



School District of
Indian River County

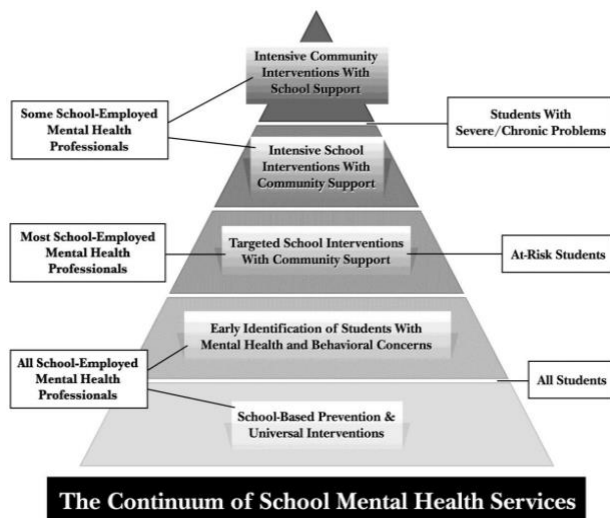
2018-2019
Mental Health Plan

School District of Indian River County
MENTAL HEALTH ASSISTANCE ALLOCATION PLAN
(s. 1011.62(16) (a) and (b), F.S.)

Introduction

The purpose of this plan is to establish and expand an evidence-based coordinated mental health program. Senate Bill 7026 requires school districts to develop and submit a mental health plan by August 1, 2018. Beginning on September 30, 2019, and yearly thereafter, districts are to submit to the Florida Department of Education its program outcomes and expenditures. The program’s reported outcomes shall include the number of students that receive screening, assessments, and mental health services provided by district employed staff and/or services provided by community-based mental health providers. The program is required to include coordination of services with student’s primary care providers and other mental health providers caring for the student.

Figure 1- reflects a continuum of services based on levels that encompass a multi-tiered level of services ranging from school-based universal and preventive services to intensive community interventions with school supports. This figure depicts a visual representation of the continuum of services supported by experts in the mental health field, such as the National Association of School Psychologists.



Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communique*, Vol. 33, No. 1, National Association of School Psychologists, 2006.

©2016, National Association of School Psychologists, 4340 East West Hwy. #402; Bethesda, MD 20814, www.nasponline.org, phone (301) 657-0270, fax (301) 657-0275, TTY (301) 657-4155

The goal of the plan is to support mental and behavioral health services for students. Good mental health is critical to student success in school. Research reveals that students receiving social-emotional and mental health support perform better academically and demonstrate a sense of connectedness, which contributes to resiliency, wellness, and positive school climate (NASP, 2016)

SDIRC Background-Existing Practices

The SDIRC has instituted the Multi-Tiered System of Support (MTSS) and Positive Behavior Intervention Support (PBIS) as universal practices that support a positive culture and climate within our schools.

Tier I

- SDIRC assesses school climate annually

- Use school-wide data to identify areas of concern and implement preventive measures that promote a positive and safe school climate
 - Staff training on our Positive Climate and Discipline Code of Student Conduct and its progressive intervention and discipline measures
 - Progress monitoring and analysis of student discipline data to implement preventive strategies and supports
- Positive Behavior Intervention and Supports (PBIS) - is the District-wide supported framework. Additionally, schools may select an additional evidence and/or research based programming, such as:
- CHAMPS
 - Kids at Hope
 - Conscious Discipline
 - Sanford Harmony

Additional Tier 1 Requirements

Botvin-Life Skills Curriculum in: 5th, 6th, 7th, 8th and 9th grades

(provided by community partners: Substance Awareness and Mental Health Association)

Child Safety Matters-Monique Burr Foundation Partnership (K-5)

Teen Dating Violence Prevention Curriculum-Florida Coalition Against Domestic Violence (7th-12th)

Delivery of Evidence-Based Mental Health Services

Vision: The expansion of mental health services in the SDIRC will be achieved by integrating comprehensive community-based and district-based mental health services that respond to the social and behavioral needs of students identified as at risk or in need of services, as described in figure 1, with an emphasis on:

- targeted school interventions with community supports (Tier II or small group)
- intensive intervention with community supports (Tier III individual and/or small group)
- intensive community intervention with school supports (Tier III individualized intensive intervention)

The plan shall focus on providing mental health assessment, diagnosis, intervention, treatment, and recovery services for students with co-occurring substance abuse diagnosis and students at high risk of such diagnosis, as well as coordinated services with primary care providers. Services will include social-emotional and behavioral learning, mental wellness, resilience, and positive connections between students and adults.

The SDIRC plan is also in alignment with existing practices. SDIRC will expand services that are made possible due to the mental health allocation under this Bill. The mental health funding will be utilized to implement a coordinated evidenced-based mental health program for students in need or at risk of needing mental health services. These services will result in decreasing barriers to mental health access, additional targeted school interventions with community support, intensive interventions with community support, and intensive community-based interventions with school support, as reflected in figure 1.

Expansion of School-Based Prevention & Universal Interventions

Build Capacity for School Staff to Recognize Social-Emotional and Mental Health Barriers to Learning

Mental health staff will be assigned to schools using a tiered approach. All SDIRC schools have been clustered into Tiers, which determine the level and intensity in which overall services need to be provided. Tier 3 schools are considered high need schools and will receive coordinated services at a minimum of once every week and support with crisis management, as needed. Tier 1 and 2 are considered less needy schools and will receive bi-weekly or monthly services, as needed, and will be supported with crisis management.

Mental health staff will be part of weekly district level data review meetings and work in collaboration with the school based Multi-Tiered System of Support team members. It must be noted, that weekly data meetings and case load will also have an impact on the work in terms of intensity and frequency. Mental health staff will have the flexibility to determine, if services need to increase at any given school based on weekly data reviews, creating a fluid support continuum of services that is reflective of data progress monitoring and the problem-solving process.

The SDIRC Mental Health staff will:

- analyze district and school based data to determine overall needs
- conduct screenings of students at risk that are referred by MTSS teams, school staff, and/or parents
- provide direct and indirect intervention services with community supports
- complete referrals to appropriate community-based agencies that support the social-emotional, behavioral, and/or coping skill needed by the students (i.e. anxiety, ADHD, depression, dependency, co-occurring substance-abuse diagnosis)
- ensure that services are coordinated and are in alignment with student's overall mental and behavioral needs

When a student is referred to a community-based organization for services, the Mental Health staff will coordinate and manage initial referral, and will work in coordination with the agency to secure consent for screening, assessments, and services, as needed.

It is expected that these coordinated services will have a positive impact on student achievement, student attendance, suspensions, and office discipline referrals.

Expansion of Tier I

- Additional staff trained in Youth Mental Health, such as Train the Trainer
- All staff members will receive the FLDOE created Youth Mental Health Training
- A comprehensive survey that will cover topics from pedagogic effectiveness and school climate to student engagement and growth mindset (Panorama)
- Positive Behavior and Intervention Support (PBIS) - on going training and coaching
- Trauma Informed Care Training

Description of supports that address mental health needs (assessment, diagnosis, intervention, treatment, and recovery).

Early Identification of Students with Mental and Behavioral Concerns

Tier II

Assessment

For targeted intervention, the MTSS Tier II team will utilize the Early Warning System and the 4-step problem solving to assess overall level of risk.

For targeted interventions, the MTSS Tier II team will utilize the Early Warning System (EWS) and the 4-Step Problem Solving Process to assess overall level of risk. The following early warning indicators will be utilized during the process:

- Office Discipline Referrals
 - Suspensions
 - Attendance
- EWS indicators and screening results:
- Students with patterns of non-attendance - 10% absenteeism (excused or unexcused) and with 1 or more office discipline referrals for behaviors that lead to out of school suspension
 - Students known or observed to have experienced trauma, which is emotionally painful and is impacting the student's ability to cope or the student seems compromised or overwhelmed

Figure 2: Four-Step Problem Solving



Example: A school-based (district employee or community partner) delivering an evidence-based mindfulness curriculum over the course of 10 weekly, half-hour sessions to a small group of eight to ten students identified as having mild to moderate mental and/or behavioral challenges.

Expansion of Services

Targeted School Intervention with Community Supports

The Mental Health Coordinator and School Social Workers will play an integral role as mental and behavioral health providers in the implementation and coordination of targeted school-based intervention services provided

by assigned school staff and/or community partners in collaboration with other school-based mental health staff (i.e., school psychologist, school counselors, behavior intervention specialist, school nurses).

- Direct-targeted strategic interventions for students that address the mental and behavioral need of the student(s)
- Identify and intervene with at-risk students on specific issues
- Utilize group format and standard protocols

Interventions may include but are not limited to:

Social Skills • Anger Management Groups • Counseling by school mental health provider • Replacement skills • Restorative Practices • Second Steps • Referral to School-based Community Partner for specialized evidence-based interventions.

Intensive School Interventions with Community Support

Evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.

An integrated service approach will be utilized for addressing students with one or more and/or students that are at risk of mental or substance abuse. Collaboration across disciplines will be required to develop the intervention plan that is needed to address the co-occurring disorders (i.e., substance abuse and depression or substance abuse and anxiety).

Individualized Interventions and Supportive Services, such as case or care management, will be developed for students based on individual needs. The plans will include type of therapy, intervention and strategies to be used to address the co-occurring diagnosis:

- Individual and/or group counseling using (but not limited to):
 - Counseling, such as cognitive-behavioral therapy, motivational enhancement therapy, etc.

Intensive Community Interventions with School Support

- System of Care & Trauma Informed Care
 - A comprehensive continuum of mental health and other health and support services, which are organized into a coordinated network to address the needs of students and families that are child centered, family based, and culturally relevant:
 - Department of Families and Child Services
 - Juvenile Justice
 - Mental Health
 - Health Providers
 - Trauma, real or perceived, with events/threats or a series of events/threats, which are so emotionally impactful that it severely impacts the individual's ability to cope.
 - Crisis Intervention:
 - Focus on prevention of incidents to harm self or others
 - Maintain student(s) safely in school, home, and community
 - If a student needs out of school placement, focus on facilitating appropriate placement and treatment

SDIRC Established Procedures for Assessment and Intervention for Suicidal and High Risk Students

The following procedures should be implemented, when dealing with a student at high risk of suicidal or other self-injurious behaviors:

1. Any student referred by parent, staff, or another student for potential suicidal or self-injurious behavior will be interviewed by a trained and certified/licensed Student Services staff member (e.g. School Psychologist, Guidance Counselor, Social Worker, Behavior Intervention Specialist), in order to determine lethality and level of risk. The interview will be conducted and documented using the SDIRC Self-Injury Risk Assessment Form. Any student who is referred for such behavior should be kept under adult supervision at all times during this process.
 2. After the interview process, if necessary, the School Resource Officer, as well as administrative personnel, will be advised of the interview process and outcome.
 3. The parent/guardian must be notified about the school's concerns via telephone or in person. This contact is documented on the interview form(s). Information should be discussed to ensure that the parent/guardian understands the severity of the situation. At that time, specific recommendations should be discussed, including but not limited to, increased supervision at home, eliminating access to any potential weapons/medications in the home, and seeking community-based mental health services.
 4. If deemed necessary, a school conference will be set up to meet with the parent, as soon as possible.
 - a) At least two of the following: Student Services staff member(s), School Resource Officer, or administrative personnel will meet with the parent/guardian to discuss the interview process and outcome.
 - b) The student may be included in the conference, taking into account the age, maturity level, and emotional state of the student.
 - c) The parent/guardian will be asked to sign the Verification of Emergency Parental Conference Form acknowledging that they have been informed that their child is suicidal or at risk. If the parent refuses to sign the form, staff members should sign the form, and notate on the bottom of the form the parent's refusal to sign.
- If the student does not meet the Baker Act criteria, the Student Services staff member will provide referral(s) to appropriate mental health providers/facilities. The staff member will ask the parent/guardian to call him/her to confirm that an appointment was made and then to confirm that the student was seen by a mental health provider.
 - If the student meets the Baker Act criteria*, the Baker Act procedure should be initiated. The School Resource Officer (or, if not available, other law enforcement personnel) will transport the student to the nearest receiving facility. The parent may follow the law enforcement vehicle to the receiving facility.

Procedures for School- Based Assessment & Interventions for Suicidal and High Risk Students

Assesment and Intervention for Suicidal and High Risk Students

The following procedures should be implemented when dealing with a student at high risk of suicidal or other self-injurious behaviors:

1. **Any student referred by parent, staff, or another student for potential suicidal or self-injurious behavior will be interviewed by a trained and certified/licensed Student Services staff member (e.g. School Psychologist, Guidance Counselor, Social Worker, Behavior Intervention Specialist) in order to determine lethality and level of risk.** The interview will be conducted and documented using the SDIRC Self-Injury Risk Assessment Form. Any student who is referred for such behavior should be kept under adult supervision at all times during this process.
2. At the conclusion of the interview process, if necessary, the School Resource Officer as well as administrative personnel will be advised of the interview process and outcome.
3. The parent/guardian **must** be notified about the school's concerns via telephone or in person. This contact is documented on the interview form(s). Information should be discussed to ensure that the parent/guardian understands the severity of the situation. At that time, specific recommendations should be discussed, including but not limited to, increased supervision at home, eliminating access to any potential weapons/medications in the home, and seeking community-based mental health services.
4. If deemed necessary, a school conference will be set up to meet with the parent as soon as possible.
 - a) At least two of the following: Student Services staff member(s), School Resource Officer, or administrative personnel will meet with the parent/guardian to discuss the interview process and outcome.
 - b) The student may be included in the conference, taking into account the age, maturity level, and emotional state of the student.
 - c) The parent/guardian will be asked to sign the *Verification of Emergency Parental Conference Form* acknowledging that they have been informed that their child is suicidal or at risk. If the parent refuses to sign the form, staff members should sign the form, and notate on the bottom of the form the parent's refusal to sign.
5. If the student does not meet Baker Act criteria, the Student Services staff member will provide referrals to appropriate mental health providers/facilities. The staff member will ask the parent/guardian to call him/her to confirm that an appointment was made and then to confirm that the student was seen by a mental health provider.

6. If the student meets Baker Act criteria*, the Baker Act procedure should be initiated. The School Resource Officer (or, if not available, other law enforcement personnel) will transport the student to the nearest receiving facility. The parent may follow the law enforcement vehicle to the receiving facility.

*Provisions of the Baker Act

http://www.floridasupremecourt.org/pub_info/documents/BakerSummary.pdf

Under the Baker Act, persons can be compelled into a local hospital or crisis unit (defined as “receiving facilities”) for an involuntary examination for up to 72 hours. To qualify for an involuntary examination, persons must have a mental illness as defined in the statute and be unable or unwilling to provide express and informed consent to voluntary examination. The person, as a result of mental illness, must also be dangerous to themselves or others or seriously neglectful of themselves. The involuntary examination process may begin in one of three ways:

1. Any person may sign an affidavit that outlines why a person meets the criteria for an involuntary examination. A circuit judge then decides whether the affidavit adequately documents the legislatively-mandated criteria; if so, the judge enters an ex parte order for involuntary examination directing a law enforcement officer to take the person into custody and deliver that person to the nearest receiving facility.
2. A law enforcement officer encounters someone who meets the criteria and takes that person to the nearest receiving facility.
3. A doctor or other specified health care provider decides that a person meets the criteria for an involuntary examination, and a law enforcement officer takes the person into custody and delivers the person to the nearest receiving facility.
4. Parent/Guardian should be asked to sign a *SDIRC Release of Records Form* so that information can be shared between the school and mental health provider.
5. Upon return to school, with parent/guardian permission, Student Services staff should meet with the student to create a follow up support plan.
6. If the parents’ refusal to follow the school’s recommendations poses a threat to the safety of the student, school staff will contact the Florida Abuse Hotline (1-800-96ABUSE) for medical neglect.

School Reentry for a Student Who Has Attempted Suicide or Made Serious Threats of Self-Injury

Efforts to respond to suicide attempts, threats of self-injury, and other traumas should focus on assisting the student in making a smooth and comfortable transition back to school. Considerable guilt and fear may be experienced by families of students who have attempted suicide or have displayed a serious threat of self-injury. Families are more likely to collaborate and assist with providing information helpful to the school if they are approached in a helpful and non-threatening manner.

Because a student who attempted/threatened suicide often is at greater risk for a suicide in the months following the crisis, it is extremely important to closely monitor his or her reentry into school and to maintain close contact with parents and mental health professionals working with that student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

- Request a written release of information form be signed by the parents. This will assist with the exchange of needed information between school personnel and treatment providers.
- Ask the returning student if he/she has special requests about what is said or done by school personnel.
- Inform the student's teachers regarding the number of probable days of absence.
- Request that the teachers provide the student with assignments (if appropriate) or compile assignments in a folder for the future.
- Once the student returns to school, a school-based Crisis Intervention Team member should maintain regular contact with the student. If the student has a previous, positive relationship with a trusted staff member, assist the identified staff member in maintaining ongoing contact with the student.
- If possible, obtain information related to the student's mental health treatment plan and recommendations for aftercare from the student's mental health provider. A member of the school-based Crisis Intervention Team should provide relevant non-confidential information to appropriate school staff regarding the aftercare plan.
- The school should maintain open communication with the parents to provide progress reports and other appropriate information.

Adapted from "Resource Guide for Crisis Management in Virginia Schools, 2002 and "Dealing with Suicide in Schools: Prevention, Intervention, and Postvention: A Model Protocol", 2010.

**School District of Indian River County
Self-Injury Risk Assessment**

Date: / /

Student Name:	ID#:	School/Grade:
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Referral Source:	Reason for Referral:
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Cutting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset:	Date of Most Recent Incident:
Frequency:	Means:	Location:
Description of Marks:		

Suicidal Ideation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suicidal Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suicidal Intent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Means:		
Description:		

Life Stressors:

	Yes	No		Yes	No
Previous Ideation/Attempts			Eating Disturbance		
History of Cutting			Withdrawal from Others		
Alcohol or Drug Use			Anxiety		
Recent Loss			Agitation		
Writing about Death			Sleep Disturbance		
Hopelessness			Mood Swings		
Rage or Anger			Lack of Social Support		
Risky Behavior			Family History of Suicide		

Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis:
Current Provider(s):	
Last Appt.:	Next Appt.:
Psych. Hospitalizations: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notification of School-Based Staff:	
Name/Position:	Date:
Name/Position:	Date:

Notification of Parent/Guardian:	
Name:	Date:
Name:	Date:

Plan/Disposition:

Verification of Emergency Parental Conference Form

Staff Signature:	Date:
Printed Name:	Position:

**School District of Indian River County
Verification of EMERGENCY PARENTAL CONFERENCE**

I, or We, _____, the parents/guardians of _____ ID# _____, were notified by school staff at _____ that our student is suspected to be at risk of self-harm.

I/We have been advised that we should immediately seek community-based mental health consultation and services. I/We have been provided with a list of community-based providers (see below). I/We agree to contact the school staff member listed below with the outcome of the mental health consultation prior to the student returning to school. Upon return to school, school staff will provide follow-up assistance to our student to support the community-based treatment services.

Community-Based Mental Health Providers

Behavioral Health Center (Indian River Medical Center)
1000 36th Street
Vero Beach, Florida 32960
(772) 567-4311

Mental Health Association of IRC
820 37th Place
Vero Beach, FL 32960
(772) 569-9788

New Horizons of the Treasure Coast, Inc.
1910 82nd Avenue, Suite 202
Vero Beach, Florida 32966
(772) 778-7217

Treasure Coast Community Health (TCCH)
1553 U.S. Hwy. 1
Vero Beach, Florida 32960
(772) 257-8224

Parent Signature

Printed Name

Date

Parent Signature

Printed Name

Date

Staff Signature/Title

Printed Name

Date



INDIVIDUAL STUDENT SAFETY/SUPERVISION PLAN

Student's Name: Click or tap here to enter text. **Date:** Click or tap to enter a date.
ID: Click or tap here to enter text. **Grade:** Choose an item.
School: Choose an item. **Exceptionality:** Click or tap here to enter text.

SAFETY TEAM MEMBERS		SAFETY RISK / BEHAVIOR(S)	
(those involved in developing/supporting the safety plan)		(check box to indicate purpose)	
Signature	Title		
	Choose an item.	<input type="checkbox"/>	Physical aggression towards others
	Choose an item.	<input type="checkbox"/>	Physical aggression towards property
	Choose an item.	<input type="checkbox"/>	Self-injurious behavior
	Choose an item.	<input type="checkbox"/>	Elopement behaviors (on-campus)
	Choose an item.	<input type="checkbox"/>	Elopement behaviors (off-campus)
	Choose an item.	<input type="checkbox"/>	Other:
	Choose an item.		

CONTACT INFORMATION		
Name	Primary Phone	Alternate Phone
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Emergency Contact	Click or tap here to enter text.	Click or tap here to enter text.

MEDICAL INFORMATION	
Physician	Click or tap here to enter text.
Diagnoses	Click or tap here to enter text.

Medications	Click or tap here to enter text.
Allergies/Special Considerations	Click or tap here to enter text.

BEHAVIORAL DESCRIPTION	
Description of specific, unsafe behavior(s)	Click or tap here to enter text.
Triggers (factors that will increase the likelihood of inappropriate or aggressive behavior)	Click or tap here to enter text.
Indicators (physical signs/cues that the student is about to display a safety risk)	Click or tap here to enter text.
Strategies that work	Click or tap here to enter text.
Strategies that do not work	Click or tap here to enter text.
Safety equipment (if needed)	Click or tap here to enter text.

SUPERVISION/TRANSITION NEEDS			
	Identified Needs <small>(check box to indicate need)</small>	Strategy Description	Team Member(s)
<input type="checkbox"/>	Need for increased supervision during structured times	Click or tap here to enter text.	Choose an item.
			Choose an item.
<input type="checkbox"/>	Need for increased supervision during unstructured times	Click or tap here to enter text.	Choose an item.
			Choose an item.
<input type="checkbox"/>	Need for delayed/altered transition schedule	Click or tap here to enter text.	Choose an item.
			Choose an item.
<input type="checkbox"/>	Need for increased supervision during transportation	Click or tap here to enter text.	Choose an item.
			Choose an item.

<input type="checkbox"/> Other:	Click or tap here to enter text.	Choose an item.
		Choose an item.

CRISIS RESPONSE PLAN	
What to do if the student exhibits the identified behavior(s) (approaches/methods used until imminent risk ceases)	Crisis Team Member
Click or tap here to enter text.	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
	Choose an item.
Removal Procedure (if required) (check box to indicate removal procedure)	Removal Procedure Description
<input type="checkbox"/> Removal of student from classroom/assigned area	Click or tap here to enter text.
<input type="checkbox"/> Removal of other students from classroom/assigned area	
<input type="checkbox"/> Other:	
Contingency Plan for staff absence (how plan will be implemented in absence of crisis team member)	Contingency Team Member
Click or tap here to enter text.	Choose an item.
	Choose an item.

CURRENT AGENCIES OR OUTSIDE PROFESSIONALS INVOLVED		
Name	Agency	Phone Number
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PLAN MONITORING

PLAN MONITORING	
How will the plan be monitored?	Staff Member / Back-up Person
Click or tap here to enter text.	Choose an item.
	Choose an item.
How will a decision be made to terminate the plan?	Team Member
Click or tap here to enter text.	Choose an item.
	Choose an item.
Date of next plan review	Click or tap to enter a date.

Evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses.

Evidence-based treatment, such as counseling and supportive services will be offered in collaboration with community partners: Substance Awareness Center (SAC), Drug Abuse and Treatment Association (DATA), and the Mental Health Collaborative.

Supportive Services will be provided in schools or at the provider's location. Services to include individual and group counseling, as well as supportive services. Counseling may include cognitive behavioral therapy, motivational enhancement therapy, as well as behavioral therapies.

Supportive systems will take the form of case management and coordinated care to engage all partners in service planning and delivery, through a wraparound process.

Treatment plans are student centered and address the student's goal based on intentional positive outcomes, as it relates to substance abuse, psychiatric symptoms and functioning, decrease in possibility of juvenile delinquency, and improved quality of life.

Collaborative partnerships with community providers and agencies.

Mental Health Prevention and Intervention, Counseling Services, and Training for School-Based Staff

- **Substance Awareness Center (13 elementary schools and 4 middle schools):** Life Skills Training and Substance Risk Behavior -
 - 1- Botvin Life Skills Training Curriculum - 5th, 6th, 7th and 8th Grade
 - 2- Intervention for Students at Risk for Substance Abuse - (Code of Conduct Violations, Individual Referrals by Problem Solving Teams, civil citation)

- **Tykes and Teens:** Alternative to Suspension, Trauma Informed Care and Youth Mental Health Training
 - 1- Support school district with Alternative to Suspension Program - Students with 10 days or less
 - 2- Support district with trauma informed care and youth mental health training of staff
 - 3- Collaborate and coordinate mental health counseling services for students
 - 4- Trauma informed care, motivational interviewing, etc. for SRO's

- **Suncoast Mental Health (Citrus Elementary, Gifford Middle, Oslo Middle, Sebastian Elementary, Vero Beach Elementary,):** School-Based Counseling and Family Counseling
 - 1- Provide in-school counseling for students
 - 2- Collaborate and coordinate mental health services for students
 - 3- Provide case management services
 - 4- Support to families for the application process to ACCESS Florida

- **Sequel Care (Alternative Center for Education, Dodgertown Elementary, Pelican Island Elementary, Sebastian River High School, Vero Beach High School-FLC, and Vero Beach High School - Secondary Support):** School-Based Counseling and Family Case Management
 - 1- Provide in-school counseling for students
 - 2- Collaborate and coordinate mental health services for students
 - 3- Provide case management services

- **Mental Health Association:** Life Skills Program for 9th Grade Students
 - 1- Provide Botvin Life Skills Training Curriculum for 9th grade students (Sebastian River High School and Vero Beach High School)
 - 2- Provide Tier II and Tier III evidence-based mental and behavioral health interventions
 - 3- Provide Critical Incident Stress Debriefing for staff or students
 - 4- Provide immediate crisis intervention services at the walk-in center

- **Department of Health:** Support with RN training & Health Education
 - 1- Support our School Health Program with Individualized Health Care Plans
 - 2- Support HOPE, PE and Science Teachers with curriculum in: Tobacco Prevention, Bullying, etc.

- **FLPBIS Project:** Prevention and Intervention in all schools
 - 1- Support schools in the implementation of the PBIS Framework
 - 2- Support BIS with Coaching Training-that will have a direct impact at the classroom level
 - 3- Support with data-analysis in ODR, Disparities etc.

- **New Horizons of the Treasure Coast**
 - 1- Possess a Community Action Team available for services
 - 2- Support school-based and community-based therapeutic services
 - 3- Support Wraparound for students and families
 - 4- Support a mobile crisis team
 - 5- Provide the Student Assistance Program (Sebastian River Middle School and Vero Beach High School - Main Campus and FLC)

- **Drug Abuse Treatment Association - DATA** (Sebastian River High School and Vero Beach High School)
 - 1- Provide crisis intervention services identification of youth at-risk through individual assessment and education of school guidance staff, individual psychosocial assessment, short-term individual, family and group counseling and referral to appropriate services for youth who need more intensive services. It also may include science-based anger management and substance abuse education as forms of intervention.

Substance Awareness Center (AKA: The Center)

Youth Services and Re Direct Program

Comprehensive Assessments

Youth assessment of a teen goes beyond an evaluation of his or her history of drug and alcohol use. The Center takes a comprehensive look at the all factors that could possibly be contributing to the use of drugs and alcohol. During our initial consultation, The Center assesses academic performance, motivational stage, family dynamic, and the peer network. They also are aware that co-occurring disorders such as, depression, anxiety, self-injury, or eating disorders can play a role in drug use and will make appropriate referrals, when necessary. They utilize the Prevention Assessment Tool (PAT), which was developed to identify areas of highest needs and design a meaningful intervention that reduces risk factors and increases protective factors.

Program Overview

The Center offers outpatient counseling for teens dealing with substance abuse issues using the Life Skills evidence-based program, specifically designed for indicated youth (youth that have demonstrated an at-risk behavior). Re Direct is a 12-week program of weekly individual and group sessions. The Center focuses on getting teens to replace self-destructive behaviors with healthy coping mechanisms, by providing teens with the direction and guidance that they need to realize their full potential and work on setting and accomplishing goals. They utilize clinically-based methods and exercises designed to promote self-confidence and self-esteem in

adolescents. Through outpatient counseling, teens are given the tools they need to deal with stress and peer pressure and learn how to face these challenges without the use of drugs or alcohol. Counseling staff utilizes a variety of modalities such as, Cognitive Behavioral Therapy, Motivational Interviewing, Individual Counseling Sessions, and Group Therapy in order to help teens and their families.

Process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing

The Mental Health Coordinator and School Social Workers will collaborate with the Multi-Tiered System of Support school based team who uses the individual problem solving process to make recommendations for intervention and mental health services across the tiers. School based staff will:

- Engage in the Individual Problem Solving Process.
- Meet with parent/guardian to discuss intervention and services needed.
- Obtain signed consent from parent/guardian to refer student to community provider.
- Assist and support parent(s)/families with scheduling appointments to remove barriers to access.
- Community providers meet for in-take and obtain consent for services and sharing of information using providers consent, as well as the SDIRC consent form.

School District of Indian River County

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION
OR REQUEST FOR REVIEW OF STUDENT INFORMATION**

PLEASE PRINT

Name of Student: _____ Date: ____ / ____ / ____ ID# _____

Date of Birth: ____ / ____ / ____ School _____

I hereby grant permission for communication, both oral and written, regarding the above named student which includes:

- 1. Psychological Reports (intellectual processing, projectives, academic abilities)/Psychiatric Reports
- 2. Educational data, which may include standardized tests, daily grades, and report cards
- 3. Present levels of subject area performance, adaptive and behavior scales, social history, medical records, and individual plans.
- 4. Other _____

BETWEEN:

School District of Indian River County

School Address: _____

Telephone: _____ Street _____ City _____ State _____ Zip _____
Attention: _____

AND:

Name of Agency/Person: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Telephone: _____ (____) _____

It is understood that qualified personnel will use the above information in a confidential and professional manner for educational purposes.

Authorized Signature _____ / ____ / ____
Date

Street

City State Zip

Relationship

Home Phone

If no telephone, please give a telephone number where you can be contacted.

Implementation and Outcomes

Service delivery data collection

Identification of the number of students screened/assessed, the number of students referred for services, number of students that receive services/assistance (school-based and community).

When a student is screened, assessed and/or referred for services, the student's information data will be entered in the SDIRC data platform - FOCUS. FOCUS will allow the SDIRC to create Mental Health Screenings, Assessments, Referral, and Service reports for reporting and accountability purposes. The FOCUS system also allows us to track services.

Number and credentials of mental health service providers currently employed by the district.

- School Psychologist - 10
- Licensed Clinical Social Worker - 2
- Guidance and Counseling - 20

Mental Health Allocation Expansion of Service Providers 4 Social Workers & 1 Mental Health Coordinator

90% of expenditures allocated to direct mental health services or coordination of such services with primary care and mental health providers.

<u>Funded Positions</u>	<u>Brief Description</u>	<u>Salary</u>
1.0 Mental Health Services Coordinator	Overall mental health coordination with primary providers, district employee staff, and community-based organizations	\$75,605.00
4.0 Social Workers	Support Schools with social work services - direct and indirect	\$44,453.00
.5 Social Worker		\$22,226.50
Cost of Positions with Benefits	\$ 398,328.65	
Allocation difference to be used for outreach. Allocation will not supplement salaries, provide bonus or supplant funds.	\$415,728.00- Total District Allocation -\$398,328.65 - positions cost \$ 17,399.35 - difference	

Total Allocation: \$ 481,314.00

\$65,586.00 Charter Schools

(Imagine Schools = \$25,901.00, IRCHS =\$18,564.00, NCCS = \$9,727.00, SCJHS =\$7,225.00

SPA =\$4,169.00-Per Finance Department)

Total District: \$ 415,728.00

SDIRC will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3rd party payors, grants).

We will work with community partners that offer in-kind services, as described in the collaborative partnership section (i.e., Mental Health Association – grant-funded services for High Schools, Substance Awareness Center-Life Skills Curriculum).

Mental Health Coordinator will provide oversight of Medicaid billing to maximize funding in providing school-based mental health services for students. The SDIRC will continue to collaborate with State Discretionary Projects to ensure services.

Attached are required Checklist and Forms

Local school board approved the district plan.

Date of Approval:

Charter school governing body(ies) approved plan(s), when applicable.

Approved plan(s) was/were submitted to the Commissioner of Education by August 1, 2018 (attached).

Establishes or expands school-based mental health care.