



| It's about ALL kids.

Issue Paper

DATE:

August 17, 2022

AGENDA ITEM (ACTION ITEM):

Consider/Approve Dixie Heights High School contract with Hope Squad to implement a peer to peer suicide prevention program.

APPLICABLE BOARD POLICY:

01.1 Legal Status of the Board

HISTORY/BACKGROUND:

Hope Squad is a peer-to-peer suicide prevention program. Hope Squad members are nominated by their classmates as trustworthy peers and trained by advisors. The program reduces youth suicide through education, training, and peer intervention.

FISCAL/BUDGETARY IMPACT:

Cost of the program is \$10,000 - \$9261.50 will come from SEB Mini grant funds and \$738.50 will come from the Dixie Heights High School ESSR funds.

RECOMMENDATION:


Approval to approve Dixie Heights High School contract with Hope Squad to implement a peer to peer suicide prevention program.

CONTACT PERSON:

Andrew Wise, Assistant Principal


Andrew Wise
Principal/Administrator


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal - complete, print, sign and send to your Director. Director -if approved, sign and put in the Superintendent's mailbox.



ESSER II- DUE MAY
Mini Grant

14, 2022
Application for

Mental Health and SEL

Mission

The mission of the Kenton County School District is to provide a world class education ensuring ALL students are transition ready and prepared for the 21st Century Economy.

Grant Purpose

The purpose of the grant is to fund activities in response to COVID-19 and the impact on the social/emotional needs and mental health needs of our students.

Our Focus

Our focus is on promoting a strong and systemic Tier I SEL curriculum with continued refinement and training to address the increasing needs of behavior and social-emotional learning in the Kenton County School District.

Grant Amount

Amount allowed for each school is \$9,261.50.

***Purchase Orders must be submitted by August 1 to Karen Hendrix.**

Allowed Expenditures

The grant application can be used to purchase the following items:

- Providing additional mental health services and tiered supports through MTSS
- Supporting students through social emotional curriculum and programming
- Behavior and mental health counseling for students/parents dealing with increases mental health issues due to the pandemic
- Training for school personnel and parents: on suicide prevention, trauma and related mental health issues
- Training on the techniques and supports needed to help educators understand when and how to refer students affected by trauma, and children with, or at risk of, mental illness



School Affiliation Agreement

School or District Info

School or District Name: _____ Phone#: _____

Address (street, city, state, zip): _____

Contact Name: _____ Contact Email: _____

Billing Contact Name & Email: _____

Agreement

By initialing and signing below, I **acknowledge** that I am an authorized representative of the school or district ("School") listed above; and on behalf of the school, I have carefully **read**, fully **understand**, and **agree** to the following:

Initials _____

1. **Program Integrity:** School understands that Hope Squad® offers an educational, school-based, peer-to-peer program and accompanying curriculum ("Program") that promotes inclusion and connectedness. School understands that the Program is **NOT** a therapy model and does not replace care needed from a mental health professional.

- a. **Program:** School agrees to follow all Program guidelines and understands that failure to follow all aspects of Program may compromise success of the Program. Furthermore, Hope Squad's Program may not be perfectly suited to every student, and the decision to participate is up to school administration, school Advisor(s), and parent(s) of students.

- b. **Research & Data Collection:** School agrees to provide data needed by the Program including, but not limited to (i) completing pre- and post-surveys and the Hope Squad Data Collection Form.

2. **Program Partners:** Because the Program is most likely to be a success when the School closely partners with communities and mental health agencies/resources ("Circles4Hope"), School agrees to use its best efforts to secure and maintain the commitment and buy-in from various Program stakeholders, including, but not limited to, school administration, Program Advisors ("Advisors"), parents, students, communities, and mental health agencies:

Initials _____

- a. **Hope Squad® Advisors:** School agrees to provide at least **1 Advisor** with training time and financial support, as outlined in the Program. Relative to school size, we recommend additional Advisors be trained and participate as well. All Advisors must complete Hope Squad® licensed Advisor Training ("Training") before teaching Program curriculum, and then participate in recurring Trainings as provided by Hope Squad® Master Trainers. School also agrees to have at least **1 Advisor** or **Mental Health Partner** complete Gatekeeper training (<https://qprinstitute.com/individual-training>) and strongly recommend becoming a QPR Certified Instructor.

- b. **Mental Health Partners:** School agrees to develop and maintain an active and close partnership with at least 1 local mental health agency or organization (e.g., health department, hospital, private provider), and develop and maintain with them a clear referral process to maintain ready, local access to mental health resources.
- c. **Squad Members & Nominations:** School agrees to follow Program guidelines for Hope Squad® member nominations. School understands that even if a student receives a majority of the nominations, some students may not be a good fit to serve as a member. The final decision on Squad members should ultimately be decided by school administration and Advisors, and then, should be dependent on parental permission (i.e., parents must sign *Parent Permission & Release* before Squad members may participate).

3. Program Intellectual Property (IP):

Initials

- a. **Non-transferrable:** School understands that because curriculum is taught on an individual school basis this Agreement only authorizes access to Hope Squad's Program for this School or for the specific schools designated by the District as part of this Agreement. Furthermore, only Licensed Advisors may have access to curriculum and password-protected resources. School agree never to share, reproduce, or transfer any part of Program to another school, organization, or individual.
- b. **Copyright:** School understands that Hope Squad® IP is copyrighted and protected by U.S. copyright laws. Hope Squad's name, logo, and related trademarks are licensed and protected under U.S. Trademark law. School understands that the school may only use Hope Squad's IP in connection with the Program.
- c. **Promotional Materials & Swag:** School understands that Hope Squad® requires schools to utilize designated vendors for all promotional materials and swag (e.g., t-shirts, posters, buttons, lanyards, graduation cords, etc.).

4. Program Commitment & Cost:

Initials

- a. **Long-term Commitment:** School understands that the Program and its curriculum builds upon itself each year. School commits to administering the Program for a minimum of 3 years for an elementary school or a middle/jr. high, or 4 years for a high school. School understands that after this initial Program period, Program membership renews annually for a nominal membership fee required to maintain access to Program's curriculum and resources. School understands that the annual membership fee may increase minimally over time as needed to support the same level of services provided by Hope Squad®.
- b. **Program Cost & Payment:** School agrees to pay all Program costs upon invoice as outlined below and understands that failure to pay as agreed upon will result in forfeiture of the Program. We look forward to partnering for many years to come.

School Authorization & Release

THANK YOU for partnering with Hope Squad's Mission to:

"Reduce youth suicide through education, training, & peer intervention."

By initialing above and signing below, I **acknowledge** that I am an authorized representative of the School or District ("School"), and have carefully read, fully understand, and agree to this *School Affiliation Agreement* ("Agreement") in its entirety.

I **acknowledge** and agree that this Agreement constitutes the entire Agreement between Hope Squad® and the School, including any oral understandings, and that this Agreement may not be reassigned by the School, but is binding on all successors. I **understand** that this Agreement is construed under the laws of Utah and if any provision is held to be invalid, it shall not affect remaining provisions of the Agreement.

Furthermore, as the School's authorized representative, I **understand** that this Program is "evidence based" under the partnership with the QPR Institute, that the Program may not prevent all suicides, and so hereby **release, discharge, absolve, and forever hold harmless** Hope Squad® and subsidiaries, affiliates, officers, employees, contract personnel, nonprofit partners, corporate and individual sponsors, and all other associates, from any and all claims and liability arising out of the School's Program participation; and that this **Release** applies to any and all suits, actions, or causes of actions at law, claims, demands, or liabilities which the school, school district, or related school governing organizations, successors, or executors have now or may ever have, resulting directly or indirectly from the School's Program participation.

Contact Signature

Print Name

Date

Dr. Gregory A. Hudnall

Dr. Gregory A. Hudnall

8/9/2022

Hope Squad Representative

Print Name

Date

Hope Squad® Commitment

In return, Hope Squad® commits to partner with School and provide*:

1. State-of-the-art Program curriculum, presentations, videos, mental health info, and other resources applicable to grade level.
2. Tailored Advisor training as mutually arranged (e.g., in-person, zoom, online).
3. Survey data results to school administration from pre-and post-surveys, *Data Collection* forms, and any other data source available, to contribute to the continuous improvement of school programs.
4. An International Annual Conference, for Advisors and Hope Squad® members.
5. Monthly newsletters for Advisors and monthly mental health newsletters for parents/communities, regular messages of hope, and more.
6. Program implementation and maintenance support, and technical support with the online Advisor and Member portals and other resources available (e.g., Advisor Support Calls & National Council Support Calls).

**Hope Squad® is always evaluating and refining its Program offerings, so Program offerings are subject to change at Hope Squad's full discretion.*

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