards and NREPP research. Through **Project LIFT’s!** key components – **Social Emotional Learning (SEL), Mental Health Counseling/ Advising** strategies, and **Trauma-informed Practices**, Region One expects to witness improved student social emotional learning, behavior and academic performance; including increased educator knowledge, competencies and skills development which overall will yield positive effects and serve to “*demonstrate a rationale*” (**API**). Studies are described above, cited in the attached required evidence form, cited references (pgs. 420 –424), and retrieved from:



<http://www.nrepp.samhsa.gov/>; <https://pubmed.ncbi.nlm.nih.gov/31094566/>; and
<https://digitalcommons.georgiasouthern.edu/gerjournal/vol18/iss2/4>

(2) Extent to which evaluation provides performance feedback and permit periodic assessment.

The Project Director will play a crucial role in seeking feedback and conducting periodic assessments and work with the evaluators, staff, educators, and partner representatives to analyze evaluation data, including input, process, and outcome data. Data-driven decision making will be an important aspect of the project. Data collection and monitoring of program implementation will occur on a regular basis by the evaluators and **PLAC**. The evaluators will attend **PLAC** and other program meetings to observe and document implementation and programmatic decisions, utilizing a mixed method evaluation approach. Results and outcomes will be shared on a monthly basis with the Project Director and on a quarterly basis with **PLAC** and Region One and target LEA's leadership to solicit immediate feedback. The Project Director, Evaluators, and Region One leaders will solicit regular face-to-face and online feedback from participants (educators, partners, students, parents, etc.) for continuous improvement.

EGT Institute will present and assist stakeholders to interpret the data and make data-driven decisions and recommendations for program modifications. As part of evaluation efforts, EGT Institute will: 1) participate in **PLAC** meetings for strategic planning, measuring progress, making recommendations and adjustments for continuous improvement; 2) gather qualitative and quantitative data including data on challenges and accomplishments encountered during implementation, partner activities and lessons learned; 3) conduct in-depth analyses of performance measures of participants in experimental and control groups; and 4) analyze measures by school, age, gender, and perception of students, families and educators, etc.

These efforts will lead to evaluation results that will assist in designing effective strategies for replication of services in different settings. Based on information learned from evaluation



efforts, EGT Institute will: describe the implementation of the project; identify critical issues during implementation; and identify the extent to which the program has been implemented as planned. This information will be shared with the **PLAC**, Region One/LEA leaders, Board of Trustees and to the U.S. Department of Education EIR representatives to foster sustainability, scalability and replication of effective services, practices and professional development activities beyond the end of the grant. In addition, annual reports will be submitted to Region One and to the USDE – EIR Office as required and/or requested.

(3) *Extent the evaluation articulates the key project components, mediators, and outcomes.*

As mentioned above, Region One has selected the following researched-based and proven key components to be implemented through **Project LIFT!**: 1) **Social Emotional Learning (SEL)**;⁵⁸ 2) **Mental Health Counseling/Advising**;⁵⁹ and 3) **Trauma-Informed Practices**⁶⁰ that will yield positive effects and serve to “**demonstrate a rationale**” (**API**). Each of these key components, in collaboration with Region One’s **Multi-Tiered Systems of Supports (MTSS)** and numerous services, strategies, activities, programs and products outlined in the Project Design Section, will be implemented with fidelity while taking into account mediators between multiple **independent** and **dependent** variables (Appendix J6 & J7 – **MTSS** and SEL, MH, TIP Models).

Process Evaluation. Various types of data will be collected regularly by EGT to assess process measures and assure ongoing monitoring of project implementation and fidelity. Process data will describe the means by which project activities, strategies, curricula, and services have been implemented according to proposed goal, objectives, GPRA/Project Measures, and proven researched-based practices, Table 7 presents an overview of the process evaluation methods.

Table 7. Process Evaluation Overview			
Indicator	Evaluation Methods	Data Sources	Timeline
Progress of goal, objectives, GPRA/Project Measures	<ul style="list-style-type: none"> Interviews, surveys, focus groups, data 	<ul style="list-style-type: none"> MTSS Framework, EDSLCS tools, participant surveys 	At start of project Biannually



strategies, activities and programs	<ul style="list-style-type: none"> Types/amounts of services provided Data participation 	<ul style="list-style-type: none"> Youth Connection database PLAC, LEA leaders, staff, partners' service reports 	Ongoing
Fidelity of Implementation (Researched Evidence-Based Programs)	<ul style="list-style-type: none"> Implementation and administration of fidelity protocols, procedures, methods and data 	<ul style="list-style-type: none"> PLAC, assessment results, Project Director, School-based Mental Health Clinicians, Partners, School Leaders and Evaluators assessments 	Quarterly Ongoing
Implementation successes, challenges and lessons learned	<ul style="list-style-type: none"> Data, observation of programs and activities Interviews 	<ul style="list-style-type: none"> Evaluation Rubrics, student, parents, educators, schools, partner and staff interventions, PLAC and program meetings 	Quarterly Bi-annually
Participation in and satisfaction with activities, services, trainings	<ul style="list-style-type: none"> Data, interviews, surveys, focus groups, audits and observations 	<ul style="list-style-type: none"> Students, LEAs and school educators, project staff, parents, service provider assessment tools, EDSCLS surveys 	Annually
Satisfaction with overall EIR and MTSS framework and programs	<ul style="list-style-type: none"> Data, interviews, surveys focus groups or observations 	<ul style="list-style-type: none"> EDSCLS survey, students, parents, educators' outcomes PLAC, TAPR, STAAR-EOC and PEIMS results 	Annually

Data collection: A secured database (Youth Connection) will be utilized for all data collection (Appendix J15). Sources include: validated assessment tools (EDSCLS, BAI, BYI, BDI, as seen in Appendix J10); number of students, parents, and educators served and engaged in school services and activities (monthly); types of services provided to participants categorized by school, gender, age, and grade level (monthly), student test scores (STAAR-EOC) and class grades in core subjects (quarterly); attendance, disciplinary, behavior violations, suspensions, expulsions, fighting and violent conduct (including exposure) and mental health referrals; attendance; behavioral and academic history (all quarterly) and “Theory of Action” key component data (Appendix G – Logic Model – monthly).⁶¹ In addition, participation levels of parents, educators, staff and school leaders in professional development activities related to **SEL**, mental health, trauma, school-based intervention and prevention (monthly), satisfaction levels of participants (quarterly), effectiveness of data management and assessment systems will be



collected (annually). Data will be collected according to the type, service, activity or program intervals for the goals, all objectives, and **GPRA/Project Measures**. Service-level data will be captured at the time of delivery while outcome data will be collected annually through pre-post-tests, focus groups, surveys and annual comparisons to baseline data. Baseline was collected for a few **GPRA/Project Measures** and other baseline will be collected upon award and in year one.

Analysis: Analyzing the survey data on a monthly, quarterly, and annual basis, EGT will use descriptive statistics to understand the relationships and mediators that may exist among variables impacting the program, and to explain why the participants responded or behaved in a certain way.⁶² Analysis of services data will include a tally of participants served individually and in groups (monthly), challenges and lessons learned (monthly), number of disciplinary violations, suspensions, referrals to mental health, family engagement, professional development and key component data (monthly), and the degree of fidelity and effectiveness of participant interventions, training, supportive services, partnerships, and assessment activities (quarterly). Analysis will include descriptive statistics and will indicate the means, standard deviations, frequencies, and range of scores for dependent variables (measurable outcomes) and independent variables (participants, services, etc.). Similar to the method in the QED design, standard deviation and variance will also be used to describe variability in data. For inferential statistics, the evaluator will conduct t-tests at 95% confidence level to analyze the relationships between outcomes and activities. For example, trained and untrained educators will be assessed on their perception of the **MTSS** framework. Pearson product moment correlation coefficient (r) will be utilized to measure the strength of correlation between project activities and outcomes.

Appendix J16 – Cited References