



Trauma Recovery Demonstration Grant Provider Information Session

Welcome!

Housekeeping:

- Please mute yourself
- Please turn off your camera
- Please place all questions in the chat box (Co-host) and include your name and email address

Trauma Recovery Demonstration Grant Provider Guide



Provider Guide Trauma Recovery Demonstration Grant

Awarded by the US Department of Education
to the Louisiana Department of Education,
The Division of Grants Management

Agenda

- What is the Trauma Recovery Demonstration Grant (TRDG)?
- Which students are eligible?
- What is considered a traumatic event?
- Which providers are eligible?
- How are students referred?
- What kind of data is LDOE collecting?
- Instructions
- Payment process
- Questions?



What is the TRDG?

Grant Background

- The Louisiana Department of Education was awarded a **\$7.5 million** five-year federal grant by the U.S. Department of Education to expand and deliver mental health services to students who are economically disadvantaged, academically struggling, and have experienced trauma.

- The grant funds will expire September 30, 2024.

Purpose

- The purpose of the grant program is to enable preschool, elementary, or secondary students from an economically disadvantaged family who have experienced trauma and subsequently demonstrate academic, behavioral, attendance, or other issues at school to access trauma-specific treatment.

Goal

- The goal of the grant program is to increase student well-being, adaptive student behavior, school safety and academic performance by supporting trauma-specific treatment.



Which students are eligible?

Eligible Students

Any preschool, elementary or secondary student enrolled in a Louisiana public, charter, or private school who meets the *following three criteria*:

1. Previously documented or suspected trauma that is adversely affecting the student's academic performance/progress, attendance, and/or behavior.
2. Student is identified as **economically disadvantaged**.
3. Student cannot access public or commercial health insurance programs because services through such programs are either unavailable, insufficient, or unaffordable.

Economically Disadvantaged

- Student is eligible for reduced price meals based on the latest available data
- Family is eligible for Louisiana's food assistance program for low-income families
- Family is eligible for Louisiana's disaster food assistance program;
- Family is eligible for Louisiana's program for assistance to needy families with children to assist parents in becoming self-sufficient
- Family is eligible for Louisiana's healthcare program for families and individuals with limited financial resources.
- Student is an English language learner.
- Student is identified as homeless or migrant pursuant to the McKinney-Vento Homeless Children and Youth Assistance Act and the Migrant Education Program within the Elementary and Secondary Education Act.
- Student is incarcerated within the Office of Juvenile Justice or in an adult facility.
- Student has been placed in the custody of the state.

Access to Health Insurance

Student cannot access public or commercial health insurance programs because services through such programs are either unavailable, insufficient, or unaffordable.

Eligibility Criteria

- Student is uninsured, is economically disadvantaged 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 deductible.
- Student is insured, but services are unaffordable because cost of service exceeds insurance cap.

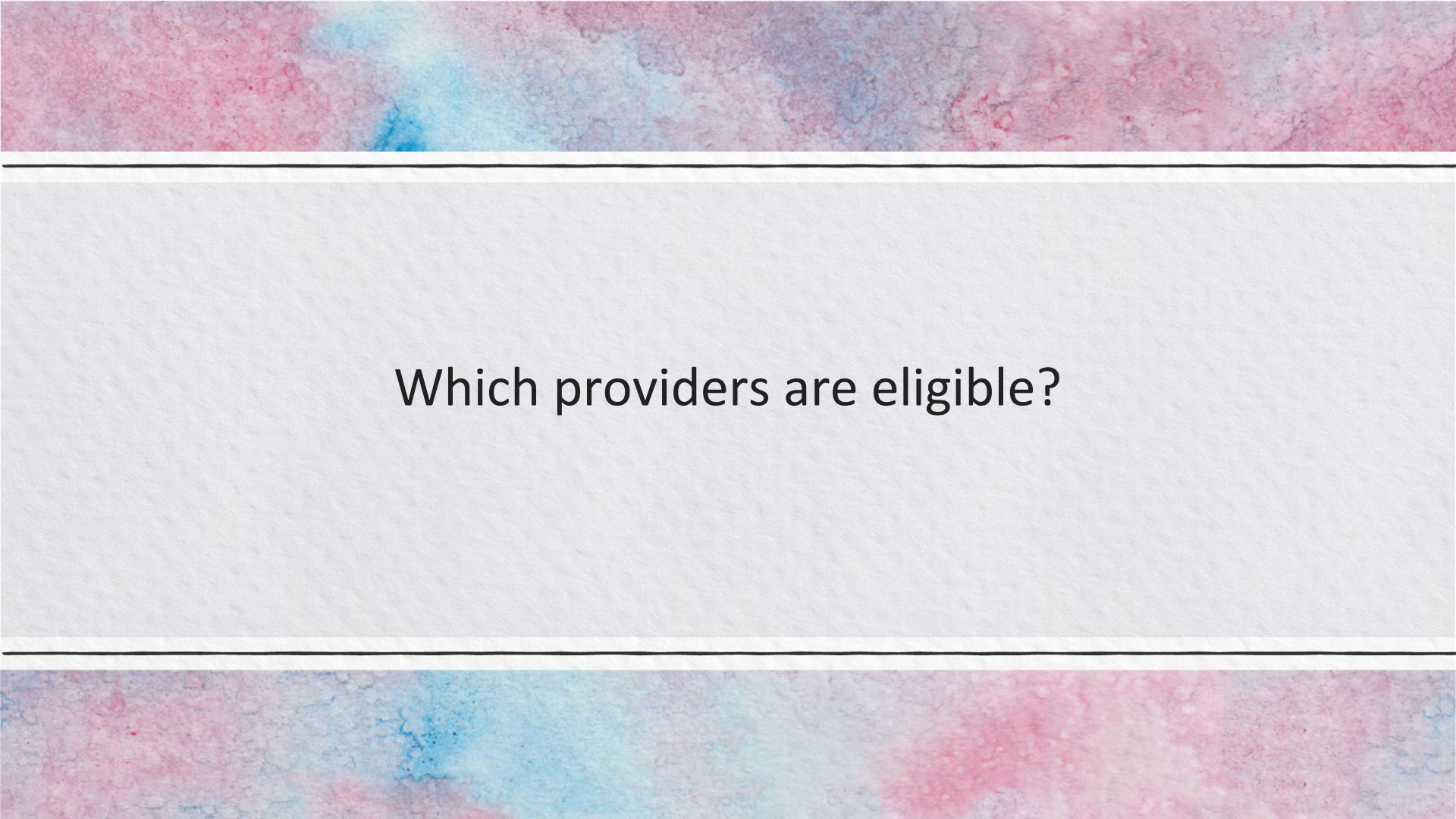
Student is NOT eligible if enrolled with Medicaid or has an application pending with Medicaid.



What is considered a traumatic event?

Traumatic Events

- Traumatic incidents may be those that occur either within or outside a school environment.
- Examples of a traumatic event may be: bullying (including cyberbullying); harassment; experiencing violence (e.g., school shootings, abuse in the home, community violence), physical, emotional or life-threatening events that have lasting adverse effects on an individual's functioning and mental, physical, social, or emotional health, suicide clusters, death of close family member, emotional neglect/abuse, family mental illness, homelessness, natural disaster, parent deployed, parent in jail, parents divorced, serious injury to self, sexual abuse and student in state custody. This list is a representation but not inclusive of all events that may be considered traumatic.



Which providers are eligible?

Provider Eligibility

Providers eligible for reimbursement under the terms of this grant must be:

- **State licensed** mental health provider
- **Provide secular, neutral, non-ideological services** that are **non-medical in nature** and meet reasonable standards for evidence-based, best practices, promising practices and/or evidence-informed **trauma-specific treatment.**
- Completed, or had a member of your team complete, the Trauma Recovery Demonstration Grant questionnaire

Possible Treatments

- Biofeedback
- Breathing training
- Eye movement desensitization and reprocessing
- Narrative therapy
- Exposure therapy
- Relaxation training
- Trauma incident reduction
- Narrative therapy
- 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 focused on supporting trauma recovery

Where can you provide services?

In keeping with Louisiana's new state law guaranteeing mental health service providers access to student clients on the school campus during the school day, pursuant to Local Education Agency (LEA) regulations, services may be provided on the school campus, at the service provider's office, or virtually after hours.

Services may also be offered in-community or in-home.

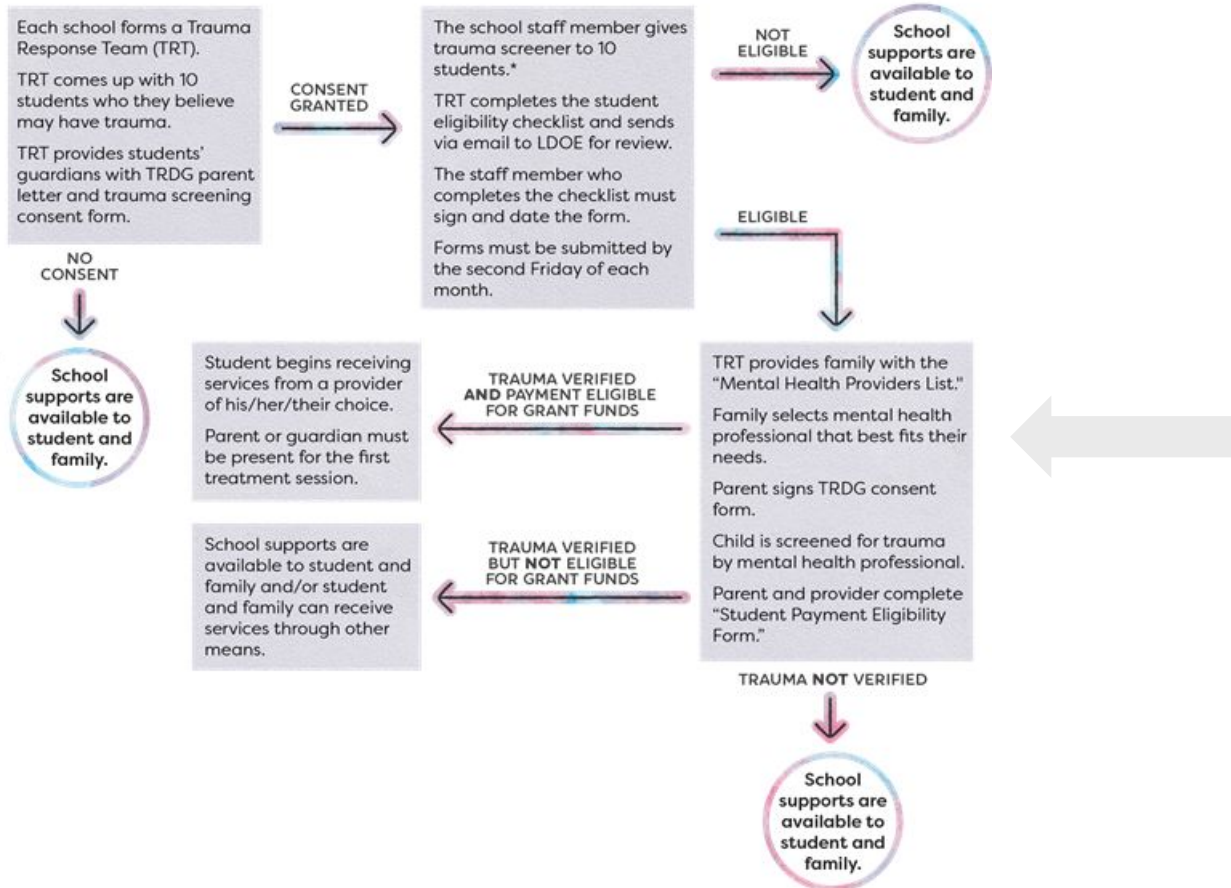


How are students referred?

Referrals

- Referrals for services can come from many different avenues, there is no wrong door.
 - A parent may request services on behalf of their student
 - The student may be referred by a staff member at their school
 - The student may receive a referral through Department of Children & Family Services (DCFS)
 - A service provider may identify a student who meets eligibility criteria and is in need of services.

SCHOOL-BASED REFERRAL PATHWAY



Determining Trauma

- Providers must use a good and reliable trauma screener when assessing for negative effects attributable to trauma-exposure. You may use a trauma screener of your choice.
- Please consider using Trauma Behavior Health screener (TBH). If you have not been trained in the use of the TBH and are interested in using this as your screening instrument, please visit The Louisiana Child Welfare Trauma Project website at latrauma.tulane.edu. On the website's homepage, you can find a link to a training video for administering the TBH. Under resources, you can click on [“Resources for Clinicians”](#) to access the TBH manual and screener.

Initial Visit

- The initial visit is defined as the visit when the service provider administers the formal trauma screener.
- Forms that need to be submitted to LDOE:
 - Consent for Trauma Specific Mental Health Services
 - Student Payment Eligibility Form
- When emailing ANY documents that contain information about participating students to the LDOE you must use the subject lines outlined in the provider guide.

Consent for Trauma Specific Mental Health Services

- The consent form informs parents/guardians about their right to privacy.
- This form is to be given **prior to administering the trauma screener.**
- *This form only needs to be submitted once.*

Consent for Trauma-Specific Mental Health Services

Trauma Recovery Demonstration Grant

This form is to be scanned and emailed to the Division of Grants Management using our secure email: traumarecoverygrant@LA.gov with the subject line Provider Name_ConsentForm [SECURE]

Informed Consent for Trauma-Specific Mental Health Services

Trauma Recovery Demonstration Grant

Provider is partnering with the Louisiana Department of Education to implement the **Trauma Recovery Demonstration Grant (TRDG) program**. This program will expand and deliver trauma-focused mental health services to economically disadvantaged students who have experienced trauma and are struggling academically, behaviorally and/or with consistent attendance. The goal of the TRDG program is to increase student wellness, adaptive student behavior, school safety, and academic performance by supporting trauma-specific treatment. Trauma-specific counseling will be provided to economically disadvantaged students at **no cost to their family**.

Your permission is required to begin the formal trauma screening process and data collection required by the TRDG (see attached Permission page). For the purposes of this program, data collection is defined as surveys, screenings, attendance information, as well as academic and behavioral data. If the consent form (see attached permission page) is not signed and dated, your child will be unable to receive direct mental health services under the Trauma Recovery Demonstration Grant.

All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA), LA Revised Statute 17:3914, or the Health Insurance Portability and Accountability Act (HIPAA), if applicable.

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.

NOTE: LDOE Student/Parent Rights and School Responsibilities

The confidentiality of the education records of all students enrolled in public schools in Louisiana are afforded protection under the Family Education Right to Privacy Act (FERPA). Every public school district is required to implement processes to protect the privacy of student information and restrict data sharing. Parents have a right, upon request, to inspect any education records pertaining to their children. LEAs are only able to share personally identifiable information about students with others as long as the data sharing meets one of the laws limited exceptions as described in the Policy Guidance. In accordance with the legislation, LEAs: (1) are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices; (2) are permitted to share personally identifiable information under specific circumstances (e.g. LEA officials with a legitimate educational interest; Specified officials for audit or evaluation purposes; to appropriate officials in cases of health and safety emergencies.); (3) are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.

Date: _____ Provider Name: _____

Student Name: _____ Student ID #: _____

Gender: M F Other _____ School Name: _____

Please sign below and return this form to Provider as soon as possible.

- I give permission for Provider to share the trauma screener results with Louisiana Department of Education. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I understand that the data collected will include screening results, attendance information, as well as behavioral and academic achievement data. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I understand that the data collected will include the Student Well-Being Survey and Trauma Recovery Demonstration Grant Satisfaction Survey. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914.
- I give permission for the Louisiana Department of Education to receive and review invoices submitted by the provider, thereby allowing the exchange of protected health information between the provider and the Louisiana Department of Education.

By my signature below, I acknowledge that I have read the terms of this form and consent to my child's information being shared as described above.

Parent/Guardian Name(s): _____

PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____

Student Payment Eligibility Form

- The form verifies that the student cannot pay for services through other means (ex. Medicaid).
- Students must meet **all eligibility criteria** in order to participate in the TRDG. This form is to be completed prior to administering the trauma screener.
- If the student is not eligible, the provider may speak with the family about billing through other means.
- *This form only needs to be submitted once.*



Student Payment Eligibility Form

Trauma Recovery Demonstration Grant

This form is to be scanned and emailed to traumarecoverygrant@LA.gov with the subject line
ProviderName_PaymentEligibility [SECURE].

Students must meet **all eligibility criteria** in order to participate in the TRDG. Providers may only bill the TRDG if the student meets the listed criteria. *STUDENT IS NOT ELIGIBLE IF ENROLLED WITH MEDICAID OR HAS AN APPLICATION PENDING WITH MEDICAID.*

Date: _____ Name of School: _____

Student Name: _____ Student ID #: _____

Gender: M F Other _____

Student is:

A *preschool, elementary or secondary* student enrolled in a Louisiana public, charter, or private school.

Referred through the Trauma Recovery Demonstration Grant program.

Meets **one or more** of the following characteristics

Student is uninsured, is economically disadvantaged 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 deductible.

Student is insured, but services are unaffordable because cost of service exceeds insurance cap.

Parent/Guardian Name(s): _____

PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____

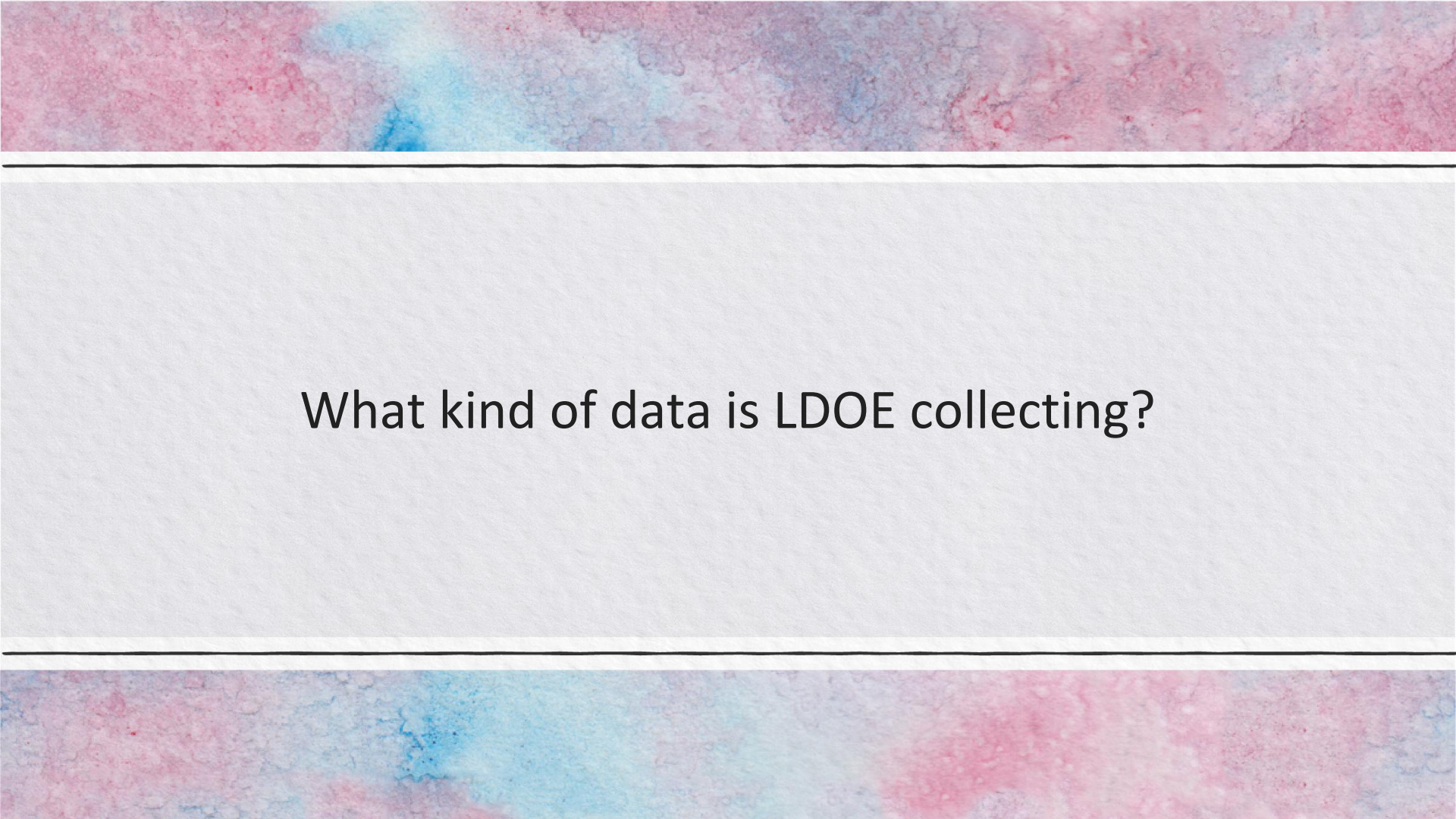
Provider Name: _____

PLEASE PRINT

Provider Signature: _____ Date: _____

Submitting Forms

- You will email ALL documents that contain student information, as well as billing information, to our secure email: traumarecoverygrant@LA.gov.
- When emailing documents that contain information about participating students, you must use the subject lines outlined in the provider guide.
- For example, when sending the Consent for Trauma-Specific Mental Health Services you must use the subject line **Provider Name_ConsentForm [SECURE]**.



What kind of data is LDOE collecting?

Data Collection

- LDOE will be collecting:
 - Attendance, behavior and academic performance data
 - Student Well-Being Survey
 - TRDG Satisfaction Survey



Instructions

Surveys

- The Student Well-Being Survey and TRDG Satisfaction Survey are reporting requirements of the TRDG.
- Each survey will be given at **the end of the first treatment session and the end of the last treatment session.**
- Each survey can be accessed online via google form or in paper form.

Student Well-Being Survey

- All service providers must ensure the student (or parent) has filled out the Student Well-Being Survey **at the end of the first treatment session and again at the end of the last treatment session.**
- **Please ensure the student (or parent) has completed the survey prior to leaving your office.**
- This form can be filled out online on either a smart phone or computer. Please provide the student (or parent) with the Student Well-Being Survey Access page.
- If completing the survey digitally is not possible, please give the student the paper version of the Student Well-Being Survey.



Student Well-Being Survey

Trauma Recovery Demonstration Grant





Provider: If the student or parent/guardian chooses to complete this survey in your office rather than online (see page X for details), then please print, scan and email the completed survey to the Division of Grants Management using our secure email: traumarecoverygrant@LA.gov with the subject line Provider Name_WellBeingSurvey [SECURE]]

This well-being survey is a reporting requirement of the TRDG grant. It is to be administered at the end of the first treatment session and again at the end of the last treatment session.

Suggested Administration Process:

- Pre-K and elementary students: For students who are unable to read the questions, provider or parents are to read the items and graphic representations of response choices and mark accordingly.
- 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 how you feel about each item. Please use only one **X** for each question.

<u>Student:</u> 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.				



Student Well-Being Survey Access

To access the Student Well-Being Survey you may either:

1. Type the link below into your web browser or
2. Scan the QR code.

Link: <https://tinyurl.com/y37282wz>



Open your smartphone camera.
Hover over the QR code.
Follow the link!

TRDG Satisfaction Survey

- All service providers must provide every family with TRDG Student Satisfaction Survey Access page at the **end of the first treatment session and again at the end of the last treatment session.**
- Parents will answer survey questions for Pre-K and elementary students. Students 12+, with parent consent, will complete the survey on their own.
- If completing the survey digitally is not possible, please give the hard copy version of the TRDG Satisfaction Survey. **This is to be returned to the student's school.**

TRDG Satisfaction Survey



TRDG Satisfaction Survey Access— Parent Handout

To access the TRDG Satisfaction Survey you may either:

1. Type the link below into your web browser or
2. Scan the QR code.

Link: <https://tinyurl.com/yxj29zj5>



Open your smartphone camera.
Hover over the QR code.
Follow the link!



TRDG Satisfaction Survey





Trauma Recovery Demonstration Grant

Schools: This form is to be scanned and emailed to the Director of Grants Management using our secure email: traumarecoverygrant@LA.gov with the subject line **StudentName_TRDGSurvey [SECURE]**.

Instructions: The survey is to be completed at the end of the first treatment session and again at the end of the last treatment session. **Parent/guardian answers the survey questions for Pre-K and elementary students.** Please return the completed survey to your child's school.

This satisfaction survey is a reporting requirement of the TRDG grant. If your student is less than 12 years old and/or you do not want your student to complete the survey, you will need to complete the survey from the perspective of your student. Otherwise, if your student is between 12-17 years old, your written consent is **required** for your student to participate.

At the completion of the first session, please answer each question by putting an X in the space that best describes how you feel about 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.				
<hr/>				
<u>Parent:</u> How do you feel about the services your child received?				
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.				



TRDG Student Satisfaction Survey, Signature Page

Trauma Recovery Demonstration Grant

Schools: this form is to be scanned and emailed to traumarecoverygrant@LA.gov with the subject line **StudentName_SatisfactionSurvey [SECURE]**.

Please check the appropriate box below:

- YES, my student is at least 12 years old and may participate in the survey.
- I will participate in the required survey for my student.

Student Name: _____ Grade: _____
PLEASE PRINT

Parent/Guardian Name: _____ Date: _____
PLEASE PRINT

Parent/Guardian Signature: _____ Date: _____

Assurance

- In order to be officially enrolled as a provider under the TRDG, all providers must submit a signed and dated assurance.
- Please scan and email the document to traumarecoverygrant@LA.gov with the subject line **ProviderName_Assurance**.
- *This form only needs to be submitted once.*
- Please submit your assurance by **November 13th**.



TRDG Assurances

By signing and dating this page, the applicant hereby certifies he/she/they has read, understood and will comply with the assurances listed below.

1. The mental health service provider will provide the trauma-specific services for which he/she/they billed.
2. The mental health service provider will follow the Ethics Code as defined by their Professional Licensing Board.
3. The mental health service provider will ensure that the TRDG is only billed if the services the student requires are unavailable, insufficient, or unaffordable through other means (Medicaid, private health insurance etc.).
4. The mental health service provider agrees to cooperate with all monitoring, auditing, and reporting requirements established by the LDOE.
5. The mental health service provider agrees to follow all instructions listed within the Provider Guide.

Provider Name: _____ Date: _____

PLEASE PRINT

Provider Signature: _____ Date: _____

Updating Information

- If the information you submitted on the Trauma Recovery Demonstration Grant Mental Health Provider Questionnaire has changed, **including a renewed license or a change in workplace**, you must submit the following survey: <https://forms.gle/Dwid5FEHNU5ex2YSA>
- Please note: When uploading a license it must be an image of an individual license (such as an LPC card) NOT an agency license.



Payment Process

Payment Process

- The LDOE has partnered with Choices Coordinated Care Solutions (Choices) to facilitate the payment of providers for the TRDG.
- The TRDG will only pay for direct mental health services. Missed treatment sessions and provider transportation will not be covered.

Vendor Set Up

- Choices will add the provider to the Vendor Information Portal (VIP).
- Choices will add facilitate a training with new providers on how to use the VIP.
- All providers will be **required to send a W-9 form and Direct Deposit Form** (if direct deposit is preferred) to AP@choicesccs.org.
- Once the provider has completed VIP training and Choices has received the forms above, the provider will be eligible to start submitting invoices and receiving payment from Choices.
- All providers will submit invoices to VIP and invoices will be approved by LDOE prior to payment.
- Choices processes payments on the 14th and the last business day of the month. If a provider's invoice is approved by LDOE 2 business days prior to those dates, the provider will receive payment. (i.e. invoices approved by the 12th will be paid on the 14th)

Provider Rate

- The LDOE will be reimbursing providers at current Louisiana Medicaid Rates. Providers can find those rates on page 20 of the Provider Guide.



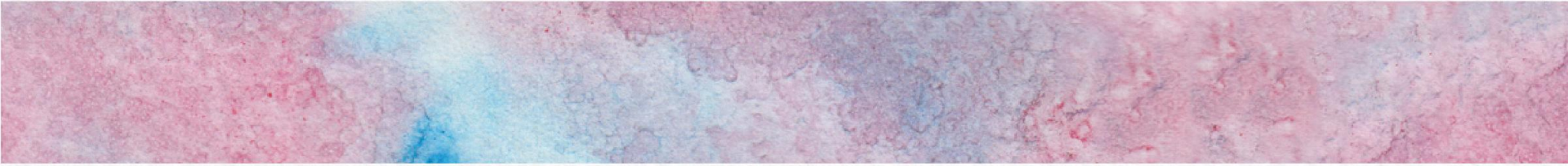
Questions?

Updating Provider Information

If you would like to update your contact information for official LDOE contact, please complete form linked below.

Survey: <https://forms.gle/P3rty2rUt2ZTrW8x9>





The Department is committed to providing support to providers and TRDG participants throughout the process.

If you have questions, please email:

Anna.Novogratz@LA.gov

